ASQ-3

6 Month Questionnaire

5 months 0 days through 6 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby make high-pitched squeals?	○	○	○	___
2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?	○	○	○	___
3. If you call your baby when you are out of sight, does she look in the direction of your voice?	○	○	○	___
4. When a loud noise occurs, does your baby turn to see where the sound came from?	○	○	○	___
5. Does your baby make sounds like "da," "ga," "ka," and "ba"?	○	○	○	___
6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	○	○	○	___

COMMUNICATION TOTAL ___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does your baby lift his legs high enough to see his feet?	○	○	○	___
2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?	○	○	○	___
3. Does your baby roll from his back to his tummy, getting both arms out from under him?	○	○	○	___
4. When you put your baby on the floor, does she lean on her hands while sitting? *(If she already sits up straight without leaning on her hands, mark "yes" for this item.)*	○	○	○	___

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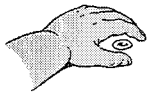
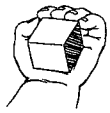
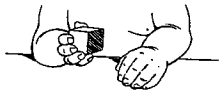
GROSS MOTOR *(continued)*

		YES	SOMETIMES	NOT YET	
5.	If you hold both hands just to balance your baby, does he support his own weight while standing?	○	○	○	___
6.	Does your baby get into a crawling position by getting up on her hands and knees?	○	○	○	___
			GROSS MOTOR TOTAL		___

FINE MOTOR

		YES	SOMETIMES	NOT YET	
1.	Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?	○	○	○	___
2.	Does your baby reach for or grasp a toy using both hands at once?	○	○	○	___
3.	Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? *(If he already picks up a small object the size of a pea, mark "yes" for this item.)* 	○	○	○	___
4.	Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it? 	○	○	○	___
5.	Does your baby *try* to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? *(If he already picks up the crumb or Cheerio, mark "yes" for this item.)*	○	○	○	___
6.	Does your baby pick up a small toy with only one hand? 	○	○	○	___
			FINE MOTOR TOTAL		___

PROBLEM SOLVING

		YES	SOMETIMES	NOT YET	
1.	When a toy is in front of your baby, does she reach for it with both hands?	○	○	○	___
2.	When your baby is on his back, does he turn his head to look for a toy when he drops it? *(If he already picks it up, mark "yes" for this item.)*	○	○	○	___
3.	When your baby is on her back, does she try to get a toy she has dropped if she can see it?	○	○	○	___
					___

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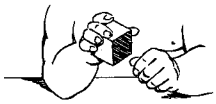
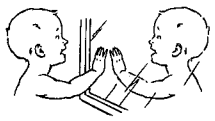
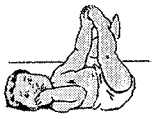
PROBLEM SOLVING *(continued)*

		YES	SOMETIMES	NOT YET	
4.	Does your baby pick up a toy and put it in his mouth?	○	○	○	___
5.	Does your baby pass a toy back and forth from one hand to the other? 	○	○	○	___
6.	Does your baby play by banging a toy up and down on the floor or table?	○	○	○	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

		YES	SOMETIMES	NOT YET	
1.	When in front of a large mirror, does your baby smile or coo at herself? 	○	○	○	___
2.	Does your baby act differently toward strangers than he does with you and other familiar people? *(Reactions to strangers may include staring, frowning, withdrawing, or crying.)*	○	○	○	___
3.	While lying on her back, does your baby play by grabbing her foot? 	○	○	○	___
4.	When in front of a large mirror, does your baby reach out to pat the mirror?	○	○	○	___
5.	While your baby is on his back, does he put his foot in his mouth?	○	○	○	___
6.	Does your baby try to get a toy that is out of reach? *(She may roll, pivot on her tummy, or crawl to get it.)*	○	○	○	___

PERSONAL-SOCIAL TOTAL ___

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OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain: ○ YES ○ NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain: ○ YES ○ NO

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain: ○ YES ○ NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ○ NO

5. Do you have concerns about your baby's vision? If yes, explain: ○ YES ○ NO

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6. Has your baby had any medical problems in the last several months? If yes, explain: ○ YES ○ NO

7. Do you have any concerns about your baby's behavior? If yes, explain: ○ YES ○ NO

8. Does anything about your baby worry you? If yes, explain: ○ YES ○ NO

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ASQ-3 — 6 Month ASQ-3 Information Summary

5 months 0 days through 6 months 30 days

Baby's name: _____ Date ASQ completed: _____

Baby's ID #: _____ Date of birth: _____

Administering program/provider: _____ Was age adjusted for prematurity when selecting questionnaire? ◯ Yes ◯ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	29.65		●	●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯
Gross Motor	22.25		●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯	◯
Fine Motor	25.14		●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯	◯
Problem Solving	27.72		●	●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯
Personal-Social	25.34		●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯	◯

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide,* Chapter 6.

1. Uses both hands and both legs equally well? Yes **NO**
   Comments:

2. Feet are flat on the surface most of the time? Yes **NO**
   Comments:

3. Concerns about not making sounds? **YES** No
   Comments:

4. Family history of hearing impairment? **YES** No
   Comments:

5. Concerns about vision? **YES** No
   Comments:

6. Any medical problems? **YES** No
   Comments:

7. Concerns about behavior? **YES** No
   Comments:

8. Other concerns? **YES** No
   Comments:

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the ▭ area, it is above the cutoff, and the baby's development appears to be on schedule.
If the baby's total score is in the ▒ area, it is close to the cutoff. Provide learning activities and monitor.
If the baby's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

_____ Provide activities and rescreen in _____ months.

_____ Share results with primary health care provider.

_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.

