

THE WASHINGTON GUIDE
to
PROMOTING DEVELOPMENT
in the
YOUNG CHILD

13 TO 18 MONTHS

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Building Blocks Pediatrics

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Dr. Kathryn Barnard
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How to use this guide:

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

Motor Skills

- 1) Walks a few steps without support.
- 2) Balanced when walking.
- 3) Walks upstairs with help, creeps downstairs.
- 4) Turns the pages of a book.

- 1) Provide opportunity to practice walking and climbing stairs with help.
- 2) Give toys that can be pushed around.
- 3) Help play with paper and large crayons.
- 4) Provide toys such as cubes, cups, saucepans, lids, ragdolls, and other soft, cuddly toys.
- 5) Begin playing with your child on the swing outside.

Feeding Skills

- 1) Holds cup handle with fingers and thumb (instead of with whole hand).
- 2) Lifts cup and drinks well.
- 3) Begins to use spoon but will spill a lot initially.
- 4) Has a hard time getting spoon into his mouth.
- 5) May refuse to eat at some meals.

- 1) Continue offering finger foods.
- 2) Use non-spill dishes and cups; dishes should have sides to make filling of spoon easy.
- 3) Give your baby the opportunity for feeding himself.
- 4) Provide some drinks between meals rather than having your child fill up on fluids at mealtime.

Sleep

- 1) Night: 10 to 12 hours.
- 2) Naps: 1 in the afternoon, lasting 1 to 3 hours.
- 3) May awaken and cry during the night.
- 4) As he becomes more able to move about, he may uncover himself, become cold, and awaken.

- 1) Night terrors are usually ended by waking up your child and comforting him.
- 2) Use warm, comfortable pajamas, appropriate for the season.

Play

- 1) Plays by herself - may play near others.
- 2) Has favorite toys.
- 3) Enjoys walking activities and pulling toys.
- 4) Throws and picks up objects, and throws again.
- 5) Imitates adult activities such as reading, sweeping.

- 1) Introduce your child to other children even though she may not actually play with them.
- 2) Provide music, books, and magazines.
- 3) Encourage her to imitate you by allowing her to help with dusting, sweeping, stirring.

Language

Receptive abilities

- 1) Pays attention to person speaking to her.
- 2) Finds "the baby" in a picture when requested, such as on baby food jar, in a magazine or book.
- 3) Indicates wants by gestures.
- 4) Looks toward family members or pets when they are named.

- 1) Incorporate repetition into daily routine of home
 - a. Feeding: name baby's food and eating utensils, ask if she likes her dessert, concentrate on reviewing the day's events in a simple manner.
 - b. Household duties: name each item as you clean or dust it; pronounce word while cooking and preparing foods.

Continued on page 11

<p>Expressive abilities</p> <ol style="list-style-type: none"> 1) Uses three words other than "mama" and "dada" to identify specific objects, persons, or actions. 2) Indicates wants by naming an object such as a cookie. 	<ol style="list-style-type: none"> c. Playing: Name toys when using them; explain their use or action. 2) Let your child see your mouth move while you speak. 3) Encourage verbalization and expression of wants.
<p>Discipline</p> <ol style="list-style-type: none"> 1) Understands simple commands and requests. 2) In learning to control her own impulses and desires, your child begins testing your limit setting. 3) With her improving fine motor control, your child can manipulate objects that may be hazardous. 	<ol style="list-style-type: none"> 1) a. Begin with one rule; add new ones as appropriate. b. In selecting new rules, choose those that can be easily and clearly defined, and that are reasonably enforceable at all times. c. Plan decisive limits and plan to give consistent attention to them. 2) a. Immediately correct errors in behavior as they occur. b. Use consistent enforcement of short term rules (which are given as verbal commands) and long-term rules (which pertain to chores and family routines). c. Ignore temper tantrums. d. Praise your child for good behavior and for being good throughout the day. 3) a. Do not allow playing with door knobs and car door handles. b. Keep away from open windows; latch your screens. c. Supervise or fence around pools, ponds, and drains. d. Lock cabinets or use safety latches. e. Keep open jars and bottles out of reach. f. Use gate at top and bottom of stairs to protect your child from falling down.
<p>Toilet Training</p> <ol style="list-style-type: none"> 1) May have bowel movement if put on toilet at appropriate time. 2) Indicates wet pants. 	<ol style="list-style-type: none"> 1) Respond promptly to the signals and clues of your child by taking him to the bathroom or changing his pants. 2) If potty chair is used, it should be located in the bathroom.
<p>Dressing</p> <ol style="list-style-type: none"> 1) Cooperates in dressing by extending arm or leg. 2) Removes socks, hats, mittens, and shoes. 3) Can unzip zippers. 4) Tries to put shoes on. 	<ol style="list-style-type: none"> 1) Encourage your child to remove socks, etc. after you have started the task for him. 2) Do not rush your child to complete the tasks. 3) Have her practice with large buttons and with zippers.

