

THE WASHINGTON GUIDE
to
PROMOTING DEVELOPMENT
in the
YOUNG CHILD

31 TO 48 MONTHS

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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 downstairs putting a different foot on each step.
- 2) Hops on one foot.
- 3) Swings and climbs.
- 4) Balances on one foot for 10 seconds.
- 5) Can draw a circle.
- 6) Can draw a cross.
- 7) Draws a person with three body parts.

- 1) Continue playing with blocks, Lincoln Logs, puzzles, toy cars, and trains. Allow her to use different toys together, for example, to build a garage with blocks and park cars in it.
- 2) Provide clay and other creative materials.
- 3) Give your child opportunities to swing and climb.
- 4) Provide with activities such as finger painting, chalk, and a blackboard.

Feeding Skills

- 1) Pours well from a pitcher.
- 2) Serves herself at the table with only a little spilling.
- 3) Rarely needs help feeding herself.
- 4) Is interested in setting the table.

- 1) Encourage your child to serve and feed herself.
- 2) Give your child practice at pouring. For example allow her to pour rice from a pitcher, or to pour water from a pitcher into cups outside.
- 3) Encourage your child to help set the table.
- 4) Teach table manners.

Sleep

- 1) Daily range: 10-15 hours.
- 2) Naps: beginning to disappear.
- 3) Doesn't want to go to bed.
- 4) Takes toys to bed less often.
- 5) May awaken crying from dreams.
- 6) May awaken if wet.

- 1) TV programs may cause problems going to sleep; avoid violent TV programs.
- 2) Limits need to be set about bedtime. There may be anxiety about going to bed and/or a desire to stay up with parents.
- 3) Having a regular bedtime and a bedtime routine are important to children.
- 4) You may need to reassure your child if she is afraid. You may also use a night-light or leave the door open.
- 5) Don't use bedtime or naptime as punishment.
- 6) Encourage naps if your child acts tired or cranky.

Play

- 1) When playing with other children, your child is beginning to interact, sharing toys, and taking turns.
- 2) Is using imagination when playing.
- 3) Combining playthings and using more constructive materials.
- 4) Prefers 2-3 children to play with; may have a special friend.

- 1) Encourage play with small groups of children.
- 2) Encourage imaginative and dramatic play activities.
- 3) Encourage music: singing and experimenting with musical instruments.
- 4) Encourage group participation in rhymes, dancing by hopping or jumping.
- 5) Encourage drawing and painting (even though you often cannot recognize the drawings).

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Language 31 to 36 Months**Receptive abilities**

- 1) Is learning to take turns.
- 2) Listens longer to stories and TV programs.
- 3) Begins to learn prepositions such as "in," "on," "under," and "between."
- 4) Can follow a two-part command such as "pick up the block and put it under the chair."
- 5) Learns the difference between big and small. She can pick out the bigger ball when asked to.
- 6) Can point to more body parts such as elbow, shoulder, neck.

Expressive abilities

- 1) Correctly uses simple plural words such as "books" or "blocks." Does not correctly use difficult plural words such as "mice."
- 2) Can tell you her first and last names.
- 3) Names what she has drawn after scribbling.
- 4) Correctly answers "Are you a little boy or a little girl?"
- 5) Knows a few rhymes or songs.
- 6) When asked, she can tell what action is going on in pictures, for example, "The kitten is eating."

Receptive and Expressive activities

- 1) Read stories that are longer and have more details.
- 2) Expect your child to follow simple commands.
- 3) Give your child the opportunity to hear and repeat her full name.
- 4) Listen to your child's explanations about pictures she draws.
- 5) Encourage your child to repeat nursery rhymes by herself and with others.
- 6) Address your child by her first name.

Language 37 to 48 Months

- 1) Gives appropriate answers when you ask him what he does when he's tired or hungry or cold.
- 2) Tells stories.
- 3) Often says "I don't know."
- 4) Repeats sentence composed of twelve to thirteen syllables, such as, "I am going when daddy and I are finished playing."
- 5) Correctly pronounces the sounds: p, k, g, v, t, d, z, l, r, h, w, j, kw, l, e, w, qe, and o.