_____ Refer to primary health care provider or other community agency (specify reason): _____.

_____ Refer to early intervention/early childhood special education.

_____ No further action taken at this time

_____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

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Post-Partum Depression Screening and Frequently Asked Questions (FAQ)

Many mothers have major shifts in mood after giving birth and may feel happy at one moment and sad or angry the next. When this happens in the first few days after birth it is called postpartum blues or sometimes "baby blues" and may be explained by changes in hormone levels after your baby is born. Baby blues happens to 70-80% of moms and may involve having trouble concentrating, crying spells and feeling anxious or irritable. These symptoms will usually resolve within 2 weeks.

For some new mothers it takes longer for these feelings to go away or they may be more intense. 1 out of 10 mothers may experience postpartum depression which may make them feel guilty or overwhelmed and may make it harder to take care of their baby and themselves.

What are the symptoms of postpartum depression? — Sometimes it's hard to tell if a new mother has signs of depression or is simply responding to the stress of caring for a newborn. It is not uncommon for new mothers to feel tired, get too little sleep or have changes in appetite or weight. Mother's with post-partum depression may have these other feelings:

- Overwhelmed, anxious and without hope
- More angry than normal, unattached to baby or indifferent
- Need to withdraw from friends or family
- Lack of energy or motivation or need to stay in bed and sleep
- Trouble focusing or making decisions
- No interest in activities that you usually enjoy
- **Feel as though they want to hurt themselves or their newborn. If this is the case:**
    - Tell your doctor or nurse about your feelings
    - Call 9-1-1 or an ambulance
    - Go to the emergency room at your local hospital
    - Call the National Suicide Prevention Lifeline: 1-800-273-8255; www.suicidepreventionlifeline.org

Screening questionnaires like the **Edinburgh Postnatal Depression Scale** can help health care providers identify those mothers who may be experiencing these feelings and provide appropriate help or resources.

Where can I find out more? Talk to your pediatrician, obstetrician/gynecologist or other healthcare provider for more information or you may find these additional resources helpful.

- National Institute of Health: http://www.nlm.nih.gov/medlineplus/postpartumdepression.html
- American Academy of Pediatrics Website: http://www.healthychildren.org/English/ages-stages/prenatal/delivery-beyond/pages/Understanding-Motherhood-and-Mood-Baby-Blues-and-Beyond.aspx
- http://kidshealth.org/parent/emotions/feelings/ppd.html
- Postpartum Support International : http://www.postpartum.net/
  Phone: 800-944-4PPD, 800-944-4773

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

INSTRUCTIONS:
Please mark one box for each question that is the closest to how you have felt in the **PAST SEVEN DAYS.**

1. I have been able to laugh and see the funny side of things:
☐ 0 As much as I always could
☐ 1 Not quite as much now
☐ 2 Definitely not so much now
☐ 3 Not at all

2. I have looked forward with enjoyment to things:
☐ 0 As much as I ever did
☐ 1 Rather less than I used to
☐ 2 Definitely less than I used to
☐ 3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong:
☐ 3 Yes, most of the time
☐ 2 Yes, some of the time
☐ 1 Not very often
☐ 0 No, never

4. I have been anxious or worried for no good reason:
☐ 0 No, not at all
☐ 1 Hardly ever
☐ 2 Yes, sometimes
☐ 3 Yes, very often

5. I have felt scared or panicky for no very good reason:
☐ 3 Yes, quite a lot
☐ 2 Yes, sometimes
☐ 1 No, not much
☐ 0 No, not at all

6. Things have been getting on top of me:
☐ 3 Yes, most of the time I haven't been able to cope at all
☐ 2 Yes, sometimes I haven't been coping as well as usual
☐ 1 No, most of the time I have coped quite well
☐ 0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:
☐ 3 Yes, most of the time
☐ 2 Yes, sometimes
☐ 1 Not very often
☐ 0 No, not at all

8. I have felt sad or miserable:
☐ 3 Yes, most of the time
☐ 2 Yes, quite often
☐ 1 Not very often
☐ 0 No, not at all

9. I have been so unhappy that I have been crying:
☐ 3 Yes, most of the time
☐ 2 Yes, quite often
☐ 1 Only occasionally
☐ 0 No, never

10. The thought of harming myself has occurred to me:
☐ 3 Yes, quite often
☐ 2 Sometimes
☐ 1 Hardly ever
☐ 0 Never

ATTENTION: If you have had **ANY** thoughts of harming yourself, please tell your Provider today.

Comments: _____

_____

TOTAL SCORE: ____/30

[1] Murray and Cox 1990 * Cox, Holden & Sagovsky 1987 (TAMC OB/GYN FEB12)

Diphtheria

Reviewed February 2013

What is diphtheria?

Diphtheria is a serious disease caused by a toxin (poison) made by bacteria. It causes a thick coating in the back of the nose or throat that makes it hard to breathe or swallow. It can be deadly. The DTaP vaccine protects against diphtheria.

What are the symptoms of diphtheria?

Diphtheria starts with sore throat, mild fever (101 degrees or less), and chills.

Next, the diphtheria toxin makes a thick coating on the back of the nose or throat. It may be blue or grayish green. The coating makes it hard to breathe or swallow.

How serious is diphtheria?

The coating on the throat can get so thick that it blocks the airway, so the person can't breathe.