Is Your Toddler Communicating With You?



Your baby is able to communicate with you long before he or she speaks a single word! A baby's cry, smile, and responses to you help you to understand his or her needs. In this publication the American Academy of Pediatrics shares information about how children communicate and what to do when there are concerns about delays in development.

Milestones during the first 2 years

Children develop at different rates, but they usually are able to do certain things at certain ages. Following are general developmental milestones. Keep in mind that they are only guidelines. If you have *any* questions about your baby's development, ask your child's doctor—the sooner the better. Even when there are delays, early intervention can make a significant difference.

By 1 year most babies will

- Look for and be able to find where a sound is coming from.
- Respond to their name most of the time when you call it.
- Wave goodbye.
- Look where you point when you say, "Look at the _____."
- Babble with intonation (voice rises and falls as if they are speaking in sentences).
- Take turns "talking" with you—listen and pay attention to you when you speak and then resume babbling when you stop.
- Say "da-da" to dad and "ma-ma" to mom.
- Say at least 1 word.
- Point to items they want that are out of reach or make sounds while pointing.

Between 1 and 2 years most toddlers will

- Follow simple commands, first when the adult speaks and gestures, and then later with words alone.
- Get objects from another room when asked.
- Point to a few body parts when asked.
- Point to interesting objects or events to get you to look at them too.
- Bring things to you to show you.
- Point to objects so you will name them.
- Name a few common objects and pictures when asked.
- Enjoy pretending (for example, pretend cooking). They will use gestures and words with you or with a favorite stuffed animal or doll.
- Learn about 1 new word per week between 1½ and 2 years.

By 2 years of age most toddlers will

- Point to many body parts and common objects.
- Point to some pictures in books.
- Follow 1-step commands without a gesture like "Put your cup on the table."
- Be able to say about 50 to 100 words.
- Say several 2-word phrases like "Daddy go," "Doll mine," and "All gone."
- Perhaps say a few 3-word sentences like "I want juice" or "You go bye-bye."
- Be understood by others (or by adults) about half of the time.

When milestones are delayed

If your child's development seems delayed or shows any of the behaviors in the following list, tell your child's doctor. Sometimes language delays occur along with these behaviors. Also, tell your child's doctor if your baby stops talking or doing things that he or she used to do.

- Doesn't cuddle like other babies
- Doesn't return a happy smile back to you
- Doesn't seem to notice if you are in the room
- Doesn't seem to notice certain noises (for example, seems to hear a car horn or a cat's meow but not when you call his or her name)
- Acts as if he or she is in his or her own world
- Prefers to play alone; seems to "tune others out"
- Doesn't seem interested in or play with toys but likes to play with objects in the house
- Has intense interest in objects young children are not usually interested in (for example, would rather carry around a flashlight or ballpoint pen than a stuffed animal or favorite blanket)
- Can say the ABCs, numbers, or words to TV jingles but can't use words to ask for things he or she wants
- Doesn't seem to be afraid of anything
- Doesn't seem to feel pain in a typical fashion
- Uses words or phrases that are unusual for the situation or repeats scripts from TV

Delays in language

Delays in language are the most common types of developmental delay. One out of 5 children will learn to talk or use words later than other children their age. Some children will also show behavioral problems because they are frustrated when they can't express what they need or want.

Simple speech delays are sometimes temporary. They may resolve on their own or with a little extra help from family. It's important to encourage your child to "talk" to you with gestures or sounds and for you to spend lots of time playing with, reading to, and talking with your infant or toddler. In some cases, your child will need more help from a trained professional, a speech and language therapist, to learn to communicate.

