

THE WASHINGTON GUIDE  
to  
PROMOTING DEVELOPMENT  
in the  
YOUNG CHILD

49 TO 52 MONTHS

Adapted Version by  
Janet S. Orr, M.D.  
Building Blocks Pediatrics.

Reproduced with the  
Permission of  
Dr. Kathryn Barnard  
University of Washington, 1987

**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.

**Expected Tasks**

**Suggested Activities**

**Motor Skills**

- 1) Balances well.
- 2) Skips and jumps.
- 3) Can heel-toe walk.
- 4) Can draw a square.
- 5) Catches a bounced ball.

- 1) Provide with music and games to encourage tapping with music, skipping, hopping, and dancing rhythmically to improve coordination.

**Feeding Skills**

- 1) Feeds himself well.
- 2) Social and talkative during meals.

- 1) Include your child in conversation at mealtimes by planning special times for him to tell about events, situations, or what he did during the day.
- 2) Have your child help with meal preparation, table setting, and serving.

**Sleep**

- 1) Daily range: 9-13 hours.
- 2) Naps: rare.
- 3) Quieter during sleep.

- 1) Encourage napping if excessive or strenuous activity occurs and your child is overly tired.
- 2) Explain to your child if a sitter will be there after your child is asleep.

**Play**

- 1) Enjoys dramatic or theatrical play and has interest in going on outings to museums, parks, and the zoo.
- 2) Enjoys cutting, pasting, and working with different creative materials.
- 3) Completes most activities.

- 1) Painting and drawing (objects will be out of proportion; details that are most important to child are drawn largest).
- 2) Encourage printing of numbers and letters.
- 3) Encourage the use of clay; making objects you can recognize.
- 4) Encourage cutting and pasting.
- 5) Provide with materials such as boxes, chairs, and tables, for building play houses and other structures.

**Language**

**Receptive abilities**

- 1) Can correctly point to a penny, nickel, or dime on request.
- 2) Carries out in correct order a command containing three parts, for example: "Pick up the block, put it on the table, and bring the book to me."

**Expressive abilities**

- 1) Names penny, nickel, or dime on request.
- 2) Replies appropriately to questions such as, "What do you do when you are asleep?"
- 3) Counts three objects, pointing to one at a time.

- 1) Play games in which your child names colors.
- 2) Encourage use of "please" and "thank you."
- 3) Encourage socializing and talking with other children.
- 4) Encourage correct use of words.
- 5) Provide puppets or toys with movable parts with which your child can pretend play.
- 6) Provide group activities for your child; children may stimulate each other by taking turns naming pictures.

*Continued on page 20*

- 4) Defines simple words such as hat or ball.
- 5) Asks questions.
- 6) Can identify four colors.

- 7) Allow your child to make choices about games, stories, and activities.
- 8) Have your child act-out simple stories.
- 9) Provide your child with a piggy bank and teach him the names of coins as they are handled or dropped into the bank.

### Discipline

- 1) Can be given two or three assignments at one time; will carry them out in order.
- 2) Can obey simple, understandable rules and restrictions.
- 3) Understands reasoning.

- 1) Give more opportunities to be independent.
- 2) Use simple explanations and reasoning.
- 3) Ask your child to tell you the rule he has broken when he disobeys.
- 4) Have your child correct his mistakes as they occur.
- 5) Do not use punishment without warnings.
- 6) Praise for being successful at completing an activity or assignment.
- 7) Use gold stars on a chart for rewards if needed to reinforce good behavior.
- 8) If you are leaving for a night out, vacation, or visiting away from home, let your child know.
- 9) Avoid making promises that can not be kept.
- 10) Avoid: bribing, making fun of other people, shaming, teasing, inflicting pain, or using unfavorable comparison with other children. Also be sure to set a good example with your own behavior.
- 11) Remember that a child can imitate the behavior of parents, brothers, sisters, a neighborhood child, or maybe a TV hero.
- 12) Recognize that there are stress periods in your family or your child's life that may result in changes in your child's behavior. Stresses include accidents, illness, moving into a new neighborhood, separation from friends, death, divorce, and hospitalization of child or parents, mother going to work when previously at home. At these times be more patient with your child's behavior, give more time to learn new rules, show more approval of good work, and be consistent in handling problems.

### Toilet Training

- 1) Can usually use the bathroom by himself. Undresses, uses the toilet, wipes, washes hands by himself.

- 1) Praise your child for using the bathroom by himself.

### Dressing

- 1) Dresses and undresses except for tying shoes and buckling belts.
- 2) Learns to tie shoes at age 4 to 6.
- 3) Combs hair with help.

- 1) Instruct your child to throw dirty clothes in the hamper.
- 2) Continue to use simple clothing like t-shirts and sweat pants without buttons or ties.
- 3) Encourage him to dress and undress by himself.
- 4) Allow your child to pick out some of his own clothes.

eleventh visit...

