Temper Tantrums:
A NORMAL PART OF GROWING UP

Strong emotions are hard for a young child to hold inside. When children feel frustrated, angry, or disappointed, they often express themselves by crying, screaming, or stomping up and down. As a parent, you may feel angry, helpless, or embarrassed. Temper tantrums are a normal part of your child's development as he learns self-control. In fact, almost all children have tantrums between the ages of 1 and 3. You've heard them called "the terrible twos." The good news is that by age 4, temper tantrums usually stop.

Why do children have tantrums?

Your young child is busy learning many things about her world. She is eager to take control. She wants to be independent and may try to do more than her skills will allow. She wants to make her own choices and often may not cope well with not getting her way. She is even less able to cope when she is tired, hungry, frustrated, or frightened. Controlling her temper may be one of the most difficult lessons to learn.

Temper tantrums are a way for your child to let off steam when she is upset. Following are some of the reasons your child may have a temper tantrum:

- Your child may not fully understand what you are saying or asking, and may get confused.
- Your child may become upset when others cannot understand what she is saying.
- Your child may not have the words to describe her feelings and needs. After 3 years of age, most children can express their feelings, so temper tantrums taper off. Children who are not able to express their feelings very well with words are more likely to continue to have tantrums.
- Your child has not yet learned to solve problems on her own and gets discouraged easily.
- Your child may have an illness or other physical problem that keeps her from expressing how she feels.
- Your child may be hungry, but may not recognize it.
- Your child may be tired or not getting enough sleep.
- Your child may be anxious or uncomfortable.
- Your child may be reacting to stress or changes at home.
- Your child may be jealous of a friend or sibling. Children often want what other children have or the attention they receive.
- Your child may not yet be able to do the things she can imagine, such as walking or running, climbing down stairs or from furniture, drawing things, or making toys work.

How to help prevent temper tantrums

As a parent, you can sometimes tell when tantrums are coming. Your child may seem moody, cranky, or difficult. He may start to whine and whimper. It may seem as if nothing will make him happy. Finally, he may start to cry, kick, scream, fall to the ground, or hold his breath. Other times, a tantrum may come on suddenly for no obvious reason. You should not be surprised if your child has tantrums only in front of you. This is one way of testing your rules and limits. Many children will not act out their feelings around others and are more cautious with strangers. Children feel safer showing their feelings to the people they trust.

You will not be able to prevent all tantrums, but the following suggestions may help reduce the chances of a tantrum:

- **Encourage your child to use words** to tell you how he is feeling, such as "I'm really mad." Try to understand how he is feeling and suggest words he can use to describe his feelings.
- **Set reasonable limits** and don't expect your child to be perfect. Give simple reasons for the rules you set, and don't change the rules.
- **Keep a daily routine** as much as possible, so your child knows what to expect.
- **Avoid situations that will frustrate your child,** such as playing with children or toys that are too advanced for your child's abilities.
- **Avoid long outings or visits** where your child has to sit still or cannot play for long periods of time. If you have to take a trip, bring along your child's favorite book or toy to entertain him.
- **Be prepared with healthy snacks when your child gets hungry.**
- **Make sure your child is well rested,** especially before a busy day or stressful activity.
- **Distract your child** from activities likely to lead to a tantrum. Suggest different activities. If possible, being silly, playful, or making a joke can help ease a tense situation. Sometimes, something as simple as changing locations can prevent a tantrum. For example, if you are indoors, try taking your child outside to distract his attention.
- **Be choosy about saying "no."** When you say no to every demand or request your child makes, it will frustrate him. Listen carefully to requests. When a request is not too unreasonable or inconvenient, consider saying yes. When your child's safety is involved, do not change your decision because of a tantrum.

A word about...safety

Many times, you will have to tell your child "no" to protect her from harm or injury. For example, the kitchen and bathroom can be hazardous places for your child. Your child will have trouble understanding why you will not let her play there. This is a common cause of a tantrum. "Childproof" your home and make dangerous areas or objects off-limits.

Keep an eye on your child at all times. After telling your child "no," never leave her alone in a situation that could be hazardous. Take away dangerous objects from your child immediately and replace them with something safe. It is up to you to keep your child safe and teach her how to protect herself from getting hurt. Be consistent and clear about safety.

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- **Let your child choose whenever possible.** For example, if your child resists a bath, make it clear that he will be taking a bath, but offer a simple decision he can make on his own. Instead of saying, "Do you want to take a bath?" Try saying, "It's time for your bath. Would you like to walk upstairs or have me carry you?"
- **Set a good example.** Avoid arguing or yelling in front of your child.

What to do when tantrums occur

When your child has a temper tantrum, follow the suggestions listed below:

1. Distract your child by calling his attention to something else, such as a new activity, book, or toy. Sometimes just touching or stroking a child will calm him. You may need to gently restrain or hold your child. Interrupt his behavior with a light comment like, "Did you see what the kitty is doing?" or "I think I heard the doorbell." Humor or something as simple as a funny face can also help.
2. Try to remain calm. If you shout or become angry, it is likely to make things worse. Remember, the more attention you give this behavior, the more likely it is to happen again.
3. Minor displays of anger such as crying, screaming, or kicking can usually be ignored. Stand nearby or hold your child without talking until he calms down. This shows your support. If you cannot stay calm, leave the room.
4. Some temper tantrums cannot be ignored. The following behaviors should not be ignored and are *not* acceptable:
   - Hitting or kicking parents or others
   - Throwing things in a dangerous way
   - Prolonged screaming or yelling

   Use a cooling-off period or a "time-out" to remove your child from the source of his anger. Take your child away from the situation and hold him or give him some time alone to calm down and regain control. For children old enough to understand, a good rule of thumb for a time-out is 1 minute of time for every year of your child's age. (For example, a 4 year old would get a 4-minute time-out.) But even 15 seconds will work. If you cannot stay calm, leave the room. Wait a minute or two, or until his crying stops, before returning. Then help him get interested in something else. If your child is old enough, talk about what happened and discuss other ways to deal with it next time.

