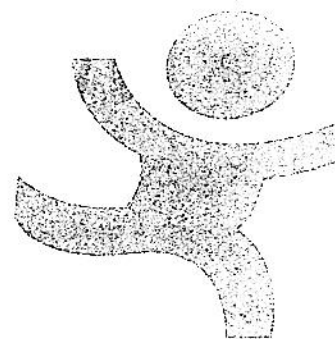


# 10 Years



## 10 YEARS

### Safety for Your Child

Did you know that injuries are the greatest threat to the life and health of your child? Injuries are the leading cause of death of school-aged children. **Yet you can prevent most major injuries** if you and your child take a few simple steps.

At age 10, children will do more things away from home. They will spend more time on a bike or in a car and will not see the need for adults to watch over them. You must take charge; you must **remind your child of safety!** It takes only a few steps to prevent major, common injuries.

#### Firearm Hazards

It is best to keep all guns out of your home. **Handguns are especially dangerous.** If you choose to keep a gun, store it unloaded and in a locked place, separate from ammunition. Your child is in more danger of being shot by himself, his friends, or a family member than of being injured by an intruder.

Ask if the homes where your child visits have a gun and how it is stored. Talk to your child about guns in school or on the streets. Find out if your child's friends carry guns.



#### Sports Safety

At this age your child may be playing baseball, soccer, or other sports. Ask your doctor which sports are right for his or her age. **Be sure your child wears the protective equipment made for that sport**, such as shin pads, mouth guards, wrist guards, eye protection, and helmets. Ask your child's coach what is needed.



#### And Remember Car Safety

Your child must **buckle the seat belt EVERY TIME** he or she rides in any car. Booster seats should be used until the lap belt can be worn low and flat on your child's hips and the shoulder belt can be worn across the shoulder rather than the face or neck (usually at about 80 pounds and 4 feet 9 inches tall). Remind your child to buckle up when riding with others. *Ask your child to remind you to buckle up, too!* Install shoulder belts in the back seat of your car if they are not already there. Serious injuries can happen to your child when a lap belt is used alone. **The safest place for all children to ride is in the back seat.**



#### Bike Safety

Your child may want to ride his or her bike further away from home. Teach your child the "Rules of the Road" and be sure your child knows them. You must watch your child to be sure he or she can handle a bike safely. **Make sure your child always wears a helmet** while riding a bike. It is still very dangerous for your child to ride at dusk or after dark. Make sure your child brings in the bike as soon as the sun starts to set.



**Would you be able to help your child in case of an injury? Put emergency numbers by or on your phone today. Learn first aid and CPR. Be prepared...for your child's sake!**

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

SUPPORTED BY A GRANT FROM PFIZER CONSUMER HEALTHCARE, MAKERS OF NEOSPORIN®

(over)

# SAFETY IN A KID'S WORLD

**Dear Parent:** Your child is old enough to learn how to prevent injuries. The games below are designed to help your child think about safety. Read the messages with your child and talk about them together. Then take this safety sheet home and post it where everyone can see it.

It takes time to form a safety habit. Remind each other what it says. Make safety a big part of your lives.

## Get the Helmet Habit!

**DIRECTIONS:** Break the code to read this message. On each line, write the alphabet letter that comes before the one above that line (the first 2 have been done for you).

## BIKE SAFETY

B M X B Z T X F B S B  
A L \_ \_ \_ \_ \_

I F M N F U X I F O Z P V  
\_ \_ \_ \_ \_

S J E F Z P V S C J L F  
\_ \_ \_ \_ \_



**DIRECTIONS:** Circle the signs that belong to "Rules of the Road." Be a smart and safe rider. Learn the "Rules of the Road."

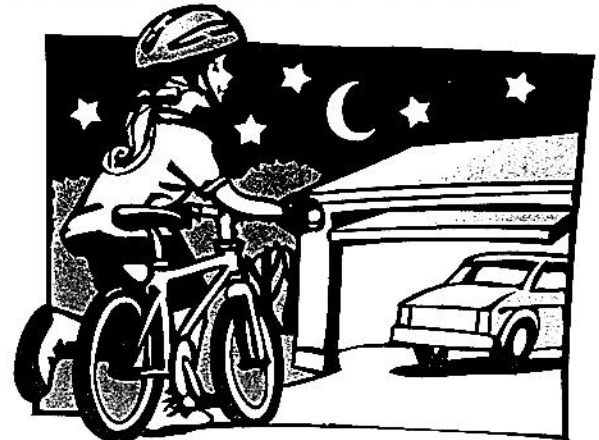
**DIRECTIONS:** Use the code key to read this message (the first letter has been done for you).