# 4 years

## Food for Thought

*What foods does your child like?*

*What vegetables are most enjoyed?*

*How many meals and snacks per day does your child eat?*

*What kind of snacks are your child's favorite?*

*What activities does your child enjoy?*

*How much time does your child spend with TV, computer and video games each day?*

## Feeding Advice

- Focus on healthy snacks: cut-up fruit, raw vegetables, cubed cheese, yogurt and whole grain unsweetened cereal and crackers.
- Think your drink – make it milk at meals and water or 100% fruit juice in between. Limit 100% fruit juice intake to 4-6 oz./day.
- Keep portion sizes small and continue to use child-size plates, cups & silverware.
- Trust your child's appetite. Just make sure you are giving your child healthy foods to choose from. And don't let them snack right before meals.

## Be Active

- Encourage 1 hour of active play each day – throwing, catching, bike riding, skipping, dancing, jumping, running – make physical activity a family routine!
- Enjoy throwing and catching balls with your child.
- Your child may try to hop on one foot!
- Limit screen time (TV, computer, electronic games) to less than 2 hours per day.

## Notes:

---

---

---

---

---

---

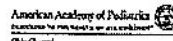
---

---

Child's name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date \_\_\_\_\_

BMI \_\_\_\_\_ percentile \_\_\_\_\_ %



Healthy

# serving sizes for 4-6 year olds

## grain group ~ 6 servings

Bread	1 slice
Bun, bagels, muffins	1/2
Crackers	4-6
Dry cereal (unsweetened)	1/2 cup
Cooked cereal	1/2 cup
Rice, pasta	1/2 cup

## fruit/vegetable group ~ 5 servings

Whole	1/2-1 small
Cooked, canned or chopped raw	1/2 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

Low fat milk, yogurt	3/4 cup
Cheese	3/4 oz.

## meat group ~ 2 servings

Lean meat, chicken, fish	1-3 T
Dry beans and peas	4-5 T
Peanut butter	1-2 T
Egg	1

## fat group ~ 3-4 servings depending on calorie needs

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

# 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.

## Vegetable\*

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

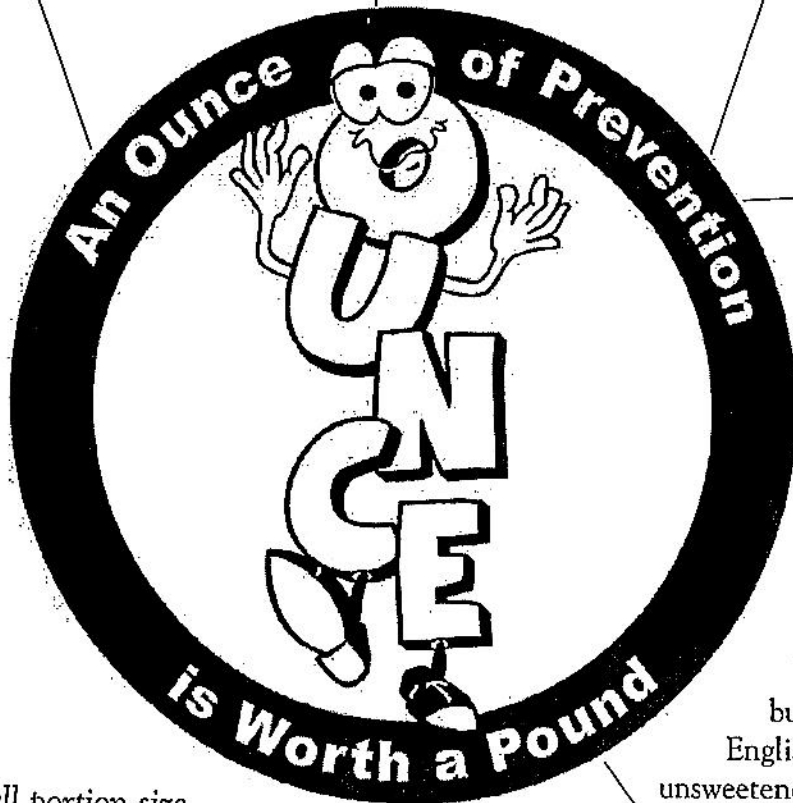
*\* Use caution when feeding these foods due to a possible choking problem.*

## Milk

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.*

A collaboration of Healthy Ohioans, the American Academy of Pediatrics, Ohio; Ohio Department of Health; Ohio Dietetic Association; Children's Hospital; Borden's Center for Nutrition & Wellness and the American Dairy Association & Dairy Council Mid East. May be reproduced in its entirety for educational purposes.  
January 2006





# for your family

## Keep Kids Safe in Crashes

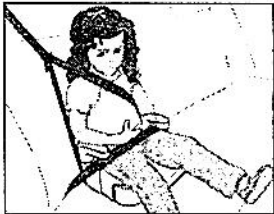
25:8:20

## Belt-positioning Booster Seats: Safe and Easy to Use

A booster seat raises your child up so that your vehicle's lap-and-shoulder belt fits him correctly. This will help to prevent injuries in a crash. Your child needs a booster seat when he reaches the top weight or height recommended for his child safety seat, his shoulders are above the harness or his ears have reached the top of the seat. Children should use a booster seat until they are between 8 and 12 years of age.