The diphtheria toxin can attack the heart, causing abnormal heart rhythms and even heart failure. It can also attack the nerves, which leads to paralysis (unable to move parts of the body).

About 1 out of 10 people who get diphtheria dies. In children younger than 5 years, as many as 1 out of 5 children who get diphtheria dies.

How does diphtheria spread?

Diphtheria spreads when an infected person coughs or sneezes. A person can spread the disease for up to 2 weeks after infection.

What is the DTaP vaccine?

The DTaP vaccine is a shot that combines the vaccines for diphtheria and two other serious diseases: tetanus and whooping cough (pertussis). The vaccine helps the body to build up protection against the diphtheria toxin.

Most children (about 97 children out of 100) who get all doses of the vaccine will be protected against diphtheria.

Benefits of the DTaP vaccine

- Saves lives.
- Protects young children from serious disease.
- Keeps others safe.

Side effects of the DTaP vaccine

- The most common side effects are usually mild and occur in about 1 out of 4 children. They include the following:
  - Redness, swelling, and pain from the shot
  - Fever
  - Vomiting
- A fever over 105 degrees occurs in about 1 child out of 16,000 children.
- Nonstop crying for 3 hours or more occurs in about 1 child out of 1,000 children.
- Seizures (jerking or staring) occur in about 1 out of 14,000 children. The seizures do not cause long-term harm.
- Serious reaction to the DTaP vaccine occurs in fewer than 1 in a million children.

Why should my child get the DTaP vaccine?

Getting your child the DTaP vaccine helps protect him against serious disease. It also helps stop the spread of disease in the community.

When should my child get the DTaP vaccine?

Children should get five doses of the DTaP vaccine at the following ages for best protection:

- One dose each at 2 months, 4 months, and 6 months;
- A fourth dose at 15 through 18 months; and
- A fifth dose at 4 through 6 years of age.

It is safe to get the DTaP vaccine at the same time as other vaccines, even for babies.

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Is the DTaP vaccine safe?

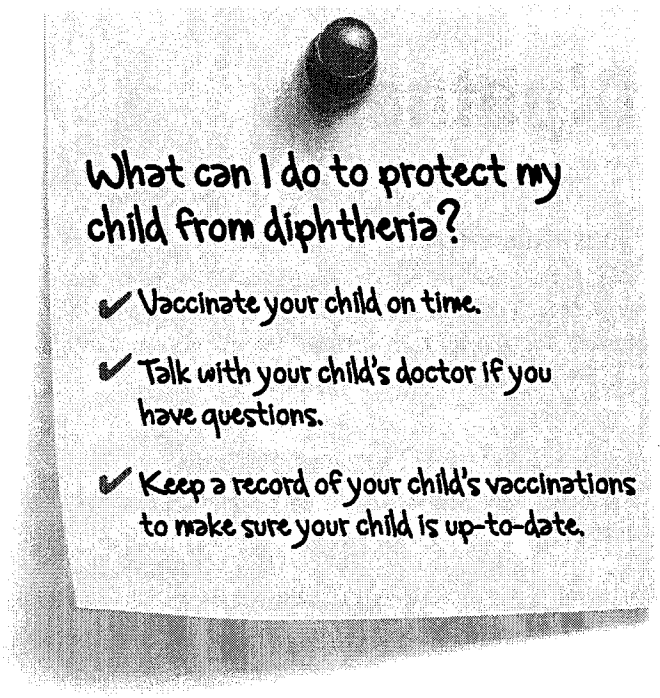
The DTaP vaccine is very safe, and it is effective at preventing diphtheria (along with two other serious diseases: tetanus and whooping cough). Vaccines, like any medicine, can have side effects. But severe side effects from the DTaP vaccine are very rare.

If my child does not get the DTaP vaccine, will he get diphtheria?

Children who have not had the DTaP vaccine and are exposed to diphtheria could get sick.

Before the diphtheria vaccine, there were about 100,000 to 200,000 cases of diphtheria each year in the U.S. As many as 15,000 people died each year from the disease. Cases dropped quickly after the vaccine. In fact, in the last 10 years, less than 5 cases have been reported in the U.S.

If we stopped vaccinating against diphtheria, cases could start to rise again. In other countries, when vaccination rates dropped, thousands of people got diphtheria.



Diphtheria booster needed every 10 years to keep up protection

The diphtheria vaccine does not offer lifetime protection from the disease. Boosters are needed to keep up protection from diphtheria.

Children should get a booster vaccine called Tdap (which protects against tetanus, diphtheria, and whooping cough) once at 11 or 12 years of age.

Adults need a booster called the Td vaccine (for tetanus and diphtheria) every 10 years.

Adults should also receive a one-time shot of the Tdap vaccine in place of one Td shot.

How can I learn more about the DTaP vaccine?

To learn more about the DTaP vaccine or other vaccines, talk to your child's doctor.

Call **800-CDC-INFO** (800-232-4636) or go to ***http://www.cdc.gov/vaccines*** and check out the following resources:

- Vaccines and Preventable Diseases—Diphtheria Vaccination:

The Centers for Disease Control and Prevention, American Academy of Family Physicians, and American Academy of Pediatrics strongly recommend all children receive the DTaP vaccine according to the recommended schedule.

Hepatitis B

Last updated February 2013

What is hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus. When first infected, a person can develop an "acute" infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. Acute hepatitis B refers to the first 6 months after someone is infected with the hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and is "chronic," or lifelong,. Chronic hepatitis B refers to the infection that occurs when the hepatitis B virus remains in a person's body. Over time, the infection can cause serious health problems.

