



BRIGHT FUTURES HANDOUT ► PARENT

15 THROUGH 17 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to your family.

✓ HOW YOUR FAMILY IS DOING

- Set aside time to be with your teen and really listen to her hopes and concerns.
- Support your teen in finding activities that interest him. Encourage your teen to help others in the community.
- Help your teen find and be a part of positive after-school activities and sports.
- Support your teen as she figures out ways to deal with stress, solve problems, and make decisions.
- Help your teen deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.

✓ YOUR TEEN'S FEELINGS

- If you are concerned that your teen is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- If you have questions about your teen's sexual development, you can always talk with us.

✓ YOUR GROWING AND CHANGING TEEN

- Make sure your teen visits the dentist at least twice a year.
- Give your teen a fluoride supplement if the dentist recommends it.
- Support your teen's healthy body weight and help him be a healthy eater.
 - Provide healthy foods.
 - Eat together as a family.
 - Be a role model.
- Help your teen get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage at least 1 hour of physical activity a day.
- Praise your teen when she does something well, not just when she looks good.

✓ HEALTHY BEHAVIOR CHOICES

- Know your teen's friends and their parents. Be aware of where your teen is and what he is doing at all times.
- Talk with your teen about your values and your expectations on drinking, drug use, tobacco use, driving, and sex.
- Praise your teen for healthy decisions about sex, tobacco, alcohol, and other drugs.
- Be a role model.
- Know your teen's friends and their activities together.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Be there for your teen when she needs support or help in making healthy decisions about her behavior.

15 THROUGH 17 YEAR VISITS—PARENT

✓ SAFETY

- Encourage safe and responsible driving habits.
 - Lap and shoulder seat belts should be used by everyone.
 - Limit the number of friends in the car and ask your teen to avoid driving at night.
 - Discuss with your teen how to avoid risky situations, who to call if your teen feels unsafe, and what you expect of your teen as a driver.
 - Do not tolerate drinking and driving.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout 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. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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14-18 years old

for parents

Name _____

Height _____ Weight _____ Date _____

BMI _____ percentile _____ %



Fueling your thoughts

- Are you concerned about your teenager's weight?
- Are you concerned with your teenager's eating habits or level of physical activity?
- Do you and your teenager eat breakfast?
- How many meals do you eat as a family each week? How many are from fast food, take out, etc?
- What beverages do you buy for the family?
- How much time does your teenager spend watching TV, using the computer, texting or playing videogames?
- What do you do as a family to stay active?

Nutrition Advice

By providing nutritious foods to your teenager you help him or her improve strength, energy, attention span and the ability to keep up with friends.

Breakfast ~ Eating breakfast every day helps your teenager do well in school and improves overall health.

Lunch ~ Buying school meals can be nutritious. If your teenager packs a lunch, it is important they include at least 4 out of the 5 food groups (low-fat/fat-free dairy foods, fruits, vegetables, whole grains and lean protein).

Snacks ~ Eat when hungry. Stock up on ready-to-eat vegetables, fruit, low fat cheese, yogurt, milk, lean meats, whole grain crackers, bread, low sugar cereal or nuts.

Dinner ~ Eat as many meals as possible as a family at the dinner table. Be sure to slow down, enjoy, eat when hungry and turn off the TV.

Eating Out ~ Keep portion sizes small or share meals (don't "super size").

- Choose fruit or salad instead of French fries, milk instead of pop, baked or broiled instead of fried.
- Limit dressings and mayonnaise; ask for them on the side or choose low fat options.

Beverages -Think your Drink!

- The best choices are water, low fat (1%) or nonfat (skim) milk and 100% fruit juice (limit fruit juice to 1 cup or 8 oz. serving per day).
- Limit sweetened beverages such as soft drinks, punch, juice drinks, energy drinks and caffeine containing beverages.

- Regular intake of too much caffeine can lead to trouble sleeping, rapid heart rate, anxiety, poor attention span, headaches or shakiness.

Your main job as a parent 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). Be a good role model for your kids by eating and choosing healthy foods. Visit www.mypyramid.gov for more information.

Be Active

- Make sure you and your teenagers are active 60 minutes every day.
- Count time spent doing chores: car washing, walking the dog, dusting, sweeping, pulling weeds, raking leaves or shoveling snow.
- Involve the whole family in physical activity because you are role models!
- "Screen time" (computers, TV, gaming systems, texting, etc) should be limited to 2 hours or less daily.
- Screens may be monitored easily if moved to a common area; keep them out of teenager's bedroom.
- A good night sleep with a regular bed time is critical to good health and weight maintenance.
- If you have concerns about your teenager's weight, physical activity or eating behaviors, ask your healthcare provider.