- 1) Read books with pictures.
- 2) Have your child repeat stories.
- 3) Arrange trips to zoos, farms, seashores, stores, and movies and talk to your child about the experience.
- 4) Give simple explanations when you answer questions.

Discipline

- 1) Tries to follow the rules.
- 2) Begins to understand simple reasoning.
- 3) Will follow simple commands such as, "Please put your toys away."
- 4) Able to do more things by himself.

- 1) Be consistent with your rules. Use a time-out each time a rule is broken.
- 2) Tell your child "Good job!" or pat him on the back when he has good behavior.
- 3) Do not use scary threats.

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Discipline continued

- 4) Give simple explanations; then allow your child a chance to talk about events, situations, or rules.
- 5) Do not have rules you don't need or that don't make sense.
- 6) Do not yell frequently at your child.
- 7) Do not take away privileges frequently or for a very long period of time.
- 8) Give your child simple chores and tell him "Great work!" when he finishes them.
- 9) Watch to be sure your child is able to successfully learn the job you have given him.
- 10) Be extra cautious about supervising riding tricycles in streets and watching for cars in driveways.
- 11) Do not allow running into streets while playing.
- 12) Do not allow your child to chase a ball into the street.
- 13) Areas under swings and slides should not be paved. They should be covered with grass, sand, or wood chips.
- 14) Set a good example with your own behavior.
- 16) Provide scissors that are blunt tipped.

Toilet Training

- 1) Is able to use the toilet by himself if clothes are simple.
- 2) Continues to tell you he needs to go; may hold out too long.
- 3) May have occasional accident.
- 4) Needs help with wiping.

- 1) May still need reminding to use the bathroom.
- 2) Dress your child in simple clothing that he can manage.
- 3) Ignore accidents; do not make him feel embarrassed or ashamed.

Dressing

- 1) More able to dress himself.
- 2) May try to tie shoes, usually does it incorrectly.
- 3) Does not know back from front of clothes.
- 4) Washes and dries hands, brushes teeth.
- 5) Can button.

- 1) Teach your child that his clothes are in the dresser drawer.
- 2) Child should wear clothes with large buttons and zippers or pull-on clothes to encourage self-dressing; do not rush your child to dress himself.
- 3) Encourage him to wash hands himself, but help him with teeth brushing.
- 4) Provide a regular routine for dressing, either in bathroom or bedroom.



2 TO 4 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. Children *learn fast*, and before you know it your child will be *jumping, running, riding* a tricycle, and *using tools*. Your child is at special risk for injuries from falls, drowning, poisons, burns, and car crashes. Your child doesn't understand dangers or remember "no" while playing and exploring.

Falls

Because your child's abilities are so great now, he or she will find an endless variety of dangerous situations at home and in the neighborhood.

Your child can fall off play equipment, out of windows, down stairs, off a bike or tricycle, and off anything that can be climbed on. **Be sure the surface under play equipment is soft enough to absorb a fall.** Use safety-tested mats or loose-fill materials (shredded rubber, sand, wood chips, or bark) maintained to a depth of at least 9 inches underneath play equipment. Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.

Lock the doors to any dangerous areas. **Use gates on stairways and install operable window guards** above the first floor. Fence in the play yard. **If your child has a serious fall or does not act normally after a fall, call your doctor.**

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. If you choose to keep a gun, keep it unloaded and in a locked place, with the ammunition locked separately. **Handguns are especially dangerous.** Ask if the homes where your child visits or is cared for have guns and how they are stored.

Burns

The kitchen can be a dangerous place for your child, especially when you are cooking. If your child is underfoot, hot liquids, grease, and hot foods can spill on him or her and cause serious burns. Find something safe for your child to do while you are cooking.

Remember that kitchen appliances and other hot surfaces such as irons, ovens, wall heaters, and outdoor grills can burn your child long after you have finished using them.

(over)

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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.

Poisonings

Your child will be able to *open* any drawer and *climb* anywhere curiosity leads. Your child may *swallow anything* he or she finds. Use only household products and medicines that are absolutely necessary and keep them safely capped and out of sight and reach. Keep all products in their original containers.