For more information, ask your pediatrician about the American Academy of Pediatrics brochure *Discipline and Your Child.*

You should never punish your child for temper tantrums. He may start to keep his anger or frustration inside, which can be unhealthy. Your response to tantrums should be calm and understanding. As your child grows, he will learn to deal with his strong emotions. Remember, it is normal for children to test their parents' rules and limits.

Do not give in by offering rewards

Do not reward your child for stopping a tantrum. Rewards may teach your child that a temper tantrum will help her get her way. When tantrums do not accomplish anything for your child, they are less likely to continue.

You may also feel guilty about saying "no" to your child at times. Be consistent and avoid sending mixed signals. When parents don't clearly enforce certain rules, it is harder for children to understand which rules are firm and which ones are not. Be sure you are having some fun each day with your child. Think carefully about the rules you set and don't set too many. Discuss with those who care for your child which rules are really needed and be firm about them. Respond the same way every time your child breaks the rules.

When temper tantrums are serious

Your child should have fewer temper tantrums by the middle of his fourth year. Between tantrums, his behavior should seem normal and healthy. Like every child, yours will grow and learn at his own pace. It may take time for him to learn how to control his temper. When the outbursts are severe or happen too often, they may be an early sign of emotional problems. Talk to your pediatrician if your child causes harm to himself or others during tantrums, holds his breath and faints, or if the tantrums get worse after age 4. Your pediatrician will make sure there are no serious physical or psychological problems causing the tantrums. He or she can also give you advice to help you deal with these outbursts.

It is important to realize that temper tantrums are a normal part of growing up. Tantrums are not easy to deal with, and they can be a little scary for you and your child. Using a loving and understanding approach will help your child through this part of his development.

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From your doctor

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Playground Safety

Each year about 250,000 children ages 15 and younger get hurt on playground equipment and are treated for their injuries in emergency rooms. Between 10 and 20 children die each year from playground injuries. About one-fourth of all playground injuries happen on home equipment, but most occur at school and public playgrounds.

This brochure can help you determine whether playground equipment—at your home, your child's school, or in your neighborhood—is as safe as possible.

How are children injured?

Falls cause about 75% of playground injuries. Children:

- Fall off equipment
- Fall from heights, especially from climbing structures (such as monkey bars)
- Trip over equipment

Other playground injuries are caused by:

- Blows from equipment, especially swings
- Cuts from sharp edges, hardware, or loose or exposed nails and screws

Types of Injuries

Many injuries, such as cuts, scrapes, and bruises, are not serious. However, some head injuries can be serious or even fatal. Other common playground injuries—many of which can be prevented—are broken bones, sprains, and injuries to the teeth and mouth.

Preventing Playground Injuries

Most important:

- The best way to prevent serious head injuries is to have a surface that will absorb impact when children land on it. This is especially needed under and around swings, slides, and other equipment. (See "What are safer surfaces?").
- To prevent injuries from falls, platforms should not be higher than 8 feet above the ground and should have guard rails (38 inches high).
- Vertical and horizontal spaces should be less than 3 1/2 inches wide or more than 9 inches wide. This is to keep a small child's head from getting trapped.
- Objects that stick out (bolts, nails, etc.), hooks that are not closed all the way ("S" hooks), sharp edges, and pinch points also cause many playground injuries. Equipment must be free of these hazards.
- Even with these measures children still need to be watched closely while they are playing.

Also important:

- Carefully maintain all equipment. Be sure that it has been installed exactly according to the manufacturer's directions.
- Swings should be clear of other equipment by a distance equal to twice the height of the swing, measured from the center of the swing while it is at rest. Swing seats should be made of soft materials such as rubber, plastic, or canvas. Children under 5 years of age should use chair swings. Make sure open hooks , or "S" hooks, on swing chains are closed to form a figure "8."
- Make sure equipment is the right size for the children playing on it. For example, smaller swings are meant for smaller children and can break if larger children use them.
- Make sure children cannot reach any moving parts that might pinch or trap any body part.
- Play equipment should be installed at least 6 feet from any barrier, such as a wall or fence, and should be securely anchored to prevent tipping. The concrete anchors should be buried below the surface of the dirt and beneath the full depth of the ground cover of absorbent material. Some equipment, such as swings and slides, requires a larger "fall zone" around it.
- Wood fences and equipment should be free of splinters; all fences and equipment should be free of nails that stick out.
- Metal slides exposed to direct sunlight can burn children's hands and legs. Plastic slides are less likely to cause burn injuries. Position slides in the shade or face them away from the afternoon sun.
- Slides should have a platform with rails at the top for children to hold. The sides of the slide should be 4 inches high.
- Make sure there are no rocks, pieces of glass, sticks, toys, debris, or other children at the base of a slide. These could get in the way of a child landing safely. The cleared and safer-surfaced area should extend from the exit of the slide a distance equal to the height of the slide plus 4 feet.

The Danger of Drawstrings

Drawstrings can strangle a child if they get caught on playground equipment. One way to prevent this it to take the drawstrings off the hoods and collars of your child's jackets, shirts, and hats and shorten the drawstrings around the bottom of coats and jackets.

If you want to leave the drawstrings, you can either:

- Cut all the ends just short enough so that they tie
- Sew a seam at the middle of the hood, collar, or waistband to prevent either side from pulling out if caught on an object

The best way to prevent drawstrings from getting caught on anything is to choose clothing that does not have them.

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What are safer surfaces?

Did you know that even a 1-foot fall onto asphalt or concrete can cause a fatal head injury? Or that a 4-foot fall onto packed earth or grass can also cause serious injury or death?