### WHY AREN'T SEAT BELTS GOOD ENOUGH?

- Seat belts were designed to fit adults. Until your child is big enough for a seat belt to fit correctly, she needs a booster.
- Boosters help to keep your child safer in a crash. While using any restraint is better than none, boosters are better at preventing injuries than seat belts. In a crash, seat belts alone (without a booster) can cause serious injuries to your child's abdomen, neck and back.



*Backless booster with belt-positioning strap*

### HOW DO YOU USE A BOOSTER SEAT?

- Read instruction manuals for both the booster and the vehicle before you start.
- Put the booster in the back seat where there is a lap-and-shoulder belt. Lap-only belts are not optimal for booster seats.
- After your child is in the booster, pull the lap-and-shoulder belt across her and buckle it.
- Check that the belt crosses her shoulder between her neck and arm and that the lap belt is low and snug on the hips, just touching the thighs.

### WHAT TYPE OF BOOSTER IS BEST?

- Both high-back and backless types work to make the seat belt fit better. But if the back seat of your car doesn't have a headrest or a high seat back, your child needs a high-back booster.
- Prices start at about \$15 for a backless model. Remember, just because a seat costs more does not make it safer.

### WHAT TO DO IF YOUR CHILD SAYS, "I'M TOO BIG FOR A CAR SEAT."

- Let him choose his own booster seat and teach him how to buckle up.
- Show him how the booster helps him to see out of the window better and makes the shoulder belt more comfortable.
- Remember not to call the booster a child seat or car seat.
- Finally, tell your child that the car will not move until everyone is buckled in correctly.



*High-back booster*

### WHEN IS IT SAFE TO MOVE MY CHILD TO AN ADULT SEAT BELT?

- Keep your child in a booster until he is about 4 feet 9 inches tall, usually between 8 and 12 years old. This is about the time when adult seat belts fit properly.
- Here's how you can tell when he is ready for an adult seat belt:
  - Your child is tall enough to sit against the back of the car's seat with his legs bent at the knees and feet hanging down.
  - The shoulder belt lies across the chest, not at the neck or face.
  - The lap belt is low and snug across the thighs, not across the soft abdomen.

[www.chop.edu/carseat](http://www.chop.edu/carseat)

[www.chop.edu/childsafety](http://www.chop.edu/childsafety)

*This page may be reproduced exclusively for not-for-profit patient education.*

 The Children's Hospital  
of Philadelphia<sup>®</sup>  
RESEARCH INSTITUTE

 CENTER FOR INJURY RESEARCH  
AND PREVENTION

**KOHL'S**Cares   
Committed to Kids' Health and Education

# AAP News Parent Plus

INFORMATION FROM YOUR PEDIATRICIAN

## Safe use of insect repellents can minimize itching, scratching

Summer is back, and so are mosquitoes. Before you reach for the insect repellent, review these tips from the American Academy of Pediatrics (AAP). Apply repellents only to exposed skin or clothing, following the directions on the product label.

- The AAP recommends that products containing DEET not be used on children younger than 2 months old. Instead, use mosquito netting with an elastic edge to ensure a tight fit around a stroller.
- Products containing oil of lemon eucalyptus should not be used on children younger than 3 years old.
- Avoid products that contain both repellent and sunscreen because sunscreen generally should be reapplied more often than insect repellent.
- Do not use repellents under clothes.
- Never use repellents over cuts, wounds or irritated skin.
- Do not spray directly on the face; apply with your hands.
- Do not allow young children to apply repellents themselves.
- Do not use sprays in enclosed areas or near food.
- Reapply if washed off by sweating or getting wet.
- Avoid reapplying repellents on young children unless necessary.
- After returning indoors, wash treated skin with soap and water or have the child bathe.
- If your child develops a rash or other reaction from an insect repellent, wash the repellent off with soap and water and contact the child's pediatrician or call the U.S. poison control center at 800-222-1222 for guidance.

Despite your best efforts, your child still may get a mosquito bite. If this happens, tell your child to try not to scratch the area, and dab it with alcohol or calamine. In addition, keep the area clean to prevent skin infections.