Sometimes delays may be a warning sign of a more serious problem that could include hearing loss, developmental delay in other areas, or even an autism spectrum disorder (ASD). Language delays in early childhood also could be a sign of a learning problem that may not be diagnosed until the school years. It's important to have your child evaluated if you are concerned about your child's language development.

What your child's doctor might do

Sometimes more information is needed about your child before your child's doctor can address your concerns. The doctor may

- Ask you some questions or ask you to fill out a questionnaire.
- Interact with your child in various ways to learn more about his or her development.
- Order a hearing test and refer you to a speech and language therapist for testing. The therapist will evaluate your child's speech (*expressive language*) and ability to understand speech and gestures (*receptive language*).
- Refer your child for evaluation through an early intervention program.

What to expect after the doctor's visit

- If your child's doctor tells you not to worry (that your child will "catch up in time") but you are still concerned, it's OK to get a second opinion. You can ask your child's doctor for a referral to a developmental specialist or a speech and language therapist. You may also contact an early intervention program for an evaluation if your child is younger than 3 years, or your local school district if he or she is 3 or older.
- If what your child says (*expressive language*) is the *only* delay, you may be given suggestions to help your child at home. Formal speech therapy may also be recommended.
- If *both* what your child understands (*receptive language*) and what he or she says are delayed and a hearing test is normal, your child will need further evaluation. This will determine whether the delays are caused by a true communication disorder, generalized developmental delays, an ASD, or another developmental problem.

When an ASD is the reason for language delays, your child will also have difficulty interacting with other people and may show some or all of the concerning behaviors listed previously. If there is concern your child might have an ASD, your child will usually be referred to a specialist or a team of specialists for evaluation and treatment of an ASD or a related disorder. The specialist(s) may then recommend speech therapy and may suggest other ways to improve social skills, behavior, and the desire to communicate.

Programs that help children and families

If your child has delays or suspected delays, your child's doctor will probably refer you to an early intervention program in your area. The staff there might do additional evaluations and reassure you that your child's development is normal or tell you that your child would benefit from some type of intervention. Your child does not need to have a diagnosis of a developmental problem to receive services through this program.

If your child is **younger than 3 years**, the referral may be to an early intervention program in your area. Early intervention programs are sometimes called "Part C" or "Birth to Three" programs. Early intervention is a federal- and state-funded program that helps children and their families. You may also contact the early intervention program yourself (see Resources to find a contact in your state).

If your child qualifies for services, a team of specialists will work with you to develop an *Individual Family Service Plan (IFSP)*. This plan becomes a guide for the services your child will receive until 3 years of age. It may include parent

training and support, direct therapy, and special equipment. Other services may be offered if they benefit your child and family. If your child needs help after 3 years of age, the early intervention staff will transition your child to services through your local school district.

If your child is **3 years or older**, the referral may be to your local public school. You may also contact the local public school directly. If your child is eligible, the school district staff will, with your input, develop an *Individual Education Plan (IEP)*. This plan may provide some of the same services as the early intervention program but focus on school services for your child. The level of services also may be different. If your child continues to need special education and services, the IEP will be reviewed and revised from time to time.

Resources

American Academy of Pediatrics

www.HealthyChildren.org

Family Voices

www.familyvoices.org

Learn the Signs. Act Early.

www.cdc.gov/actearly

National Center for Medical Home Implementation

www.medicalhomeinfo.org/how/clinical_care/developmental_screening

National Early Childhood Technical Assistance Center (NECTAC)

www.nectac.org (to find an early intervention program in your state)

Remember

As a parent, follow your instincts. If you continue to have concerns about your child's development, ask for a reevaluation or referral for additional formal testing.