**NEVER RIDE AT NIGHT**  
Always put your bike away when the sun goes down.

■	●	◆	♥	☆
■	●	◆	♥	☆
■	●	◆	♥	☆
■	●	◆	♥	☆
■	●	◆	♥	☆
■	●	◆	♥	☆
■	●	◆	♥	☆
■	●	◆	♥	☆
■	●	◆	♥	☆
■	●	◆	♥	☆

CODE KEY

N  
◆♥    ■☆    ☆●    ■☆    ♥◆  
  
♥◆    ●♥    ■♥    ■☆  
  
■◆    ♥☆  
  
◆♥    ●♥    ●●    ●◆    ♥☆



# 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

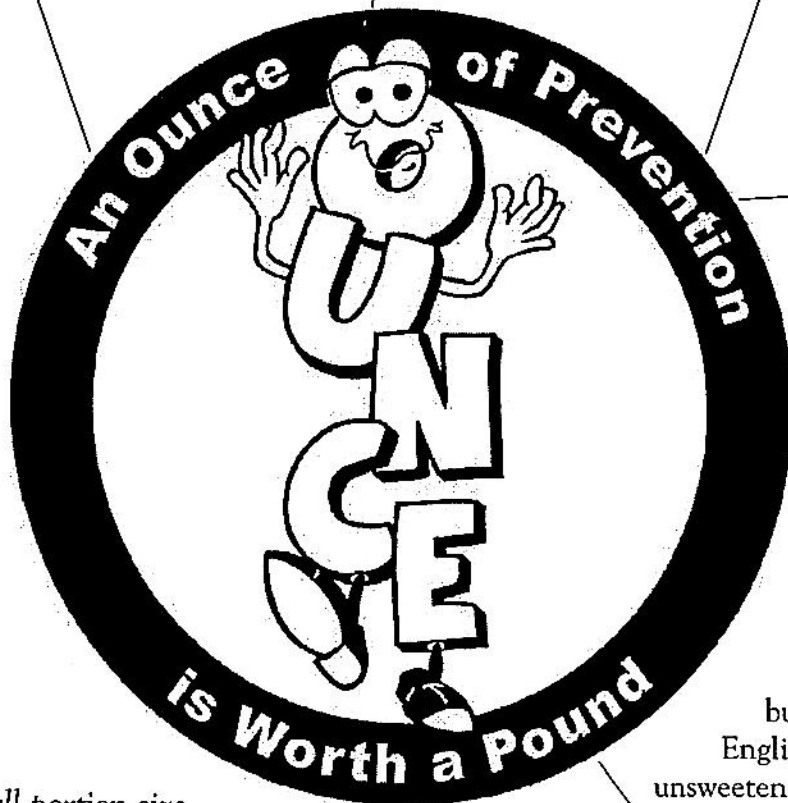
Blend yogurt, fruit, milk and 100% juice together.

## 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.



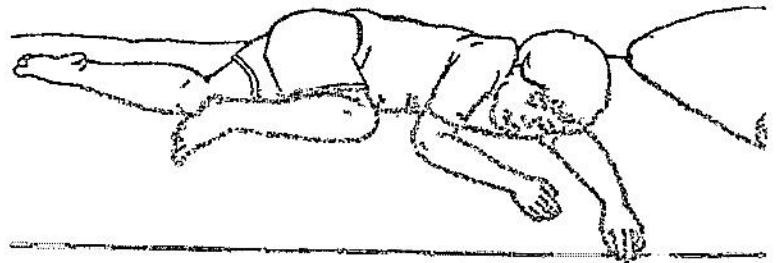
Offer small portion size.  
Best not to offer 1 - 2 hours before mealtime.

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January 2006



## Healthy Sleep Habits for Older Children and Teens

Sleep is important at all ages. Sleep problems are common among many children and teens and can affect their focus while at school, work or home. Almost one-fourth of all children have some type of sleep problem. The problem can be caused by poor sleep habits or a medical condition.