What are the symptoms of hepatitis B?

Infants and young children usually show no symptoms.

In about 7 out of 10 older children and adults, short-term hepatitis B causes the following:

- Loss of appetite (not wanting to eat)
- Fever
- Tiredness
- Pain in muscles, joints, and stomach
- Nausea, diarrhea, and vomiting
- Dark urine
- Yellow skin and eyes

Symptoms of short-term illness usually appear 3 or 4 months after infection.

How serious is hepatitis B?

Hepatitis B can be very serious. Most people with short-term hepatitis B may feel sick for a few weeks to a several months. Some people get over the illness. For other people, the virus stays in their body for a life time.

People with lifelong hepatitis B usually don't have symptoms, but the virus causes liver damage over time. For these people, there is no cure for the infection but treatment can help prevent serious problems. Each year, 3,000 to 5,000 people in the U.S. die from liver damage or liver cancer caused by hepatitis B.

How does hepatitis B spread?

Hepatitis B spreads through blood or other body fluids that contain small amounts of blood of an infected person. People can spread the virus even when they have no symptoms.

Benefits of the hepatitis B vaccine

- Saves lives.
- Protects against serious disease.
- Prevents liver disease and cancer.
- Keeps others safe.

Side effects of the hepatitis B vaccine

The most common side effects are usually mild and include the following:

- Sore arm from the shot in up to 1 out of 4 people.
- Fever of 99.9 degrees or higher in about 1 out of 15 people.
- Tiredness and crankiness in about 1 out of 5 people.

Babies and children can get hepatitis B in the following ways:

- At birth from their infected mother.
- From bites from an infected person.
- By touching open cuts or sores of an infected person.
- Through sharing toothbrushes or other personal items used by an infected person.
- From food that was chewed (for a baby) by an infected person.
- From ear piercing needles that were not cleaned well

The virus can live on objects for 7 days or more. Even if you don't see any blood, there could be virus on an object.

What is the hepatitis B vaccine?

The hepatitis B vaccine protects against getting hepatitis B. It is a copy of only one small part of the virus. The vaccine cannot give the infection. The hepatitis B vaccine protects children by preparing their bodies to fight the virus.

Almost all children (95 children out of 100) who get three to four doses of the vaccine will be protected from hepatitis B.

When should my child get the hepatitis B vaccine?

Children need three to four doses of the hepatitis B vaccine (depending on the brand of vaccine used) at the following ages for best protection:

- The first dose at birth (within 12 hours if the mother has

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hepatitis B infection);
- A second dose at 1 through 3 months; and
- A third dose at 6 through 18 months of age.

Some children may need a fourth dose. Talk with your child's doctor to find out how many shots your child needs.

Older children who did not get the vaccine as a baby should get it as soon as possible.

Why should my child get the hepatitis B vaccine?

Getting your child the hepatitis B vaccine protects him against serious disease.

Of the more than 1 million people in the United States living with life-long hepatitis B, most got the virus as a child. When infants and young children are infected with hepatitis B, they have a 90% chance of developing a life-long, chronic infection. One out of 4 of these children will have serious liver disease as an adult, including cancer.

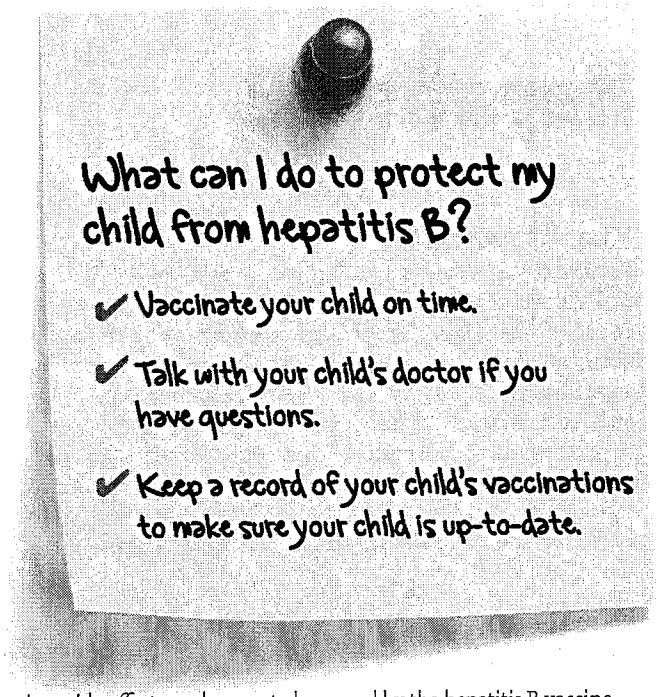
Children and adults with life-long hepatitis B can pass on the virus to other people.

If my child does not get the hepatitis B vaccine, will he get the disease?

Children who do not get the vaccine for hepatitis B are at risk for infection. More than 1 million people in the U.S. have life-long hepatitis B. Most don't know it. Therefore, an unvaccinated child may be at risk of getting the disease from someone who has the virus and doesn't even know it.

Is the hepatitis B vaccine safe?

The hepatitis B vaccine is very safe, and it is effective at preventing hepatitis B. Vaccines, like any medicine, can have side effects. But no serious side effects are known to be caused by the hepatitis B vaccine.



Most people who get the hepatitis B vaccine will have no side effects at all. Those that do occur are very mild, such as a low fever (less than 101 degrees) or a sore arm from the shot.

Where can I learn more about the hepatitis B vaccine?