Safer surfaces make a serious or fatal head injury less likely to occur if a child falls. This is because such surfaces absorb the impact of a fall. Some examples of "safer surfaces" include:

- Sand (10 inches deep)
- Wood chips (12 inches deep)
- Rubber outdoor mat (follow manufacturers' instructions)

Sand and wood chips, which absorb impact, should be raked at least weekly to keep them soft. They also need refilling often to keep the correct depth.

No surface is totally safe. Many injuries are preventable, but they will sometimes occur even at the safest playgrounds-and even with the best supervision. Be prepared to handle an injury if it does occur.

For more information... about playground safety, "safer surfaces," or to get a copy of the *Handbook for Public Playground Safety,* contact the US Consumer Product Safety Commission, Washington, DC 20207.

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Keep Your Family Safe from Firearm Injury

American Academy of Pediatrics and Center to Prevent Handgun Violence

One out of five pediatricians nationwide has treated a young gunshot victim.

American Academy of Pediatrics, 1994

A Message from Your Pediatrician

Whether you have an infant or a teenager, keeping a gun at home poses a very real danger to your family. As a parent, you are already familiar with safety measures such as seat belts, bicycle helmets, window guards, and locking up medicines and poisons. This brochure provides easy steps you can take now to reduce the risk of gun injury–steps that can save you and your family considerable pain later.

The safest thing is to not have a gun in your home, especially not a handgun. If you already own one or plan to keep one in your home, please read this brochure very carefully. It may be vital to your family's health and safety.

Simplest Steps that Can Save Lives

A gun at home is 43 times more likely to be used to kill (including suicides) a family member or friend than to kill in self-defense.[1]

If You Keep a Gun, Empty It Out, Lock It Up!

- Always keep your gun unloaded and locked up.
- Lock and store bullets in a separate location.
- Make sure children don't have access to the keys.
- Ask police for advice on safe storage and gun locks.
- The best way to reduce gun risks is to remove the gun from your home.

Even If You Don't Own a Gun...

- Talk with your children about the risk of gun injury outside the home in places where they may visit and play.
- Tell your children to steer clear of guns when they are in the homes of their friends.
- Speak with the parents of your children's friends to find out if they keep a gun at home.
- If they do, urge them to empty it out and lock it up.
- Pass along this brochure to them.

Recognizing And Reducing The Risks To Your Family

Toddlers and Young Children

- Because even the most well-behaved children are curious by nature and will eagerly explore their environment, the safest thing is to not keep a gun at home.
- Explain to your children that guns are dangerous and that children should never touch guns.
- Tell your children that gun violence on TV and in the movies is not real. Explain that in real life, children are hurt and killed with guns.
- Children gradually learn and often forget and test the rules, so periodically repeat the message to stay away from guns.

Preteens and Teenagers

- Talk to your children about ways to solve arguments and fights without guns or violence.
- Keep in mind that teenagers don't always follow the rules. Also remember that preteens and teens are attracted to guns as symbols of power. Since you cannot always count on teens to stay away from guns, you have to keep guns away from them.
- Depressed preteens and teens commit suicide with guns more often than with any other method. No longer children and not yet adults, they may consider suicide if they're sad, angry, not being taken seriously, or if they feel ignored.
- Be extremely cautious about allowing children to participate in shooting activities.

Important Numbers

If you or your teenager is troubled or having personal problems, you can call:

1-800-448-3000
Boys Town National Hotline

To receive free information on how you and your family can work to prevent violence in your community, call:

1-800-WE-PREVENT
Crime Prevention Coalition

The above numbers are included with the permission of Boys Town and the National Crime Prevention Council, Secretariat to the Crime Prevention Coalition.

For more information, write to:

Center to Prevent Handgun Violence
1225 Eye Street, N.W., Suite 1100
Washington D.C. 20005

1. Kellerman AL and Reay DT, 1986.

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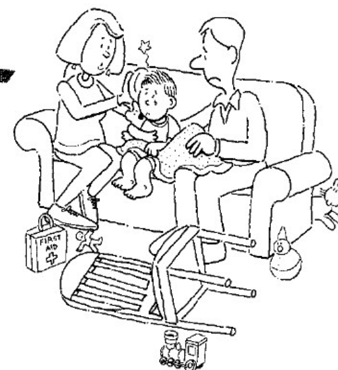
Minor Head Injuries in Children



Almost all children bump their heads every now and then. While these injuries can be upsetting, most head injuries are minor and do not cause serious problems. In very rare cases, problems can occur after a minor bump on the head. This brochure, developed by the American Academy of Pediatrics, will help parents understand the difference between a head injury that needs only a comforting hug and one that requires immediate medical attention.

The information in this brochure is intended for children who

- Were well before the injury
- Act normally *after* the injury
- Have no cuts on the head or face (this is called a closed head injury)
- Have no other injuries to the body

The information in this brochure is not intended for children who

- Are younger than 2 years of age
- Have possible neck injuries
- Already have nervous-system problems, such as seizures or movement disorders
- Have difficulties or delays in their development
- Have bleeding disorders or bruise easily
- Are victims of child abuse

Children with these conditions may have more serious problems after a mild head injury.

What should I do if my child has a head injury but does not lose consciousness?

For anything more than a light bump on the head, you should call your pediatrician. Your pediatrician will want to know when and how the injury happened and how your child is feeling.

If your child is alert and responds to you, the head injury is mild and usually no tests or X-rays are needed. Your child may cry from pain or fright, but this should last no longer than 10 minutes. You may need to apply a cold compress for 20 minutes to help the swelling go down and then watch your child closely for a period of time.

If there are any changes in your child's condition, call your pediatrician right away. You may need to bring your child to the pediatrician's office or directly to the hospital. The following are signs of a more serious injury:

- A constant headache that gets worse
- Slurred speech or confusion
- Dizziness that does not go away or happens repeatedly
- Extreme irritability or other abnormal behavior
- Vomiting more than 2 times
- Stumbling or difficulty walking
- Oozing blood or watery fluid from the nose or ears
- Difficulty waking up
- Unequal size of the pupils (the dark center part of the eyes)
- Unusual paleness that lasts for more than an hour
- Convulsions (seizures)
- Difficulty recognizing familiar people

What if my child loses consciousness?