**Picture 1** Use the bed only for sleeping.

### What to Do

1. Get enough sleep. School aged children need at least 10 to 11 hours of sleep every night. Teens need at least 8 to 9 hours of sleep.
2. Keep a regular sleep schedule. Try to go to sleep and wake up at the same time every day, even on weekends. If you would like to sleep later on the weekends, wake up within 2 hours of the time you would wake up on the weekday. For example, if you wake up at 7 AM during the week, wake up no later than 9 AM on the weekend.
3. Have a bedtime routine. Do relaxing things like listening to music or reading a book before going to bed. Try to have 4 to 5 hours between any exercise and bedtime.
4. Avoid daytime naps. Napping during the day can make it harder to fall asleep at night.
5. Avoid drinks with caffeine (such as sodas, energy drinks, coffee and tea), especially in the afternoon and evenings.
6. Eat regularly and don't go to bed hungry. A light snack before bed is a good idea.
7. Use the bed only for sleep. Do not watch TV, read or eat in the bed (Picture 1).
8. If you need to, completely remove TV or radio from your bedroom at bedtime. Avoid using cell phones and the computer at bedtime. The light from the screens can keep you awake.
9. If you are unable to fall asleep after lying in bed for 20 minutes, get out of bed and do something until you feel sleepy. When you feel sleepy, go back to bed and try to fall asleep again.

It may take up to 2 weeks to see results from these changes, so don't give up in the first week!

### **When to Call Your Doctor**

Call your doctor or the Nationwide Children's Hospital Sleep Clinic at 614-722-4613 if:

- Sleep problems continue even after you follow the tips above.
- You have any other questions or concerns.

# HPV (Human Papillomavirus) 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)

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## 1. Why get vaccinated?

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HPV (human papillomavirus) vaccine can prevent infection with some types of human papillomavirus.

HPV infections can cause certain types of cancers, including:

- cervical, vaginal, and vulvar cancers in women
- penile cancer in men
- anal cancers in both men and women
- cancers of tonsils, base of tongue, and back of throat (oropharyngeal cancer) in both men and women

HPV infections can also cause anogenital warts.

HPV vaccine can prevent over 90% of cancers caused by HPV.

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all people will get at least one type of HPV at some time in their lives. Most HPV infections go away on their own within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

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## 2. HPV vaccine

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HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years and vaccination is recommended for everyone through 26 years of age.

HPV vaccine may be given to adults 27 through 45 years of age, based on discussions between the patient and health care provider.

Most children who get the first dose before 15 years of age need 2 doses of HPV vaccine. People who get the first dose at or after 15 years of age and younger people with certain immunocompromising conditions need 3 doses. Your health care provider can give you more information.

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

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## 3. Talk with your health care provider

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Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of HPV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant**—HPV vaccine is not recommended until after pregnancy

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

Your health care provider can give you more information.



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#### 4. Risks of a vaccine reaction

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- Soreness, redness, or swelling where the shot is given can happen after HPV vaccination.
- Fever or headache can happen after HPV 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.

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#### 5. What if there is a serious problem?

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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.*

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#### 6. The National Vaccine Injury Compensation Program

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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.

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#### 7. How can I learn more?

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- 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).



# Meningococcal ACWY 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?

Meningococcal ACWY vaccine can help protect against meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

### 2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 year of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris”<sup>®</sup>) or ravulizumab (also called “Ultomiris”<sup>®</sup>)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



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Control and Prevention



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### 3. Talk with your health care provider

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Tell your vaccination provider if the person getting the vaccine:

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

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

There is limited information on the risks of this vaccine for pregnant or breastfeeding people, but no safety concerns have been identified. A pregnant or breastfeeding person should be vaccinated if indicated.

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 meningococcal ACWY vaccine.

Your health care provider can give you more information.

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### 4. Risks of a vaccine reaction

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- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

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.

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### 5. What if there is a serious problem?

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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.*

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### 6. The National Vaccine Injury Compensation Program

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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.

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### 7. How can I learn more?

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- 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).



# Tdap (Tetanus, Diphtheria, 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?

Tdap vaccine can prevent tetanus, diphtheria, and pertussis.

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

- **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.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, 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. Tdap vaccine

Tdap is only for children 7 years and older, adolescents, and adults.

**Adolescents** should receive a single dose of Tdap, preferably at age 11 or 12 years.

**Pregnant people** should get a dose of Tdap during every pregnancy, preferably during the early part of the third trimester, to help protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

**Adults** who have never received Tdap should get a dose of Tdap.

Also, adults should receive a booster dose of either Tdap or Td (a different vaccine that protects against tetanus and diphtheria but not pertussis) every 10 years, or after 5 years in the case of a severe or dirty wound or burn.

Tdap 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, DTaP, or Tdap)**
- 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 health care provider may decide to postpone Tdap 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 Tdap vaccine.

Your health care provider can give you more information.



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

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#### 4. Risks of a vaccine reaction

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- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap 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.

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#### 5. What if there is a serious problem?

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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.*

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