To learn more about the hepatitis B vaccine or other vaccines, talk to your child's doctor.

Call **800-CDC-INFO** (800-232-4636) or go to ***http://www.cdc.gov/vaccines*** and check out the following resources:
- Parent's Guide to Childhood Immunization—Hepatitis B: ***http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm***
- Infant Immunizations FAQs: ***http://www.cdc.gov/vaccines/parents/parent-questions.html***
- Vaccines website for parents: ***http://www.cdc.gov/vaccines/parents***

A shot in the first days of life?

It's hard to imagine putting your newborn through the pain of a shot. But a little stick in the first day of life is an important first step to protecting your baby against a deadly disease.

All babies should get the first shot of hepatitis B vaccine before they leave the hospital. This shot acts as a safety net, reducing the risk of getting the disease from moms or family members who may not know they are infected with hepatitis B. And when a mom has hepatitis B, the vaccine has the best chance of protecting against hepatitis B, but the hepatitis B immune globulin (HBIG) works best when given within the first 12 hours of life. HBIG is a medicine that gives a baby's body a "boost" or extra help to fight the virus as soon as he or she is born. The HBIG shot is only given to babies of mothers who have Hepatitis B.

The Centers for Disease Control and Prevention, American Academy of Family Physicians, and American Academy of Pediatrics strongly recommend all children receive the hepatitis B vaccine according to the recommended schedule.

Hib Disease

Reviewed February 2013

What is Hib disease?

Hib disease is a serious illness caused by the bacteria *Haemophilus influenzae* type b. Babies and children younger than 5 years old are most at risk for Hib disease. It can cause lifelong disability and be deadly. The Hib vaccine prevents Hib disease.

What are the symptoms of Hib disease?

Hib disease causes different symptoms depending on which part of the body it affects.

The most common type of Hib disease is meningitis. This is an infection of the covering of the brain and spinal cord. It causes the following:

- Fever and headache
- Confusion
- Stiff neck
- Pain from bright lights

In babies, meningitis may cause poor eating and drinking, low alertness, and vomiting.

Hib disease can also cause the following:

- Throat swelling that makes it hard to breathe
- Joint infection
- Skin infection
- Pneumonia (lung infection)
- Bone infection

How serious is Hib disease?

Hib disease is very dangerous. Most children with Hib disease need care in the hospital. Even with treatment, as many as 1 out of 20 children with Hib meningitis dies.

As many as 1 out of 5 children who survive Hib meningitis will have brain damage or become deaf.

How does Hib spread?

Benefits of the Hib vaccine

- Saves lives.
- Protects young children from serious disease and lifelong disability.
- Keeps others safe.

Side effects of the Hib vaccine

The most common side effects are usually mild and last 2 or 3 days. They include the following:

- Redness, swelling, and warmth where the shot was given in 1 out of 4 children.
- Fever over 101 degrees in 1 out of 20 children.

Hib spreads when an infected person coughs or sneezes. Usually, the Hib bacteria stay in a person's nose and throat and do not cause illness. But if the bacteria spread into the lungs or blood, the person will get very sick.

Spread of Hib is common among family members and in child care centers.

What is the Hib vaccine?

The Hib vaccine is a shot that protects against Hib disease. The vaccine protects children by preparing their bodies to fight the bacteria.

Almost all children (at least 95 children out of 100) who get all doses of the vaccine will be protected from Hib disease.

Why should my child get the Hib vaccine?

Getting your child the Hib vaccine protects him against serious, and even deadly, illness. It is rare for a child who has had the Hib vaccine to get Hib disease.

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When should my child get the Hib vaccine?

Children should get three or four doses of the Hib vaccine at the following ages for best protection:

- One dose at 2 months;
- A second dose at 4 months;
- For some brands, one dose at 6 months; and
- A final dose at 12 through 15 months of age.

It is safe to get the Hib vaccine at the same time as other vaccines, even for babies.

Is the Hib vaccine safe?

The Hib vaccine is very safe, and it is effective at preventing Hib disease. Vaccines, like any medicine, can have side effects. But severe side effects from the Hib vaccine are very rare.

If my child does not get the Hib vaccine, will he get Hib disease?

Without the vaccine, your child has a much greater chance of getting Hib disease. Most cases of Hib disease in the U.S. today are in children who have not had the Hib vaccine.

Before the Hib vaccine, Hib disease was the most common cause of meningitis in children younger than 5 years in the U.S. About 20,000 children got severe Hib disease each year, and about 1,000 died.

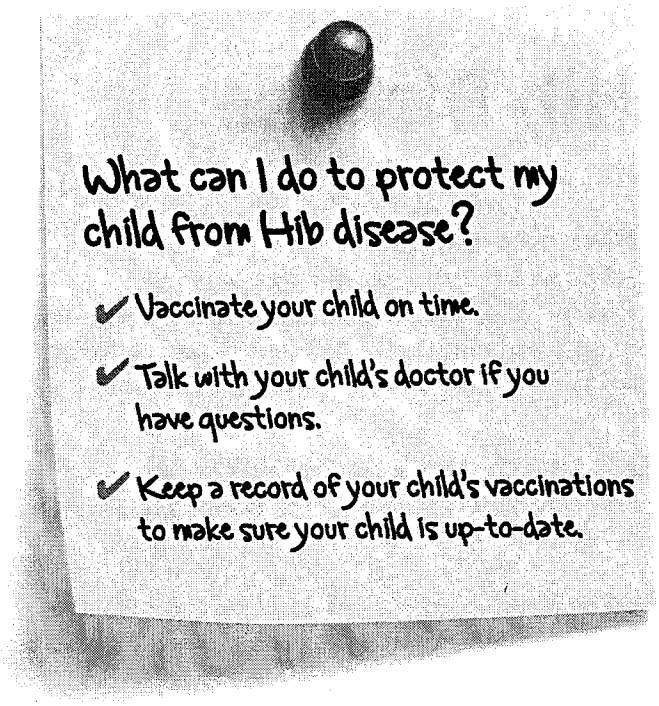
Today, with the vaccine, cases of severe Hib disease have dropped by more than 99%. Many more children would get sick from Hib if people stopped vaccinating.