If your child does put something poisonous in 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.

And Remember Car Safety

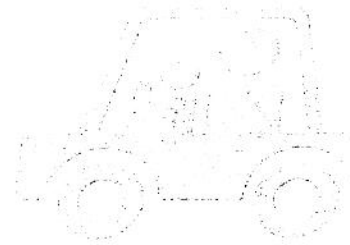
Car crashes are the greatest danger to your child's life and health. The crushing forces to your child's brain and body in a collision or sudden stop, even at low speeds, can cause injuries or death.

To prevent these injuries, correctly USE a car safety seat EVERY TIME your child is in the car. If your child weighs more than the highest weight allowed by the seat or if his or her ears come to the top of the car safety seat, use a belt-positioning booster seat.

The safest place for all children to ride is in the back seat. In an emergency, if a child **must** ride in the front seat, move the vehicle seat back as far as it can go, away from the air bag.

Do not allow your child to play or ride a tricycle in the street. **Your child should play in a fenced yard or playground.** Driveways are also dangerous. Walk behind your car before you back out of your driveway to be sure your child is not behind your car. You may not see your child through the rearview mirror.

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



DEFINITION

Time-out consists of immediately isolating a child in a boring place for a few minutes whenever she misbehaves. Time-out is also called quiet time, thinking time, or cooling-off time. Time-out has the advantage of providing a cooling-off period to allow both child and parent to calm down and regain control of their emotions.

Used repeatedly and correctly, the time-out technique can change almost any childhood behavior. Time-out is the most effective consequence for toddlers and preschoolers who misbehave—much better than threatening, shouting, or spanking. Every parent needs to know how to give time-out.

Time-out is most useful for aggressive, harmful, or disruptive behavior that cannot be ignored. Time-out is unnecessary for most temper tantrums. Time-out is not needed until a child is at least 8 months old and beginning to crawl. Time-out is rarely needed for children younger than 18 months because they usually respond to verbal disapproval. The peak ages for using time-out are 2 to 4 years. During these years children respond to action much better than to words.

CHOOSING A PLACE FOR TIME-OUT

- **A time-out chair.** When a chair is designated for time-out, it gives time-out a destination. The chair should be in a boring location, facing a blank wall or a corner. Don't allow your child to take anything with her to time-out, such as a toy, pacifier, security blanket, or pet. The child shouldn't be able to see television or other people from the location. A good chair is a heavy one with side arms. Placed in a corner, such a chair surrounds the child with boundaries, leaves a small space for the legs, and reduces thoughts of escape. Alternatives to chairs are standing in a particular corner, sitting on a particular spot on the floor, or being in a playpen (if the child is not old enough to climb out of it).

Usually the chair is placed in an adjacent hallway or room. Some children less than 2 years old have separation fears and need the time-out chair (or playpen) to be in the same room as the parent. When you are in the same room as your child, carefully avoid making eye contact with the child.

- **A time-out room.** Children who refuse to stay in a time-out chair need to be sent to a time-out room. Confinement to a room is easier to enforce. The room should be one that is safe for the child and contains no valuables. The child's bedroom is often the most convenient and safe place for time-out. Although toys are available in the bedroom, the child does not initially play with them because he or she is upset about being excluded from mainstream activities. Forbid turning on the radio, stereo, or video games during time-out in the bedroom. Avoid any room that is dark or scary (such as some basements), contains hot water (bathrooms), or has filing

cabinets or bookshelves that could be pulled down on the child.

- **Time-out away from home.** Time-out can be effectively used in any setting. In a supermarket, younger children can be put back in the grocery cart and older children may need to stand in a corner. In shopping malls, children can take their time-out sitting on a bench or in a restroom. Sometimes a child needs to be taken to the car and made to sit on the floor of the back seat for the required minutes. If the child is outdoors and misbehaves, you can ask her to stand facing a tree.

HOW TO ADMINISTER TIME-OUT

- **Deciding the length of time-out.** Time-out should be short enough to allow your child to have many chances to go back to the original situation and learn the acceptable behavior. A good rule of thumb is 1 minute per year of age (with a maximum of 5 minutes). After age 6, most children can be told they are in time-out "until you can behave," allowing them to choose how long they stay there. If the problem behavior recurs, the next time-out should last the recommended time for their age.