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this brochure. Web site addresses are as current as possible, but may change at any time.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



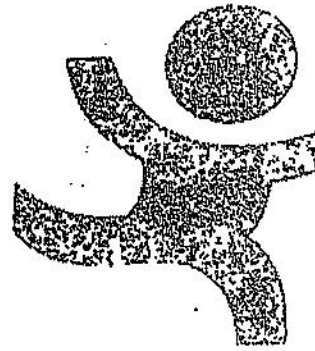
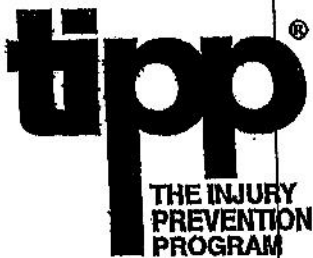
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The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site—www.HealthyChildren.org

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1 to 2 Years



1 TO 2 YEARS

Safety for Your Child

Did you know that injuries are the leading cause of death of children younger than 4 years in the United States? Most of these injuries can be prevented.

Often, injuries happen because parents are not aware of what their children can do. At this age your child can *walk, run, climb, jump, and explore* everything. Because of all the new things he or she can do, this stage is a very dangerous time in your child's life. It is your responsibility to protect your child from injury. Your child cannot understand danger or remember "no" while exploring.

Firearm Hazards

Children in homes where guns are present are in more danger of being shot by themselves, their friends, or family members than of being injured by an intruder. It is best to keep all guns out of the home. **Handguns are especially dangerous.** If you choose to keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. Ask if the homes where your child visits or is cared for have guns and how they are stored.

Poisonings

Children continue to explore their world by putting everything in their mouths, even if it doesn't taste good. Your child can *open doors and drawers, take things apart, and open bottles* easily now, so you must use safety caps on all medicines and toxic household products. **Keep the safety caps on** at all times or find safer substitutes to use. Contact your Poison Center for more information.

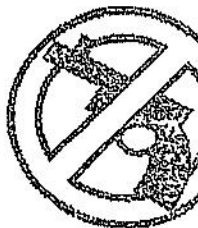
Your child is now able to get into and on top of everything. Be sure to keep all household products and medicines completely out of sight and reach. Never store lye drain cleaners in your home. Keep all products in their original containers.

If your child does put something poisonous into his or her mouth, call the Poison Help Line immediately. Attach the Poison Help Line number (1-800-222-1222) to your phone. Do not make your child vomit.

Falls

To prevent serious falls, lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. **Remove sharp-edged furniture** from the room your child plays and sleeps in. At this age your child will walk well and start to climb, jump, and run as well. A chair left next to a kitchen counter, table, or window allows your child to climb to dangerously high places. Remember, your child does not understand what is dangerous.

If your child has a serious fall or does not act normally after a fall, call your doctor.



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Burns

The kitchen is a dangerous place for your child during meal preparation. Hot liquids, grease, and hot foods spilled on your child will cause serious burns. A safer place for your child while you are cooking, eating, or unable to give him your full attention is the playpen, crib, or stationary activity center, or buckled into a high chair. It's best to keep your child out of the kitchen while cooking.

Children who are learning to walk will grab anything to steady themselves, including hot oven doors, wall heaters, or outdoor grills. Keep your child out of rooms where there are hot objects that may be touched or put a barrier around them.

Your child will reach for your hot food or cup of coffee, so don't leave them within your child's reach. **NEVER** carry your child and hot liquids at the same time. You can't handle both.

If your child does get burned, immediately put cold water on the burned area. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth. Call your doctor for all burns. To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

Make sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Drowning

At this age your child loves to play in water. **NEVER** leave your child alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment. Empty all buckets after each use. Keep the bathroom doors closed. Your child can drown in less than 2 inches of water. Knowing how to swim does NOT mean your child is safe near or in water. Stay within an arm's length of your child around water.

If you have a swimming pool, fence it on all 4 sides with a fence at least 4 feet high, and be sure the gates are self-latching. Most children drown when they wander out of the house and fall into a pool that is not fenced off from the house. You cannot watch your child every minute while he or she is in the house. It only takes a moment for your child to get out of your house and fall into your pool.