How can I learn more about the Hib vaccine?

To learn more about the Hib vaccine or other vaccines, talk to your child's doctor.

Call **800-CDC-INFO** (800-232-4636) or go to ***http://www.cdc.gov/vaccines*** and check out the following resources:

- Is Your Child Protected Against Hib Disease?: ***http://www.cdc.gov/features/hibdisease/***
- Infant Immunizations FAQs: ***http://www.cdc.gov/vaccines/***



The Centers for Disease Control and Prevention, American Academy of Family Physicians, and American Academy of Pediatrics strongly recommend all children receive the Hib vaccine according to the recommended schedule.

Pneumococcal Disease

Last reviewed February 2013

What is pneumococcal disease?

Pneumococcal disease is an illness caused by bacteria called the pneumococcus bacteria. . It is often mild but can cause serious symptoms, lifelong disability, or death. Children under 2 years of age are among those most at risk for disease. The pneumococcal vaccine protects against this disease.

What are the symptoms of pneumococcal disease?

There are many types of pneumococcal disease. Symptoms depend on the part of the body that is infected.

Pneumococcal pneumonia (lung infection) is the most common serious form. It causes the following:

- Fever and chills
- Cough
- Rapid breathing or difficulty breathing
- Chest pain

Pneumococcal meningitis is an infection of the covering of the brain and spinal cord. It causes the following:

- Stiff neck
- Fever and headache
- Pain from bright lights
- Confusion

In babies, meningitis may cause poor eating and drinking, low alertness, and vomiting.

Blood infection (bacteremia and sepsis) causes fever, chills, and low alertness. Pneumococcal disease causes up to half of middle ear infections (otitis media). Symptoms are ear pain; a red, swollen ear drum; and sometimes, fever and sleepiness.

How serious is pneumococcal disease?

Pneumococcal disease ranges from mild to very dangerous. About 4,000 cases of serious disease (meningitis and sepsis) occur each year in children under 5 in the U.S. These illnesses can lead to disability like deafness, brain damage, or loss of arms or legs. About 1 out of 10 children who get pneumococcal meningitis dies.

Benefits of the pneumococcal vaccine (PCV13)

- Saves lives.
- Protects young children from serious disease and lifelong disability.

Side effects of the pneumococcal vaccine (PCV13)

The most common side effects are usually mild and include the following:

- Fussiness
- Sleepiness
- Loss of appetite (not wanting to eat)
- Soreness, redness, and swelling from the shot
- Fever

How does pneumococcal disease spread?

Pneumococcal disease spreads when an infected person sneezes or coughs.

Children can carry the bacteria in their nose and throat, and spread the bacteria, without being sick. Sometimes the bacteria spread from the nose and throat into the blood or lungs, causing severe disease. Other times it can spread to ears or sinuses, causing mild infections.

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What is the pneumococcal vaccine or PCV13?

The pneumococcal vaccine is a shot that helps prevent pneumococcal disease. There are more than 90 types of pneumococcal bacteria. The vaccine called PCV13 protects against the 13 types that cause most of the severe illness in children. The vaccine can also help prevent some ear infections.

PCV13 protects children by preparing their bodies to fight the bacteria. Almost all children (about 9 children out of 10) who get PCV13 will be protected from the 13 types of pneumococcal bacteria in the vaccine.

When should my child get PCV13?

All babies should get PCV13. They need four doses at the following ages for best protection:

- One dose each at 2 months, 4 months, and 6 months; and
- A fourth dose at 12 through 15 months of age.

If your child misses a dose or starts late, he should still get the vaccine. Talk to your child's doctor.

It is safe to get PCV13 at the same time as other vaccines. However, young children (12 through 23 months of age) who get inactivated flu vaccine and PCV13 at the same time appear to be at increased risk for seizures caused by fever, called febrile seizures. Studies done in 2010-11 showed that in this group, about one additional febrile seizure occurred among every 2,000 to 3,000 children vaccinated when the vaccines were given together than when they were given at separate visits. Febrile seizures are scary for parents, but they are not harmful to children. Ask your child's doctor for more information.

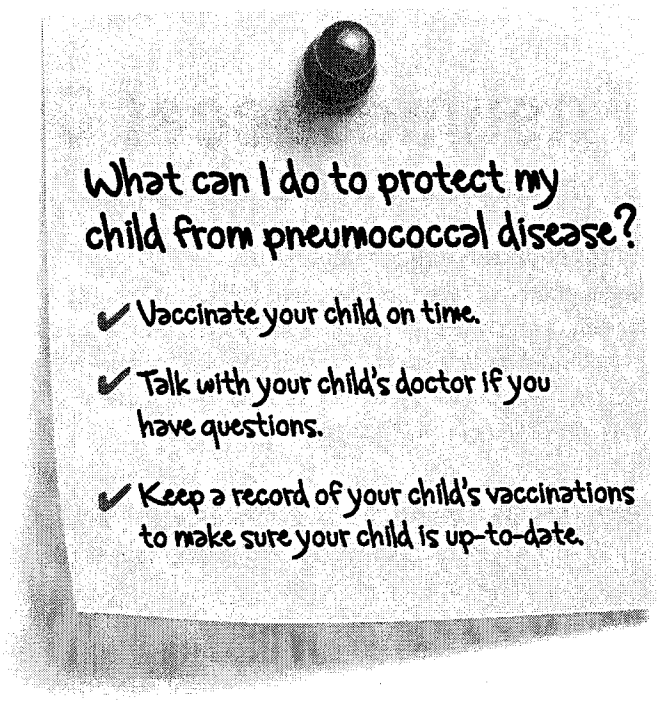
Why should my child get PCV13?