Setting a portable kitchen timer for the required number of minutes is helpful. The best type ticks continuously and rings when the time is up. A timer can stop a child from asking the parents when he or she can come out.

- **Sending your child to time-out.** Older children will usually go to time-out on their own. Younger children often need to be led there by their wrist, or in some cases carried there protesting. If your child doesn't go to time-out within 5 seconds, take her there. Tell your child what she did wrong in one sentence (such as, "No hitting"). If possible, also clarify the preferred behavior (such as, "Be kind to George"). These brief comments give your child something to think about during the time-out.
- **Requiring quiet behavior in time-out.** The minimum requirement for time-out completion is that your child does not leave the chair or time-out place until the time-out is over. If your child leaves ahead of time, reset the timer.

Some parents do not consider a time-out to be completed unless the child has been quiet for the entire time. However, until 4 years of age, many children are unwilling or unable to stay quiet. Ignore tantrums in time-out, just as you should ignore tantrums outside of time-out. After age 4, quiet time is preferred but not required. You can tell your child, "Time-out is supposed to be for thinking, and to think you've got to be quiet. If you yell or fuss, the time will start over."

- **Dealing with room damage.** If your child makes a mess in his room (e.g., empties clothing out of drawers or takes the bed apart), she must clean it up before she is released from time-out. Toys that were misused can be packed away. Some damage

can be prevented by removing any scissors or crayons from the room before the time-out begins.

- **Releasing your child from time-out.** To be released, your child must have performed a successful time-out. This means she stayed in time-out for the required number of minutes. Your child can leave time-out when the timer rings. If you don't have a timer, she can leave when you tell her, "Time-out is over. You can get up now." Many parents of children over 4 years old require their children to be quiet at the end of time-out. If a child is still noisy when the timer rings, it can be reset for 1 minute.

BACK-UP PLANS

- **The younger child who refuses to stay in time-out.** In general, if a child escapes from time-out (gets up from the chair or spot), you should quickly take the child back to time-out and reset the timer. This approach works for most children. If a child refuses to stay in time-out, the parent should take action rather than arguing or scolding the child. You may temporarily need to hold a strong-willed, 2- or 3-year-old child in time-out. Holding your child in time-out teaches your child that you mean what you say and that she must obey you. Place your child in the time-out chair and hold her by the shoulders from behind. Tell your child that you will stop holding her when she stops trying to escape. Then avoid eye contact and any more talking. Pretend that you don't mind doing this and are thinking of something else or listening to music. Your child will probably stop trying to escape after a week of this approach.

A last resort for young children who continue to resist sitting in a chair is putting them in the bedroom with a gate blocking the door. Occasionally a parent with carpentry skills can install a half-door. If you cannot devise a barricade, then you can close the door. You can hold the door closed for the 3 to 5 minutes it takes to complete the time-out period. If you don't want to hold the door, you can put a

latch on the door that allows it to be temporarily locked. Most children need their door closed only two or three times.

- **The older child who refuses to stay in time-out.** An older child can be defined in this context as one who is too strong for the parent to hold in a time-out chair. In general, any child older than 5 years who does not take time-out quickly should be considered a refuser. In such cases the discipline should escalate to a consequence that matters to the child. First, you can make the time-out longer, adding 1 extra minute for each minute of delay. Second, if 5 minutes pass without your child going to time-out, your child can be grounded. "Grounded" is defined as no television, radio, stereo, video games, toys, telephone access, outside play, snacks, or visits with friends. After grounding your child, walk away and no longer talk to her. Your child becomes "ungrounded" only after she takes her regular time-out plus the 5 minutes of penalty time. Until then, her day is very boring. If your child refuses the conditions of grounding, she can be sent to bed 15 minutes earlier for each time she breaks the grounding requirements. The child whose behavior doesn't improve with this approach usually needs to be evaluated by a mental health professional.