If your child loses consciousness, call your pediatrician. Special tests may need to be done as soon as possible so that your pediatrician can find out how serious the injury is.

If the test results are normal, your pediatrician will want you to watch your child closely for a period of time. Your pediatrician will let you know if this can be done at home or in the hospital. If you take your child home and her condition changes, call your pediatrician right away since more care may be needed.

What kinds of tests may be needed? Where are they done?

A CAT scan is a special type of X-ray that gives a view of the brain and the skull. It is painless. A CAT scan is available at almost every hospital.

What is the difference between a head X-ray and CAT scan?

- *Head X-rays* can show fractures (bone breaks) of the skull, but do not show if there is a brain injury.
- *CAT scans* can show brain injury and may be helpful in deciding the seriousness of the injury. They can even show very minor injuries that may not need treatment.

What happens if the CAT scan or head X-ray shows a problem?

More tests will probably be needed and your pediatrician may want a head-injury specialist to examine your child.

What should I do if my child needs to be observed at home?

You or another responsible adult should stay with your child for the first 24 hours and be ready to take your child back to the pediatrician or hospital if there is a problem. Your child may need to be watched carefully for a few days because there could be a delay in signs of a more serious injury.

It is okay for your child to go to sleep. However, your pediatrician may recommend that you check your child every 2 to 3 hours to make sure he moves normally, wakes enough to recognize you, and responds to you.

If your pediatrician prescribes medicine, follow the directions carefully. Do not give pain medication, except for acetaminophen, unless your pediatrician says it is okay. Your pediatrician will let you know if your child can eat and drink as usual.

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What if my child gets worse?

If your child gets worse, your pediatrician will need to examine her again. If a CAT scan has not been done, your pediatrician may order one. Your pediatrician also may talk with a specialist or admit your child to the hospital for closer observation.

Call your pediatrician or return to the hospital if your child experiences any of the following:

- Vomits more than twice
- Cannot stop crying
- Looks sicker
- Has a hard time walking, talking, or seeing
- Is confused or not acting normally
- Becomes more and more drowsy, or is hard to wake up
- Seems to have abnormal movements or seizures or any behaviors that worry you

Will my child have any permanent damage from a minor head injury?

If your child does well through the observation period, there should be no long-lasting problems. Remember, most head injuries are mild. However, be sure to talk with your pediatrician about any concerns or questions you might have.

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Home Safety Checklist

Use this checklist to help ensure that your home is safer for your child. A "full-house survey" is recommended at least every 6 months. Every home is different, and no checklist is complete and appropriate for every child and every household.

Your Child's Bedroom

- ☐ Is there a safety belt on the changing table to prevent falls?
- ☐ Is the baby powder out of baby's reach during diaper changing? Inhaled powder can injure a baby's lungs. Use cornstarch rather than talcum powder.
- ☐ Are changing supplies within your reach when baby is being changed?
- ☐ Never leave a child unattended on a changing table, even for a moment.
- ☐ Is there a carpet or a nonskid rug beneath the crib and changing table?
- ☐ Are drapery and blind cords out of the baby's reach from the crib and changing table? They can strangle children if they are left loose.
- ☐ Have bumper pads, toys, pillows, and stuffed animals been removed from the crib by the time the baby can pull up to stand? If large enough, these items can be used as a step for climbing out.
- ☐ Have all crib gyms, hanging toys, and decorations been removed from the crib by the time your baby can get up on his hands and knees? Children can get tangled in them and become strangled.
- ☐ Make sure the crib has no elevated corner posts or decorative cutouts in the end panels. Loose clothing can become snagged on these and strangle your baby.
- ☐ Does the mattress in the crib fit snugly, without any gaps, so your child cannot slip in between the crack and the crib side?
- ☐ The slots on the crib should be no more than 2⅜ inches apart. Widely spaced slots can trap an infant's head.
- ☐ Are all screws, bolts, and hardware, including mattress supports, in place to prevent the crib from collapsing?
- ☐ Make sure there are no plastic bags or other plastic material in or around the crib that might cause suffocation.
- ☐ Check the crib for small parts and pieces that your child could choke on.
- ☐ Make sure the night-light is not near or touching drapes or a bedspread where it could start a fire. Buy only "cool" night-lights that do not get hot.
- ☐ Is there a smoke detector in or near your child's bedroom?
- ☐ Make sure that window guards are securely in place to prevent a child from falling out the window. Never place a crib, playpen, or other children's furniture near a window.
- ☐ Are there plug protectors in the unused electrical outlets? These keep children from sticking their fingers or other objects into the holes.
- ☐ Make sure a toy box does not have a heavy, hinged lid that can trap your child. (It is safer with no lid at all.)
- ☐ To keep the air moist, use a cool mist humidifier (not a vaporizer) to avoid burns. Clean it frequently and empty it when not in use to avoid bacteria and mold from growing in the still water.
- ☐ To reduce the risk of SIDS (Sudden Infant Death Syndrome), put your baby to sleep on her back in a crib with a firm, flat mattress and no soft bedding underneath her.

Your Bedroom

- ☐ Do not keep a firearm anywhere in the house. If you must, lock up the gun and the bullets separately.
- ☐ Check that there are no prescription drugs, toiletries, or other poisonous substances accessible to young children.
- ☐ If your child has access to your bedroom, make sure drapery or blind cords are well out of reach. Children can get tangled in them and become strangled.
- ☐ Is there a working smoke detector in the hallway outside of the bedroom?