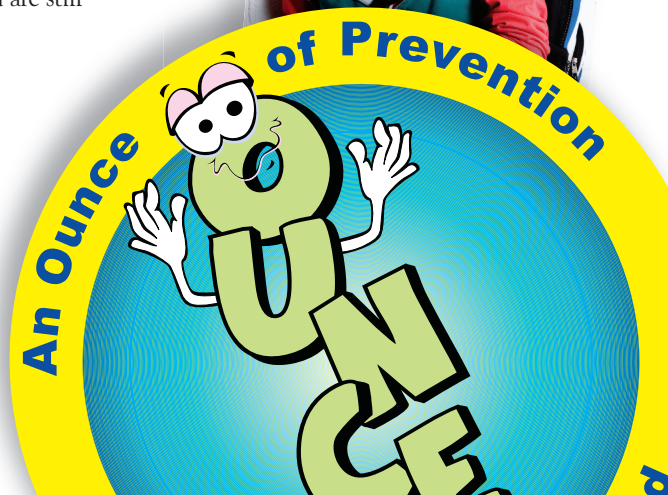


More Parent Tips...

- Do not criticize your teenager about their size and shape. Focus on strengths rather than appearance.
- Remember that parents can still influence choices...as a parent you are still the role model!



The Ounce of Prevention Program is a collaboration of the Ohio Department of Health, Healthy Ohio; the American Academy of Pediatrics—Ohio Chapter; Nationwide Children's Hospital; the American Dairy Association Mideast and the Ohio Dietetic Association. May be reproduced in its entirety for educational purposes. February 2010





WWW.CDC.GOV/PARENTSARETHEKEY

EIGHT DANGER ZONES FOR TEENS BEHIND THE WHEEL

Motor vehicle crashes are the leading cause of death among teens. Make sure your young driver is aware of the leading causes of teen crashes, and put rules in place to help your teen stay safe.

NO.°1: DRIVER INEXPERIENCE. Most crashes happen during the first year a teen has a license. Provide at least 30 to 50 hours of supervised driving practice over at least six months. Make sure to practice on a variety of roads, at different times of day, and in varied weather and traffic conditions. This will help your teen gain the skills he or she needs to be safe.

NO.°2: DRIVING WITH TEEN PASSENGERS. Crash risk goes up when teens drive with other teens in the car. Follow your state's teen driving law for passenger restrictions. If your state doesn't have such a rule, limit the number of teen passengers your teen can have to zero or one. Keep this rule for at least the first six months.

NO.°3: NIGHTTIME DRIVING. For all ages, fatal crashes are more likely to occur at night; but the risk is higher for teens. Make sure your teen is off the road by 9 or 10 p.m. for at least the first six months of licensed driving.

NO.°4: NOT USING SEAT BELTS. The simplest way to prevent car crash deaths is to buckle up. Require your teen to wear a seat belt on every trip. This simple step can reduce your teen's risk of dying or being badly injured in a crash by about half.

NO.°5: DISTRACTED DRIVING. Distractions increase your teen's risk of being in a crash. Don't allow activities that may take your teen's attention away from driving, such as talking on a cell phone, texting, eating, or playing with the radio.

NO.°6: DROWSY DRIVING. Young drivers are at high risk for drowsy driving, which causes thousands of crashes every year. Teens are most tired and at risk when driving in the early morning or late at night. Be sure your teen is well rested before he or she gets behind the wheel.

NO.°7: RECKLESS DRIVING. Research shows that teens lack the experience, judgment, and maturity to assess risky situations. Help your teen avoid the following unsafe behaviors. Speeding: Make sure your teen knows to follow the speed limit and adjust speed to road conditions. Tailgating: Remind your teen to maintain enough space behind the vehicle ahead to avoid a crash in case of a sudden stop.

NO.°8: IMPAIRED DRIVING. Even one drink will impair your teen's driving ability and increase their risk of a crash. Be a good role model: never drink and drive, and reinforce this message with your teen.

Take the next step and download the Parent-Teen Driving Agreement at www.cdc.gov/parentsarethekey.





PARENT-TEEN DRIVING AGREEMENT

I, _____, will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

I PROMISE.

I promise that I will obey all the rules of the road.

- Always wear a seat belt and make all my passengers buckle up
- Obey all traffic lights, stop signs, other street signs, and road markings
- Stay within the speed limit and drive safely
- Never use the car to race or to try to impress others
- Never give rides to hitchhikers

I promise that I will make sure I can stay focused on driving.

- Never text while driving (writing, reading or sending messages)
- Never talk on the cell phone — including handsfree devices or speakerphone — while driving
- Drive with both hands on the wheel
- Never eat or drink while driving
- Drive only when I am alert and in emotional control
- Call my parents for a ride home if I am impaired in any way that interferes with my ability to drive safely, or if my driver is impaired in any way
- Never use headphones or earbuds to listen to music while I drive

I promise that I will respect laws about drugs and alcohol.