Getting your child PCV13 protects him against serious, and even deadly, illness. There are medicines to treat pneumococcal bacteria, but these do not always prevent damage from the infection, and some bacteria have become resistant to those medicines. That means the medicines can't kill the bacteria. Preventing pneumococcal infection is the best option.

If my child does not get PCV13, will he get pneumococcal disease?

Without the pneumococcal vaccine, your child is at risk for this serious disease.

Each year in the U.S., pneumococcal disease causes thousands of cases of pneumonia and ear infections. Babies younger than 2 years of age are most likely to have a serious case of pneumococcal disease.



Before the vaccine, there were about 700 cases of meningitis, 13,000 blood infections, and 200 deaths from pneumococcal disease each year among children younger than 5 years. After the vaccine was introduced, these numbers dropped quickly.

Is PCV13 safe?

The pneumococcal vaccine is very safe, and it is effective at preventing pneumococcal disease. Vaccines, like any medicine, can have side effects. But severe side effects from PCV13 are very rare.

How can I learn more about PCV13?

To learn more about PCV13 or other vaccines, talk to your child's doctor.

Call **800-CDC-INFO** (800-232-4636) or go to ***http://www.cdc.gov/vaccines*** and check out the following resources:

- PCV13 (Pneumococcal Conjugate) Vaccine for Parents: ***http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm***
- Infant Immunizations FAQs: ***http://www.cdc.gov/vaccines/parents/parent-questions.html***
- Vaccines website for parents: ***http://www.cdc.gov/vaccines/parents***

The Centers for Disease Control and Prevention, American Academy of Family Physicians, and American Academy of Pediatrics strongly recommend all children receive the pneumoccocal vaccine according to the recommended schedule.

Polio

Last updated February 2013

Many people think that poliovirus always causes polio, which can cause lifelong paralysis. However, some people may get infected with poliovirus and not develop any symptoms, while others may have minor symptoms.

What is polio?

Polio (or poliomyelitis) is a disease caused by poliovirus. It can cause lifelong paralysis (can't move parts of the body), and it can be deadly. But, the polio vaccine can protect against polio.

What are the symptoms of poliovirus infection?

Most people who get infected with poliovirus do not have any symptoms.

A small number of people (4 to 8 people out of 100) will have flu-like symptoms. These symptoms usually last 2 to 5 days then go away on their own.

In rare cases, poliovirus infection can be very serious. About 1 out of 100 people will have weakness or paralysis in their arms, legs, or both. This paralysis or weakness can last a lifetime.

How serious is polio?

The risk of lifelong paralysis is very serious. Even children who seem to fully recover can develop new muscle pain, weakness, or paralysis as adults, 30 or 40 years later.

About 2 to 5 children out of 100 who have paralysis from polio die because the virus affects the muscles that help them breathe.

Benefits of the polio vaccine (IPV)

- Saves lives.
- Protects young children from serious disease and lifelong disability.

Side effects of the polio vaccine (IPV)

- The most common side effects are usually mild and include redness and pain from the shot.

How does polio spread?

Poliovirus is very contagious. The virus lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. You can get infected with polio if you have stool on your hands and you touch your mouth. Also, if you put objects, like toys, that have stool on them into your mouth, you/your baby can get infected.

An infected person may spread the virus to others immediately before and usually 1 to 2 weeks after developing symptoms. The virus may live in an infected person's feces for many weeks. It can contaminate food and water when people do not wash their hands.

What is the polio vaccine or IPV?

IPV is a type of polio vaccine. IPV stands for inactivated polio vaccine. It is given by a shot.

Polio vaccine protects children by preparing their bodies to fight the poliovirus. Almost all children (99 children out of 100) who get all the recommended doses of IPV will be protected from polio.

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Why should my child get the polio vaccine?

Polio vaccine prevents polio. Even though no polio cases have originated in the United States in more than 30 years, the disease is still occurring in other parts of the world. It would only take one traveler with polio from another country to bring polio back to the United States.

When should my child get the polio vaccine?

Children should get four doses of IPV at the following ages for best protection:

- First dose at 2 months
- Second dose at 4 months
- Third dose at 6 through 18 months
- Fourth (booster) dose at 4 through 6 years

It is safe to get IPV at the same time as other vaccines.

Is the polio vaccine safe?

IPV is very safe and effective at preventing polio. Vaccines, like any medicine, can have side effects. But, severe side effects from IPV are very rare.

If my child does not get the polio vaccine, will he get polio?