The Bathroom

- ☐ Is there a nonskid bath mat on the floor to prevent falls?
- ☐ Is there a nonskid mat or no-slip strips in the bathtub to prevent falls?
- ☐ Are the electrical outlets protected with Ground Fault Circuit Interrupters to decrease the risk of electrical injury?
- ☐ Are medications and cosmetics stored in a locked cabinet well out of your child's reach?
- ☐ Are hair dryers, curling irons, and other electrical appliances unplugged and stored well out of reach? They can cause burns or electrical injuries.
- ☐ Are there child-resistant safety latches on all cabinets containing potentially harmful substances (cosmetics, medications, mouthwash, cleaning supplies)?
- ☐ Are there child-resistant caps on all medications, and are all medications stored in their original containers?
- ☐ Is the temperature of your hot water heater 120°F or lower to prevent scalding?
- ☐ Do you need a doorknob cover to prevent your child from going into the bathroom when you are not there? Teach adults and older children to put the toilet seat cover down and to close the bathroom door when done—to prevent drowning.
- ☐ Remember, supervision of young children is essential in the bathroom, especially when they are in the tub—to prevent drowning.

The Kitchen

- ☐ Make sure that vitamins or other medications are kept out of your child's reach. Use child-resistant caps.
- ☐ Keep sharp knives or other sharp utensils well out of the child's reach (using safety latches or high cabinets).
- ☐ See that chairs and step stools are away from counters and the stove, where a child could climb up and get hurt.
- ☐ Use the back burners and make sure pot handles on the stove are pointing inward so your child cannot reach up and grab them.
- ☐ Make sure automatic dishwasher detergent and other toxic cleaning supplies are stored in their original containers, out of a child's reach, in cabinets with child safety latches.

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- ☐ Keep the toaster out of your child's reach to prevent burns or electrical injuries.
- ☐ Keep electrical appliances unplugged from the wall when not in use, and use plug protectors for wall outlets.

  Are appliance cords tucked away so that they cannot be pulled on?
- ☐ Make sure that your child's high chair is sturdy and has a seat belt with a crotch strap.
- ☐ Is there a working fire extinguisher in the kitchen? Do all adults and older children know how to use it?

The Family Room

- ☐ Are edges and corners of tables padded to prevent injuries?
- ☐ Are houseplants out of your child's reach? Certain houseplants may be poisonous.
- ☐ Are televisions and other heavy items (such as lamps) secure so that they cannot tip over?
- ☐ Are there any unnecessary or frayed extension cords? Cords should run behind furniture and not hang down for children to pull on them.
- ☐ Is there a barrier around the fireplace or other heat source?
- ☐ Are the cords from drapes or blinds kept out of your child's reach to prevent strangulation?
- ☐ Are plug protectors in unused electrical outlets?
- ☐ Are matches and lighters out of reach?

Miscellaneous Items

- ☐ Are stairs carpeted and protected with non-accordion gates?
- ☐ Are the rooms in your house free from small parts, plastic bags, small toys, and balloons that could pose a choking hazard?
- ☐ Do you have a plan of escape from your home in the event of a fire? Have you reviewed and practiced the plan with your family?
- ☐ Does the door to the basement have a self-latching lock to prevent your child from falling down the stairs?
- ☐ Do not place your child in a baby walker with wheels. They are very dangerous, especially near stairs.
- ☐ Are dangerous products stored out of reach (in cabinets with safety latches or locks or on high shelves) and in their original containers in the utility room, basement, and garage?
- ☐ If your child has a playpen, does it have small-mesh sides (less than 3⁄4 inch mesh) or closely spaced vertical slats (less than 2⅜ inches)?
- ☐ Are the numbers of the Poison Control Center and your pediatrician posted on all phones?
- ☐ Do your children know how to call 911 in an emergency?
- ☐ Inspect your child's toys for sharp or detachable parts. Repair or throw away broken toys.

The Playground

- ☐ Are the swing seats made of something soft, not wood or metal?
- ☐ Is the surface under playground equipment energy absorbent, such as rubber, sand, sawdust (12 inches deep), wood chips, or bark? Is it well maintained?
- ☐ Is your home playground equipment put together correctly and does it sit on a level surface, anchored firmly to the ground?
- ☐ Do you check playground equipment for hot metal surfaces such as those on slides, which can cause burns? Does your slide face away from the sun?
- ☐ Are all screws and bolts on your playground equipment capped? Do you check for loose nuts and bolts periodically? Be sure there are no projecting bolts, nails, or s-links.
- ☐ Do you watch your children when they are using playground equipment—to prevent shoving, pushing, or fighting?
- ☐ Never let a child play on playground equipment with dangling drawstrings on a jacket or shirt.

The Pool

- ☐ Never leave your child alone in or near the pool, even for a moment.
- ☐ Do you have a 4-foot fence around all sides of the pool that cannot be climbed by children and that separates the pool from the house?
- ☐ Do fence gates self-close and self-latch, with latches higher than your child's reach?
- ☐ Does your pool cover completely cover the pool so that your child cannot slip under it?
- ☐ Do you keep rescue equipment (such as a shepherd's hook or life preserver) and a telephone by the pool?
- ☐ Does everyone who watches your child around a pool know basic lifesaving techniques and CPR?
- ☐ Does your child know the rules of water and diving safety?

The Yard

- ☐ Do you use a power mower with a control that stops the mower if the handle is let go?
- ☐ Never let a child younger than 12 years of age mow the lawn. Make sure your older child wears sturdy shoes (not sandals or sneakers) while mowing the lawn and that objects such as stones and toys are picked up from the lawn before it is mowed.
- ☐ Do not allow young children in the yard while you are mowing.
- ☐ Teach your child to never pick and eat anything from a plant.
- ☐ Be sure you know what is growing in your yard so, if your child accidentally ingests a plant, you can give the proper information to your local Poison Control Center.

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Protect Your Child From Poison

Children can get very sick if they come in contact with medicines, household products, pesticides, chemicals, cosmetics, or plants. This can happen at any age and can cause serious reactions. However, most children who come in contact with these things are not poisoned. And most who are poisoned are not permanently hurt if they are treated right away.