- Drive only when I am alcohol and drug free
- Never allow any alcohol or illegal drugs in the car
- Be a passenger only with drivers who are alcohol and drug free

I promise that I will be a responsible driver.

- Drive only when I have permission to use the car and I will not let anyone else drive the car unless I have permission
- Drive someone else's car only if I have parental permission
- Pay for all traffic citations or parking tickets
- Complete my family responsibilities and maintain good grades at school as listed here: _____
- Contribute to the costs of gasoline, maintenance, and insurance as listed here: _____

RESTRICTIONS:

I agree to the following restrictions, but understand that these restrictions will be modified by my parents as I get more driving experience and demonstrate that I am a responsible driver.

- For the next _____ months, I will not drive after _____ pm.
- For the next _____ months, I will not transport more than _____ teen passengers (unless I am supervised by a responsible adult).
- For the next _____ months, I won't adjust the stereo, electronic devices, or air conditioning/heater while the car is moving.
- For the next _____ months, I will not drive in bad weather.
- I understand that I am not permitted to drive to off limit locations or on roads and highways as listed here: _____

- Additional restrictions: _____

PENALTIES FOR AGREEMENT VIOLATIONS

- Drove while texting (composed, read or sent message or email with phone).
NO DRIVING FOR _____ MONTHS
- Drove while talking on the cell phone (including handsfree or speakerphone).
NO DRIVING FOR _____ MONTHS
- Drove after drinking alcohol or using drugs.
NO DRIVING FOR _____ MONTHS
- Got ticket for speeding or moving violation.
NO DRIVING FOR _____ MONTHS
- Drove after night driving curfew.
NO DRIVING FOR _____ WEEKS/MONTHS
- Drove too many passengers.
NO DRIVING FOR _____ WEEKS/MONTHS
- Broke promise about seat belts (self and others).
NO DRIVING FOR _____ WEEKS/MONTHS
- Drove on a road or to an area that is off limits.
NO DRIVING FOR _____ WEEKS/MONTHS

I agree to follow all the rules and restrictions in this agreement. I understand that my parents will impose penalties, including removal of my driving privileges, if I violate the agreement. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.



SIGNATURES

Driver: _____ Date: _____

Parent promise: I also agree to drive safely and to be an excellent role model.

Parent (or guardian): _____ Date: _____

Parent (or guardian): _____ Date: _____

Tips for Parents of Adolescents: Common Concerns

Adolescence is the time between childhood and adulthood that children go through many physical and emotional changes. Here is information from the American Academy of Pediatrics about common concerns during adolescence. Teen is used in this publication to refer to adolescents, teenagers, preteens, and tweens.

Dieting and Body Image

Many teens try extreme diets or exercise programs because they want their bodies to look like those of the models, singers, actors, or athletes they see in the media, or they have a misguided understanding of what is “healthy.” Be aware of any diet or exercise program your teen is following. Many diets are unhealthy for teens because they do not have the nutritional value that bodies need during puberty.

If you have questions about your teen’s nutritional needs, ask their doctor. If you are concerned about rapid weight loss or suspect your teen has an eating disorder, contact your teen’s doctor right away. Eating disorders like anorexia nervosa and bulimia nervosa can be very dangerous, and treating them promptly is critical for recovery.

If your teen wants to train with weights, they should check with their doctor, as well as a trainer, coach, or physical education teacher. Also, help create a positive self-image by praising teens for their strengths and not focusing on their appearance. Set a good example by making eating right and exercising a part of your daily routine. Avoid negative self-talk or dieting. At home, stock up on healthy snacks like fruit, raw vegetables, whole-grain crackers, and yogurt, and limit unhealthy snacks like candy, cookies, chips, and soda pop.

Dating and Sex

Teens are naturally curious about sex. This is completely normal and healthy. However, teens may be pressured into having sex too soon by their peers or the media. Talk with your teen to understand their feelings and views about sex. Start early, and provide them with access to accurate and appropriate information.

Talking With Your Teen About Sex

Making healthy decisions about sex is important. Before your teen becomes sexually active, make sure you discuss