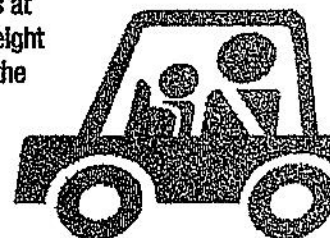
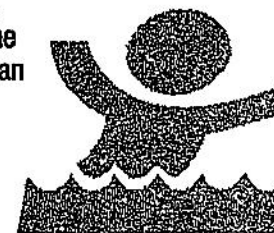
And Remember Car Safety

Car crashes are a great danger to your child's life and health. The crushing forces to your child's brain and body in a crash or sudden stop, even at low speeds, can cause severe injuries or death. To prevent these injuries **USE** a car safety seat **EVERY TIME** your child rides in the car. Your child should ride rear-facing until she is at least a year old **AND** weighs at least 20 pounds. It is even better for her to ride rear-facing to the highest weight and/or height her car safety seat allows. Be sure that the safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the instructions for using car safety seats in the owners' manual of your car. The safest place for all infants and children to ride is in the back seat.

Do not leave your child alone in the car. Keep vehicles and their trunks locked. There are dangers involved with leaving children in a car; death from excess heat may occur very quickly in warm weather in a closed car.

Always walk behind your car to be sure your child is not there before you back out of your driveway. You may not see your child behind your car in the rearview mirror.

Remember, the biggest threat to your child's life and health is an injury.



From Your Doctor

The information in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

19th visit...

12 months

Food for Thought

- Does your child eat with the family?
- What foods does your child like or dislike?
- What does your child drink?
- How well is the bottle weaning going?
- Is your child allowed to stop eating when he or she is full?
- Does your child watch TV? If so, how much?

Feeding Advice

- Switch from breastmilk or formula to whole milk in a cup and offer at each meal.

Table Time Tips ~

- 3 regular meals and 2-3 planned snacks.
- Fruits & Vegetables – 1/2 cup fresh or 1/3 cup canned, 5 servings per day.
- Bread, cereal, rice, pasta – 1/2 slice or 1/4 cup, 6 servings per day.
- Meat, poultry, fish & eggs – 1 T or 1 egg, 2 servings per day.
- Milk, yogurt – 1/2 cup; cheese – 1/2 oz., 3 servings per day.
- Eat together as a family and allow your child to feed themselves.
- Don't force your baby to eat. Your child's growth is slowing down, some days your child will eat less than other days.
- DO NOT use food as a comfort or reward.

Drinks ~

- All drinks should be served in a cup.
- If juice is given, it should be 100% fruit juice and no more than 4-6 oz. per day.
- Water is best for extra fluid.

Be Active

- Encourage crawling and walking.
- Play with you child – push toys, enjoy simple ball games.
- Screen time (TV, computer, electronic games) not recommended under age 2.

Notes:

Child's name _____

Height _____ Weight _____ Date _____

Weight for Height percentile _____ %

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Healthy

serving sizes for 1-3 year olds

grain group ~ 6 servings

Bread	1/4-1/2 slice
Bun, bagels, muffins	1/4-1/2
Crackers	2-3
Dry cereal (unsweetened)	1/4-1/3 cup
Cooked cereal	1/4-1/3 cup
Rice, pasta	1/4-1/3 cup

fruit/vegetable group ~ 5 servings

Whole	1/2 small
Cooked, canned or chopped raw	1/4-1/3 cup
Juice ~limit 100% fruit juice to	4-6 oz./day

FRESH FRUITS* Cut apples, bananas, peaches, orange slices, strawberries, grapes, cherries, pears, apricots, plums, nectarines, clementines, melon, kiwi, blueberries, pineapple. (watch for peels, skins and seeds)

FRUIT SMOOTHIES Blend yogurt, fruit, milk and 100% juice together.

VEGETABLES* Carrots, broccoli, cauliflower, green peppers, green beans, sugar snap peas, tomatoes, celery, squash, cucumber.

* Use caution when feeding these foods due to a possible choking problem.

milk group ~ 3 servings

Milk, yogurt	1/2 cup
Cheese	1/2 oz.

meat group ~ 2 servings

Lean meat, chicken, fish	1-3 T
Dry beans and peas	2-4 T
Peanut butter	1-2 T
Egg	1

fat group ~ 3-4 servings depending on calorie needs

Margarine, butter, oils, dressings, dips	1 tsp
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snack

from all **5** food groups

Fruit*

Cut apples, bananas, peaches, orange slices, strawberries, grapes, cherries, pears, apricots, plums, nectarines, clementines, melon, kiwi, blueberries, pineapple. (watch for peels, skins and seeds)

Dried Fruit

Raisins, apples, peaches, apricots, pears, dates, pitted prunes, cherries.