Read more to learn how to prevent poisonings and what to do if your child has been poisoned.

Prevention

Most poisonings occur when parents are not paying close attention. While you are busy cooking dinner, or planning tomorrow's schedule, your child may explore what's in the closet or under the bathroom sink.

Because children like to put things into their mouths and taste them, all dangerous items should be kept out of their reach. The best way to prevent poisonings is to lock up all dangerous items.

The most dangerous potential poisons in the home for young children are

- Medicines (iron medicines are one of the most serious causes of poisonings in children younger than 5 years)
- Cleaning products
- Antifreeze
- Windshield washer fluid
- Pesticides
- Furniture polish
- Gasoline, kerosene, lamp oil

Poison Help Line

Call **800/222-1222** if you have a poison emergency. A poison expert in your area is available 24 hours a day, 7 days a week. Also call if you have a question about a poison or about poison prevention. **800/222-1222** is a nationwide toll-free number that directs your call to your regional poison center.

It also is important to store medicines and household products in their original containers. Many dangerous items look like food or drinks. For example, your child may mistake powdered dish soap for sugar or lemon liquid cleaner for lemonade.

Also, watch your child even more closely when you are away from home—especially at a grandparent's home where medicines are often left within a child's reach.

Read "How to poison-proof your home" for more safety tips.

How to poison-proof your home

In the kitchen

- Store medicines, cleaners, lye, furniture polish, dishwasher soap, and other dangerous products in a locked cabinet.
- Lock medicines and poisons high, out of sight and reach of children.
- If you must store items under the sink, use safety latches that lock every time you close the cabinet (most hardware stores and department stores have them). Store medicines and household products in their original containers.

In the bathroom

- Buy and keep all medicines in containers with safety caps. But remember, these caps are child-resistant, not childproof, so store them in a locked cabinet.
- Discard any leftover prescription medicines by flushing them down the toilet.
- Store toothpaste, soap, shampoo, and other items used daily in a different cabinet from dangerous products.
- Take medicine where children cannot watch you; they may try to copy you.
- Call medicine by its correct name. You don't want to confuse your child by calling medicine candy.
- Check the label every time you give medicine. This will help you to be sure you are giving the right medicine in the right amounts to the right person. Mistakes are more common in the middle of the night, so always turn on a light when using any medicine.

In the garage and basement

- Keep paints, varnishes, thinners, pesticides, and fertilizers in a locked cabinet in their original, labeled containers.
- Read labels on all household products before you buy them. Try to find the safest ones for the job. Buy only what you need to use right away.
- Store products in their original containers. Never put poisonous products in containers that were once used for food, especially empty drink bottles, cans, or cups.
- Open the garage door before starting your car.
- Be sure that coal, wood, or kerosene stoves and appliances are in good working order. If you smell gas, turn off the stove or gas burner, leave the house, and call the gas company.

In the entire house

- Install smoke detectors and carbon monoxide detectors. Contact your local fire department for information on how many you need and where to install them.

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Important information about syrup of ipecac

Syrup of ipecac is a drug that was used in the past to make children vomit after they had swallowed a poison. Although this may seem to make sense, this is not a good poison treatment. You should not make a child vomit in any way, including giving him syrup of ipecac, making him gag, or giving him saltwater. If you have syrup of ipecac in your home, flush it down the toilet and throw away the container.

Treatment

Swallowed poison

If you find your child with an open or empty container of a nonfood item, your child may have been poisoned. Stay calm and act quickly.

First, get the item away from your child. If there is still some in your child's mouth, make him spit it out or remove it with your fingers. Keep this material along with anything else that might help determine what your child swallowed.

Take the poison container with you to help the doctor determine what was swallowed. *Do not make your child vomit* because it may cause more damage.

If a child is unconscious, not breathing, having convulsions or having seizures, call 911 or your local emergency number right away.

If your child does not have these symptoms, call the poison center at **800/222-1222.** You may be asked for the following information:

- Your name and phone number.
- Your child's name, age, and weight.
- Any medical conditions your child has.
- Any medicine your child is taking.
- The name of the item your child swallowed. Read it off the container and spell it.
- The time your child swallowed the poison (or when you found your child), and the amount you think was swallowed.

If the poison is very dangerous, or if your child is very young, you may be told to take him right to the nearest hospital. If not, you will be told what to do at home.

Poison on the skin

If your child spills a dangerous chemical on her body, remove her clothes and rinse the skin with room temperature water for at least 15 minutes, even if your child resists. Then call the poison center at **800/222-1222.** Do not use ointments or grease.

Poison in the eye

Flush your child's eye by holding the eyelid open and pouring a steady stream of room temperature water into the inner corner. It is easier if another adult holds your child while you rinse the eye. If another adult is not around, wrap your child tightly in a towel and clamp him under one arm. Then you will have one hand free to hold the eyelid open and the other to pour in the water. Continue flushing the eye for 15 minutes. Then call the poison center at **800/222-1222.** Do not use an eyecup, eyedrops, or ointment unless the poison center tells you to.

Poisonous fumes

In the home, poisonous fumes can come from

- A car running in a closed garage
- Leaky gas vents
- Wood, coal, or kerosene stoves that are not working right
- Space heaters, ovens, stoves, or hot water heaters that use gas

If your child is exposed to fumes or gases, have her breathe fresh air right away. If she is breathing, call the poison center at **800/222-1222** about what to do next. If she has stopped breathing, start cardiopulmonary resuscitation (CPR) and do not stop until she breathes on her own or someone else can take over. If you can, have someone call 911 right away. If you are alone, wait until your child is breathing, or after 1 minute of CPR, then call 911.