©2013 American Academy of Pediatrics. This Parent Plus may be freely copied and distributed with proper attribution.

# AAP News Parent Plus

INFORMATION FROM YOUR PEDIATRICIAN

## How to prevent your child from drowning

Some kids can swim well, like fish in the water, but they still are in danger of drowning.

More than 1,000 children die each year from drowning, according to a new study in the journal *Pediatrics*. If a child survives, he likely will have brain damage and long-term disability such as learning problems or not being able to care for himself.

Children ages 0-4 years and adolescent boys are at the highest risk of drowning. Young children are most likely to drown in the bathtub or after accidentally falling into water. The study also found that adolescent boys are four to six times more likely to drown than girls, mostly because they think their swimming skills are better than they really are, and they are more likely to take risks.

Here are some steps parents can take to help prevent their child from drowning.

- Have your child take swimming lessons. Recent evidence shows that swimming lessons for children under 4 years of age will decrease their likelihood of drowning by 88%.
- If you have a pool in your backyard, fence it in on all four sides with self-closing, self-locking gates opening outward. The barrier should be at least 4 feet tall so children can't climb over it. If your house is one side of the barrier, use an alarm system to alert you if your child goes outside.
- Do not use the pool if drain covers are missing. Long hair, arms, legs and fingers can get stuck in the drain's current and pull a child under water.
- Make sure someone is watching children in the pool at all times.
- When you're done swimming, take pool toys with you. If a young child sees a toy in the pool, she might try to reach for it and fall into the water.



Only on [aapnews.org](http://aapnews.org)

Father knows best: Tips on how dads can help kids grow

<http://aapnews.aappublications.org/content/34/6/31.7.full>

— Shayna Starr



# DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

DTaP vaccine can prevent diphtheria, tetanus, and pertussis.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

## 2. DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP 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 any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your child’s health care provider may decide to postpone DTaP vaccination until a future visit.

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

Your child’s health care provider can give you more information.



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

---

## 4. Risks of a vaccine reaction

---

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

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](http://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](http://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](http://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](http://www.cdc.gov/vaccines).



# Polio Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

Polio vaccine can prevent polio.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:

- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called "post-polio syndrome."

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

### 2. Polio vaccine

Children should usually get 4 doses of polio vaccine at ages 2 months, 4 months, 6–18 months, and 4–6 years.

Most adults do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:

- People traveling to certain parts of the world
- Laboratory workers who might handle poliovirus
- Health care workers treating patients who could have polio
- Unvaccinated people whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Polio 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 polio vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone polio 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 polio vaccine.

Not much is known about the risks of this vaccine for pregnant or breastfeeding people. However, polio vaccine can be given if a pregnant person is at increased risk for infection and requires immediate protection.

Your health care provider can give you more information.

---

### 4. Risks of a vaccine reaction

---

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio 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](http://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](http://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](http://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](http://www.cdc.gov/vaccines).



## VACCINE INFORMATION STATEMENT

# MMRV Vaccine (Measles, Mumps, Rubella, and Varicella): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

MMRV vaccine can prevent measles, mumps, rubella, and varicella.

- **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.
- **VARICELLA (V)**, also called “chickenpox,” causes an itchy rash, in addition to 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 infection of the blood, bones, or joints. Some people who get chickenpox get a painful rash called “shingles” (also known as herpes zoster) years later.

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

### 2. MMRV vaccine

MMRV vaccine may be given to **children 12 months through 12 years of age**, usually:

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

MMRV vaccine may be given at the same time as other vaccines. Instead of MMRV, some children might receive separate shots for MMR (measles, mumps, and rubella) and varicella. 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 MMRV, MMR, or varicella vaccine, or has any severe, life-threatening allergies
- Is pregnant or thinks they might be pregnant—pregnant people should not get MMRV 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 a history of seizures, or has a parent, brother, or sister with a history of seizures
- Is taking or plans to take 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 MMRV vaccination until a future visit or may recommend that the child receive separate MMR and varicella vaccines instead of MMRV.

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

Your health care provider can give you more information.



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

## 4. Risks of a vaccine reaction

---

- Sore arm from the injection, redness where the shot is given, fever, and a mild rash can happen after MMRV vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints sometimes occur after MMRV vaccination.
- Seizures, often associated with fever, can happen after MMRV vaccine. The risk of seizures is higher after MMRV than after separate MMR and varicella vaccines when given as the first dose of the two-dose series in younger children. Your health care provider can advise you about the appropriate vaccines for your child.
- More serious reactions happen rarely, including temporary low platelet count, which 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 MMRV vaccine.

If a person develops a rash after MMRV vaccination, it could be related to either the measles or the varicella component of the vaccine. 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.

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](http://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](http://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](http://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](http://www.cdc.gov/vaccines).