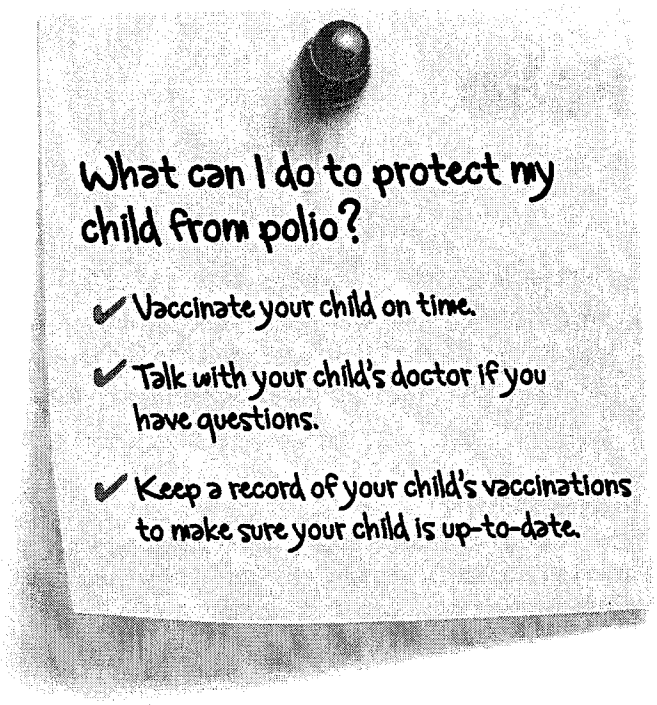
Without the vaccine, polio spreads very easily. Before the polio vaccine, more than 20,000 people became paralyzed from polio in the United States each year. Today, thanks to the vaccine, there is no more polio in the United States. But, if people stopped vaccinating, we could see cases of polio again.

How can I learn more about the polio vaccine?

To learn more about the polio vaccine or other vaccines, talk to your child's doctor.

Call **800-CDC-INFO** (800-232-4636) or go to ***http://www.cdc.gov/vaccines*** and check out the following resources:

- Vaccines and Preventable Diseases—Polio Vaccination: ***http://www.cdc.gov/vaccines/vpd-vac/polio/default.htm***
- Infant Immunizations FAQs: ***http://www.cdc.gov/vaccines/parents/parent-questions.html***



The Centers for Disease Control and Prevention, American Academy of Family Physicians, and American Academy of Pediatrics strongly recommend all children receive the polio vaccine according to the recommended schedule.

VACCINE INFORMATION STATEMENT

Rotavirus 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?

Rotavirus is a virus that causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

Before rotavirus vaccine, rotavirus disease was a common and serious health problem for children in the United States. Almost all children in the U.S. had at least one rotavirus infection before their 5th birthday.

Every year:

- more than 400,000 young children had to see a doctor for illness caused by rotavirus,
- more than 200,000 had to go to the emergency room,
- 55,000 to 70,000 had to be hospitalized, and
- 20 to 60 died.

Rotavirus vaccine has been used since 2006 in the United States. Because children are protected by the vaccine, hospitalizations, and emergency visits for rotavirus have dropped dramatically.

2 Rotavirus vaccine

Two brands of rotavirus vaccine are available. Your baby will get either 2 or 3 doses, depending on which vaccine is used.

Doses of rotavirus vaccine are recommended at these ages:

- First Dose: 2 months of age
- Second Dose: 4 months of age
- Third Dose: 6 months of age (if needed)

Rotavirus vaccine is a liquid that is swallowed, not a shot.

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

Rotavirus vaccine is very good at preventing diarrhea and vomiting caused by rotavirus. Almost all babies who get rotavirus vaccine will be protected from **severe** rotavirus diarrhea. And most of these babies will not get rotavirus diarrhea at all. The vaccine will not prevent diarrhea or vomiting caused by other germs.

Another virus called porcine circovirus (or parts of it) can be found in both rotavirus vaccines. This is not a virus that infects people, and there is no known safety risk. For more information, see **www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm205547.htm**.

3 Some babies should not get this vaccine

- A baby who has had a severe (life-threatening) allergic reaction to a dose of rotavirus vaccine should not get another dose.

  A baby who has a severe (life threatening) allergy to any component of rotavirus vaccine should not get the vaccine.

  Tell your doctor if your baby has any severe allergies that you know of, including a severe allergy to latex.
- Babies with "severe combined immunodeficiency" (SCID) should not get rotavirus vaccine.
- Babies who have had a type of bowel blockage called "intussusception" should not get rotavirus vaccine.
- Babies who are mildly ill can probably get the vaccine today. Babies who are moderately or severely ill should probably wait until they recover. This includes babies with moderate or severe diarrhea or vomiting.
- Check with your doctor if your baby's immune system is weakened because of:
  - HIV/AIDS, or any other disease that affects the immune system
  - treatment with drugs such as long-term steroids
  - cancer, or cancer treatment with x-rays or drugs

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

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare.

Most babies who get rotavirus vaccine do not have any problems with it. But some problems have been associated with rotavirus vaccine:

Mild problems

Babies might become irritable, or have mild, temporary diarrhea or vomiting after getting a dose of rotavirus vaccine.

Serious problems

Intussusception is a type of bowel blockage that is treated in a hospital, and could require surgery. It happens "naturally" in some babies 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 1st or 2nd 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 doctor can give you more information.

5 What if there is a serious reaction?

What should I look for?

- 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 1st or 2nd dose of rotavirus vaccine, but look for them any time after vaccination.

- Look for anything else that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is **intussusception**, call a doctor right away. If you can't reach your doctor, take your baby to a hospital. Tell them when your baby got the vaccine.
- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get your baby to the nearest hospital.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They 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.

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**