Remember

You can help make your home poison-safe by doing the following:

- Keep all medicines and household products locked up and out of your child's reach.
- Use safety latches on drawers and cabinets where you keep objects that may be dangerous to your child.
- Be prepared for a poisoning emergency. Post the poison help line number by every phone in your home. **800/222-1222** will connect you right away to your nearest poison center. (Be sure that your baby-sitter knows this number.)

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Toilet Training

Bowel and bladder control is a necessary social skill. Teaching your child to use the toilet takes time, understanding, and patience. The important thing to remember is that you cannot rush your child into using the toilet. The American Academy of Pediatrics has developed this brochure to help you guide your child through this important stage of social development.

When is a child ready for toilet training?

There is no set age at which toilet training should begin. The right time depends on your child's physical and psychological development. Children younger than 12 months have no control over bladder or bowel movements and little control for 6 months or so after that. Between 18 and 24 months, children often start to show signs of being ready, but some children may not be ready until 30 months or older.

Your child must also be emotionally ready. He needs to be willing, not fighting you or showing signs of fear. If your child resists strongly, it is best to wait for a while.

It is best to be relaxed about toilet training and avoid becoming upset. Remember that no one can control when and where a child urinates or has a bowel movement except the child. Try to avoid a power struggle. Children at the toilet-training age are becoming aware of their individuality. They look for ways to test their limits. Some children may do this by holding back bowel movements.

Look for any of the following signs that your child is ready:

- Your child stays dry at least 2 hours at a time during the day or is dry after naps.
- Bowel movements become regular and predictable.
- Facial expressions, posture, or words reveal that your child is about to urinate or have a bowel movement.
- Your child can follow simple instructions.
- Your child can walk to and from the bathroom and help undress.
- Your child seems uncomfortable with soiled diapers and wants to be changed.
- Your child asks to use the toilet or potty chair.
- Your child asks to wear grown-up underwear.

Stress in the home may make learning this important new skill more difficult. Sometimes it is a good idea to delay toilet training in the following situations:

- Your family has just moved or will move in the near future.
- You are expecting a baby or you have recently had a new baby.
- There is a major illness, a recent death, or some other family crisis.

However, if your child is learning how to use the toilet without problems, there is no need to stop because of these situations.

How to teach your child to use the toilet

Decide what words to use

You should decide carefully what words you use to describe body parts, urine, and bowel movements. Remember that friends, neighbors, teachers, and other caregivers also will hear these words. It is best to use proper terms that will not offend, confuse, or embarrass your child or others.

Avoid using words like "dirty," "naughty," or "stinky" to describe waste products. These negative terms can make your child feel ashamed and self-conscious. Treat bowel movements and urination in a simple, matter-of-fact manner.

Your child may be curious and try to play with the feces. You can prevent this without making her feel upset by simply saying, "This is not something to be played with."

Pick a potty chair

Once your child is ready, you should choose a potty chair. A potty chair is easier for a small child to use, because there is no problem getting on to it and a child's feet can reach the floor.

Children are often interested in their family's bathroom activities. It is sometimes helpful to let children watch parents when they go to the bathroom. Seeing grown-ups use the toilet makes children want to do the same. If possible, mothers should show the correct skills to their daughters, and fathers to their sons. Children can also learn these skills from older brothers and sisters, friends, and relatives.

Help your child recognize signs of needing to use the potty

Encourage your child to tell you when he is about to urinate or have a bowel movement. Your child will often tell you about a wet diaper or a bowel movement *after* the fact. This is a sign that your child is beginning to recognize these bodily functions. Praise your child for telling you, and suggest that "next time" he let you know in advance.

Before having a bowel movement, your child may grunt or make other straining noises, squat, or stop playing for a moment. When pushing, his face may turn red. Explain to your child that these signs mean that a bowel movement is about to come.

It often takes longer for a child to recognize the need to urinate than the need to move bowels. Some children do not gain complete bladder control for many months after they have learned to control bowel movements. Some children achieve bladder control first. It is better for boys to learn to urinate sitting down first, and then change to standing up after they use the potty for stools. Remember that all children are different!

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Make trips to the potty routine

When your child seems to need to urinate or have a bowel movement, go to the potty. Keep your child seated on the potty for only a few minutes at a time. Explain what you want to happen. Be cheerful and casual. If she protests strongly, do not insist. Such resistance may mean that it is not the right time to start training.

It may be helpful to make trips to the potty a regular part of your child's daily routine, such as first thing in the morning when your child wakes up, after meals, or before naps. Remember that you cannot control when your child urinates or has a bowel movement.

Success at toilet training depends on teaching at a pace that suits your child. You must support your child's efforts. Do not try to force quick results. Encourage your child with lots of hugs and praise when success occurs. When a mistake happens, treat it lightly and try not to get upset. Punishment and scolding will often make children feel bad and may make toilet training take longer.

Teach your child proper hygiene habits. Show your child how to wipe carefully. (Girls should wipe thoroughly from front to back to prevent bringing germs from the rectum to the vagina or bladder.) Make sure both boys and girls learn to wash their hands well after urinating or a bowel movement.

Some children believe that their wastes are part of their bodies; seeing their stools flushed away may be frightening and hard for them to understand. Some also fear they will be sucked into the toilet if it is flushed while they are sitting on it. Parents should explain the purpose of body wastes. To give your child a feeling of control, let her flush pieces of toilet paper. This will lessen the fear of the sound of rushing water and the sight of things disappearing.

Encourage the use of training pants

Once your child has repeated successes, encourage the use of training pants. This moment will be special. Your child will feel proud of this sign of trust and growing up. However, be prepared for "accidents." It may take weeks, even months, before toilet training is completed. Continue to have your child sit on the potty at specified times during the day. If your child uses the potty successfully, it is an opportunity for praise. If not, it is still good practice.

In the beginning, many children will have a bowel movement or will urinate right after being taken off the toilet. It may take time for your child to learn how to relax the muscles that control the bowel and bladder. If these "accidents" happen a lot, it may mean your child is not really ready for training.