** Use caution when feeding these foods due to a possible choking problem.*

Vegetable*

Carrots, broccoli, cauliflower, green peppers, green beans, sugar snap peas, tomatoes, celery, squash, cucumber.

Milk

Milk, cheese (grated or cubed), yogurt (fresh or frozen), pudding.

Smoothies

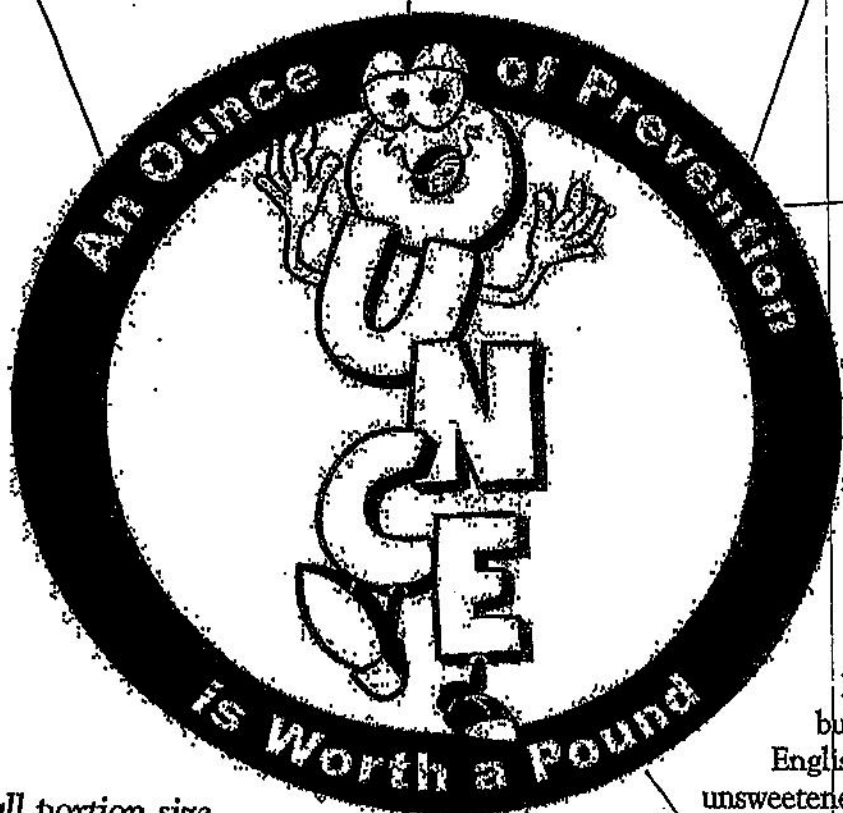
Blend yogurt, fruit, milk and 100% juice together.

Meat

Chicken, tuna or egg salad, ham, hard boiled egg, bean dip, peanut butter, cottage cheese.

Grain

Plain tortilla, bagel, bun, bread or English muffin, unsweetened cereal, crackers.



*Offer small portion size.
Best not to offer 1 - 2 hours before mealtime.*

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Pneumococcal Conjugate Vaccine: *What You Need to Know*

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Pneumococcal conjugate vaccine can prevent pneumococcal disease.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)
- Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions or other risk factors, and adults 65 years or older are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine helps protect against bacteria that cause pneumococcal disease. There are three pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20). The different vaccines are recommended for different people based on their age and medical status.

PCV13

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

PCV15 or PCV20

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

Your health care provider can give you more information.



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

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any type of pneumococcal conjugate vaccine (PCV13, PCV15, PCV20, or an earlier pneumococcal conjugate vaccine known as PCV7), or to any vaccine containing diphtheria toxoid (for example, DTaP), or has any severe, life-threatening allergies**

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

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, muscle aches, joint pain, and chills can happen after pneumococcal conjugate vaccination.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**.

VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



Varicella (Chickenpox) 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?

Varicella vaccine can prevent varicella.