PRACTICING TIME-OUT WITH YOUR CHILD

If you have not used time-out before, go over it with your child before you start using it. Tell your child it will replace spanking, yelling, and other forms of discipline. Review the kinds of negative behavior that will lead to placement in time-out. Also review the positive behavior that you would prefer. Then pretend with your child that he has broken one of the rules. Take him through the steps of time-out so he will understand your directions when you send him to time-out in the future. Also teach this technique to your babysitter.

ninth visit...

24 months

Food for Thought

What kind and how much milk does your child drink?

What else does your child drink?

Which foods does your child like?

What kind of snacks do you offer?

Do you offer food as a reward?

What activities do you and your child enjoy?

Feeding Advice

- Meals should include a wide variety of healthy foods from all five food groups.
 - Milk – transition from whole milk to 2 percent and include milk at every meal.
 - Portion sizes at home and away should be around 2 T per food offered or 1/4 of an adult serving.
 - Use toddler size plates, cups & silverware.
 - Give your child a variety of textures, flavors and colors – don't give them just the foods you like.
- Food "jags" (when your child wants to eat the same food over & over again) and fluctuating appetites are normal. You shouldn't force your child to eat or get into fights with your child about food. Continue to provide 3 scheduled meals and 2 planned snacks per day – if they don't eat at one sitting they will at the next.
- Your main job is to be sure that your child is served a *variety* of healthy foods (fruits, vegetables, milk, yogurt, cheese, whole grains, meat, poultry, fish & eggs) and your child's job is to decide how much to eat. Don't force your child to eat.

Be Active

- Encourage daily play – marching, climbing, jumping, dancing and going outside – be sure to join in the FUN with your child!
- Plan screen time (TV, computer, electronic games) – no more than 2 hours/day.

Notes:

Child's name _____

Height _____ Weight _____ Date _____

BMI _____ percentile _____ %

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*

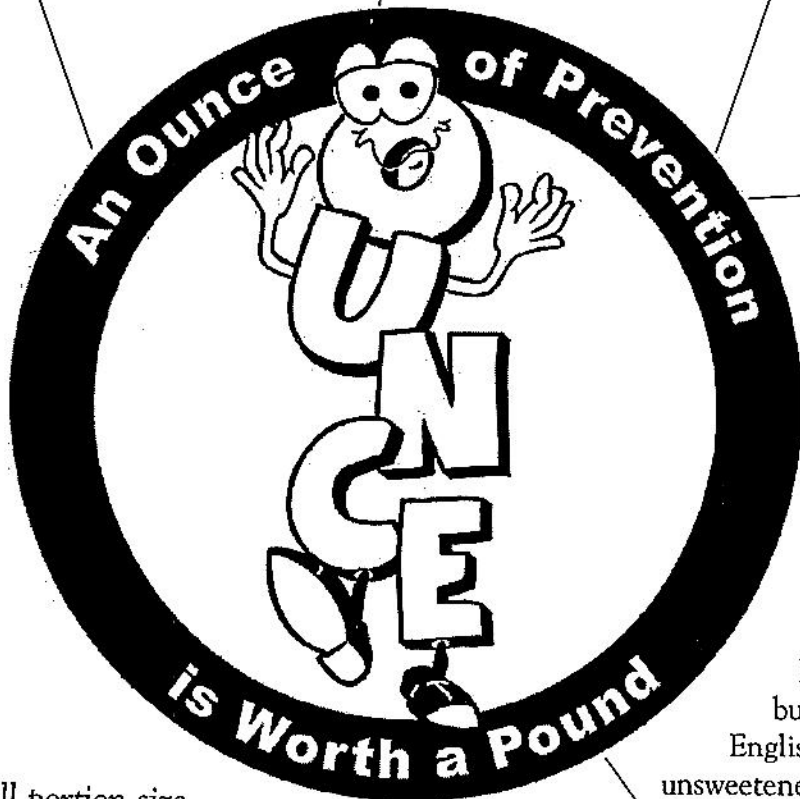
Carrots, broccoli, cauliflower, green peppers, green beans, sugar snap peas, tomatoes, celery, squash, cucumber.

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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Hepatitis A 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?

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.



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.

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.