Sometimes your child will ask for a diaper when a bowel movement is expected and stand in a special place to defecate. Instead of considering this a failure, praise your child for recognizing the bowel signals. Suggest that he have the bowel movement in the bathroom while wearing a diaper. Encourage improvements and work toward sitting on the potty without the diaper. If this behavior continues for more than a few weeks, consult your pediatrician. It may represent a power struggle or fear.

Stooling patterns vary. Some children move their bowels 2 or 3 times a day. Others may go 2 or 3 days between movements. Soft, comfortable stools brought about by a well-balanced diet make training easier for both child and parent. Trying too hard to toilet train your child before he is ready can result in long-term problems with bowel movements.

Talk with your pediatrician if there is a change in the nature of the bowel movements or if your child becomes uncomfortable. Do not use laxatives, suppositories, or enemas unless your pediatrician advises these for your child.

Most children achieve bowel control and daytime urine control by 3 to 4 years of age. Even after your child is able to stay dry during the day, it may take months or years before he achieves the same success at night. Most girls and more than 75% of boys will be able to stay dry at night after 5 years of age.

Most of the time, your child will let you know when he is ready to move from the potty chair to the "big toilet." Make sure your child is tall enough, and practice the actual steps with him. Provide a stool to brace his feet.

Your pediatrician can help

If any concerns come up before, during, or after toilet training, talk with your pediatrician. Often the problem is minor and can be resolved quickly, but sometimes physical or emotional causes will require treatment. Your pediatrician's help, advice, and encouragement can help make toilet training easier. Also, your pediatrician is trained to identify and manage problems that are more serious.

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MEASLES MUMPS & RUBELLA VACCINES

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

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, 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, death.

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

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

✓ The first at **12-15 months of age**
✓ and the second at **4-6 years of age**.

These are the recommended ages. But children can get the second dose at any age, as long as it is at least 28 days after the first dose.

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 had either the vaccines or the diseases.

Ask your doctor or nurse for more information.

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

3 Some people should not get MMR vaccine or should wait

- People should not get MMR vaccine who have ever had a life-threatening allergic reaction to **gelatin**, the antibiotic **neomycin**, or to **a previous dose of MMR vaccine**.

- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.

- Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.

- Some people should check with their doctor about whether they should get MMR 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 taking cancer treatment with x-rays or drugs
  - Has ever had a low platelet count (a blood disorder)

Over . . .

- People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine

Ask your doctor or nurse for more information.

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 any of these three diseases.

Most people who get MMR vaccine do not have any 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 (rare)

If these problems occur, it is usually within 7-12 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 known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

5 What if there is a moderate or severe reaction?

What should I look for?

Any unusual conditions, such as a serious allergic reaction, high fever or behavior changes. Signs of a serious allergic reaction include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness within a few minutes to a few hours after the shot. A high fever or seizure, if it occurs, would happen 1 or 2 weeks after the shot.

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.org, or by calling 1-800-822-7967.
  VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at www.hrsa.gov/osp/vicp

7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit the National Immunization Program's website at www.cdc.gov/nip

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

CHICKENPOX VACCINE

WHAT YOU NEED TO KNOW

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.

Catch-Up

Children or adolescents who are not fully vaccinated 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: Chickenpox vaccine may be given along with measles-mumps-rubella (MMR) vaccine in a combination vaccine called MMRV.

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 gelatin, the antibiotic neomycin, or a previous dose of chickenpox vaccine.
- 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 doctor or nurse for more information.

4 What are the risks from chickenpox vaccine?

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it.

However, 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.

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 20, or less). It is possible for these people to infect other members of their household, but this is extremely rare.

> Note: MMRV vaccine has been associated with higher rates of fever (up to about 1 person in 5) and measles-like rash (about 1 person in 20) than MMR and varicella vaccines given separately.

Moderate Problems

- Seizure (jerking or staring) caused by fever (less than 1 person out of 1,000).

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.

5 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarse ness 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 website 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

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 doctor or nurse. 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/nip**

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

Vaccine Information Statement (Interim)
Varicella Vaccine (1/10/07) 42 U.S.C. §300aa-26

HEPATITIS A VACCINE

WHAT YOU NEED TO KNOW

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 persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV.

Hepatitis A can cause:
- mild "flu-like" illness
- jaundice (yellow skin or eyes)
- severe stomach pains and diarrhea

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

Sometimes, people die as a result of hepatitis A (about 3-5 deaths per 1,000 cases).

A person who has hepatitis A can easily pass the disease to others within the same household.

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 1 year (12 through 23 months) of age.
- Persons 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**.
- Children and adolescents 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.
- Persons who use street drugs.
- Persons with chronic liver disease.
- Persons who are treated with clotting factor concentrates.
- Persons who work with HAV-infected primates or who work with HAV in research laboratories.

Other people might get hepatitis A vaccine in special situations:

- Hepatitis A vaccine might be recommended for children or adolescents in communities where outbreaks of hepatitis A are occurring.

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

WHEN?

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

For travelers, the vaccine series should be started at least one month before traveling to provide the best protection.

> Persons who get the vaccine less than one month before traveling can also get a shot called immune globulin (IG). IG gives immediate, temporary protection.

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

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. 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 or nurse. People with a **mild illness** can usually get the vaccine.
- Tell your doctor if you are **pregnant**. The safety of hepatitis A vaccine for pregnant women has not been determined. But there is no evidence that it is harmful to either pregnant women or their unborn babies. The risk, if any, is thought to be very low.

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 of 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 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 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, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

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 doctor or nurse. 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 websites at: **www.cdc.gov/hepatitis** or **www.cdc.gov/nip**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

PNEUMOCOCCAL CONJUGATE VACCINE

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See 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 began 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 **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 **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 **www.cdc.gov/vaccines**.

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PCV13 **4/16/2010** 42 U.S.C. §300aa-26