- **Medical and physical risks.** Risks include unplanned pregnancy and sexually transmitted infections (STIs) like gonorrhea, chlamydia, hepatitis B, syphilis, herpes, HIV (the virus that can cause AIDS), and HPV (human papillomavirus—the virus that can cause cancers of the mouth and throat, cervix, and genitals).
- **Emotional risks.** Teens who have sex before they are emotionally ready may regret the decision when they are older or may feel guilty, frightened, or ashamed from the experience. Your teen should ask themselves “Am I ready to have sex?” or “What will happen after I have sex?”
- **Promoting safer sex.** Anyone who is sexually active needs to be aware of how to prevent unplanned pregnancy as well as how to protect against STIs. Condoms should always be used along with a second method of contraception to prevent pregnancy and reduce the risk for STIs.
- **Setting limits.** Make sure your teen has thought about what their sexual limits are before dating begins. Help them understand the concept of consent and that they control whether they engage in sexual activity. Most importantly, let your teen know they can talk with you and their doctor about dating and relationships. Offer your guidance throughout this important stage in your teen’s life.
- **Sex positivity.** Talking about sex only in negative terms is not realistic or healthy. At best, it can cause a teen to tune out, and at worst, it can lead to shame and guilt about sex and may discourage your teen from coming to you with questions or concerns. When discussing risks, it is important to acknowledge that sex can be a positive part of a healthy relationship, when the relationship is mature, respectful, safe, and monogamous. Think about how to discuss sex in a positive way, while upholding your personal and family values.

Drug Use

Teens may try or use tobacco like vaping devices, e-cigarettes, or chewing tobacco, and alcohol, or other drugs, out of curiosity or to deal with peer pressure.

Help build self-confidence or self-esteem in your teen. Ask your teen about any concerns and problems they are facing, and help them learn how to deal with strong emotions and cope with stress in healthy ways. If you suspect your teen is using drugs, talk with your teen's doctor.

Note: If you or someone else in the household smokes, now is a good time to quit. Watching a parent struggle through quitting can be a powerful message for a teen who is thinking about starting. It also shows you care about your health as well as your teen's.

Alcohol Use

Alcohol is not only the most socially accepted drug in our society but also one of the most abused and destructive. Even small amounts of alcohol can impair judgment, provoke risky and violent behavior, and slow down reaction time. An intoxicated teen (or anyone else) behind the wheel of a car makes it a lethal weapon. Alcohol-related car crashes are the leading cause of death for teens and young adults aged 15 to 24 years.

Although it's illegal for people younger than 21 years to drink, we all know most teens are not strangers to alcohol. Many of them witness alcohol use throughout their childhood, and many begin alcohol use as teens. If you choose to use alcohol in your home, be aware of the example you are setting.

- Having a drink should never be shown as a way to cope with problems.
- Don't drink in unsafe conditions—for example, while driving the car, mowing the lawn, or using the stove.
- Don't encourage your teen to drink or to join you in drinking.
- Don't allow your children to drink alcohol before they reach the legal age, and teach them never ever to drink and drive.
- Never make jokes about getting drunk. Make sure your children understand that it is neither funny nor acceptable.
- Show your children there are many ways to have fun without alcohol. Happy occasions and special events don't have to include drinking.

Remember

Well-child visits (annual health supervision visits) are especially important during adolescence. Your teen's doctor will make sure your teen is on a healthy track and suggest necessary changes to get on track and how to stay on track.

For More Information

American Academy of Pediatrics
www.aap.org and www.HealthyChildren.org

The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults.

In all aspects of its publishing program (writing, review, and production), the AAP is committed to promoting principles of equity, diversity, and inclusion.

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from the American Academy of Pediatrics

SUGGESTED SCREEN TIME USE BY AGE



18 MONTHS AND YOUNGER

Avoid use of screen media other than video-chatting.



18 - 24 MONTHS

Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they're seeing.



2 - 5 YEARS

Limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.



6 - 12 YEARS

Place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.



12 YEARS AND OLDER

Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.

Meningococcal B 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?

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

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 B vaccine

For best protection, more than 1 dose of a meningococcal B vaccine is needed. There are two meningococcal B vaccines available. The same vaccine must be used for all doses.

Meningococcal B vaccines are recommended for people 10 years or older who are at increased risk for serogroup B meningococcal disease, including:

- People at risk because of a serogroup B meningococcal disease outbreak
- 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”®) or ravulizumab (also called “Ultomiris”®)
- Microbiologists who routinely work with isolates of *N. meningitidis*

These vaccines may also be given to anyone 16 through 23 years old to provide short-term protection against most strains of serogroup B meningococcal disease, based on discussions between the patient and health care provider. The preferred age for vaccination is 16 through 18 years.



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 meningococcal B vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant or breastfeeding**

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

Meningococcal B vaccination should be postponed for pregnant people unless the person is at increased risk and, after consultation with their health care provider, the benefits of vaccination are considered to outweigh the potential risks.

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 B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given, tiredness, headache, muscle or joint pain, fever, or nausea can happen after meningococcal B vaccination. Some of these reactions occur in more than half of the people who receive the 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.

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.



Meningococcal ACWY Vaccine:

What You Need to Know

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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 years 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”®) or ravulizumab (also called “Ultomiris”®)
- 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



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 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.

4. Risks of a vaccine reaction

- 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.

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.

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