Varicella, also called “chickenpox,” causes an itchy rash that usually lasts about a week. It can also cause fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infections of the bloodstream, bone, or joints. Some people who get chickenpox get a painful rash called “shingles” (also known as herpes zoster) years later.

Chickenpox is usually mild, but it can be serious in infants under 12 months of age, adolescents, adults, pregnant people, and people with a weakened immune system. Some people get so sick that they need to be hospitalized. It doesn’t happen often, but people can die from chickenpox.

Most people who are vaccinated with 2 doses of varicella vaccine will be protected for life.

2. Varicella vaccine

Children need 2 doses of varicella vaccine, usually:

- First dose: age 12 through 15 months
- Second dose: age 4 through 6 years

Older children, adolescents, and adults also need 2 doses of varicella vaccine if they are not already immune to chickenpox.

Varicella vaccine may be given at the same time as other vaccines. Also, a child between 12 months and 12 years of age might receive varicella vaccine together with MMR (measles, mumps, and rubella) vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of varicella vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get varicella vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Is **taking salicylates** (such as aspirin)
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

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

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

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Sore arm from the injection, redness or rash where the shot is given, or fever can happen after varicella vaccination.
- More serious reactions happen very rarely. These can include pneumonia, infection of the brain and/or spinal cord covering, or seizures that are often associated with fever.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get varicella vaccine.

It is possible for a vaccinated person to develop a rash. If this happens, the varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from infants and people with a weakened immune system until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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7. How can I learn more?

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MMR Vaccine (Measles, Mumps, and Rubella): *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?

MMR vaccine can prevent measles, mumps, and rubella.

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a person gets rubella while they are pregnant, they could have a miscarriage or the baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2. MMR vaccine

Children need 2 doses of MMR vaccine, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children, adolescents, and adults also need 1 or 2 doses of MMR vaccine if they are not already

immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended for certain people in mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get MMR vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has recently had a **blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

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



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

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Sore arm from the injection or redness where the shot is given, fever, and a mild rash can happen after MMR vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints (mostly in teenage or adult women) sometimes occur after MMR vaccination.
- More serious reactions happen rarely. These can include seizures (often associated with fever) or temporary low platelet count that can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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Hepatitis A Vaccine:

What You Need to Know

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Hepatitis A vaccine can prevent hepatitis A.

Hepatitis A is a serious liver disease. It is usually spread through close, personal contact with an infected person or when a person unknowingly ingests the virus from objects, food, or drinks that are contaminated by small amounts of stool (poop) from an infected person.

Most adults with hepatitis A have symptoms, including fatigue, low appetite, stomach pain, nausea, and jaundice (yellow skin or eyes, dark urine, light-colored bowel movements). Most children less than 6 years of age do not have symptoms.

A person infected with hepatitis A can transmit the disease to other people even if he or she does not have any symptoms of the disease.

Most people who get hepatitis A feel sick for several weeks, but they usually recover completely and do not have lasting liver damage. In rare cases, hepatitis A can cause liver failure and death; this is more common in people older than 50 years and in people with other liver diseases.

Hepatitis A vaccine has made this disease much less common in the United States. However, outbreaks of hepatitis A among unvaccinated people still happen.

2. Hepatitis A vaccine

Children need 2 doses of hepatitis A vaccine:

- First dose: 12 through 23 months of age
- Second dose: at least 6 months after the first dose

Infants 6 through 11 months old traveling outside the United States when protection against hepatitis A is recommended should receive 1 dose of hepatitis A vaccine. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children and adolescents 2 through 18 years of age who were not vaccinated previously should be vaccinated.

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

Hepatitis A vaccine is also recommended for the following people:

- International travelers
- Men who have sexual contact with other men
- People who use injection or non-injection drugs
- People who have occupational risk for infection
- People who anticipate close contact with an international adoptee
- People experiencing homelessness
- People with HIV
- People with chronic liver disease

In addition, a person who has not previously received hepatitis A vaccine and who has direct contact with someone with hepatitis A should get hepatitis A vaccine as soon as possible and within 2 weeks after exposure.

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



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3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis A vaccine**, or has any **severe, life-threatening allergies**

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

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

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis A vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness or redness where the shot is given, fever, headache, tiredness, or loss of appetite can happen after hepatitis A vaccination.

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