

# IMMUNIZATIONS



The Washington State Board of Health requires that every child be immunized before entering school, including child care centers and preschools. Children can receive the necessary immunizations from:

- your physician
- Whatcom County Health and Human Services, 1500 N. State St., Bellingham 738-2508

Your children should be immunized early in life, providing them protection needed most in these years of greatest risk. Sagging immunization levels nationwide open the door for epidemics of these vaccine preventable diseases to occur.

## IMMUNIZE ON TIME FOR THE BEST PROTECTION FROM 12 SERIOUS DISEASES

### Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2005

Vaccine ▼	Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-18 years
Hepatitis B <sup>1</sup>		HepB #1	HepB #2		HepB #3			HepB Series					
Diphtheria, Tetanus, Pertussis <sup>2</sup>			DTaP	DTaP	DTaP	DTaP			DTaP	DTaP	Td	Td	
<i>Haemophilus influenzae</i> type b <sup>3</sup>			Hib	Hib	Hib	Hib							
Inactivated Poliovirus			IPV	IPV	IPV					IPV			
Measles, Mumps, Rubella <sup>4</sup>						MMR #1				MMR #2	MMR #2		
Varicella <sup>5</sup>						Varicella			Varicella				
Pneumococcal <sup>6</sup>			PCV	PCV	PCV	PCV			PCV	PPV			
Influenza <sup>7</sup>					Influenza (Yearly)			Influenza (Yearly)					
----- Vaccines below red line are for selected populations -----													
Hepatitis A <sup>8</sup>										Hepatitis A Series			

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2004, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.

Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not

contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: [www.vaers.org](http://www.vaers.org) or by calling 800-822-7967.

- Range of recommended ages
- Preadolescent assessment
- Only if mother HBsAg(-)
- Catch-up immunization



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



The Childhood and Adolescent Immunization Schedule is approved by:  
Advisory Committee on Immunization Practices [www.cdc.gov/nip/acip](http://www.cdc.gov/nip/acip)  
American Academy of Pediatrics [www.aap.org](http://www.aap.org)  
American Academy of Family Physicians [www.aafp.org](http://www.aafp.org)

Bars show the age range recommended for immunization. If a dose is not given at the recommended age, it should be given as soon as possible. Ovals show when vaccines should be given if previously recommended doses were missed.

\*Hepatitis A is recommended for use in selected counties in Washington State. Consult your local health department.

# THE FACTS ABOUT CHILD IMMUNIZATIONS

## Families Often Do Not Realize Their Children Are behind On Immunizations

Only 78% of all infants in Washington State have all the shots they need by the age of two. **Parents Often do not realize their child is behind on Immunizations. Immunizing infants at the earliest age is best.** Infants are more likely to suffer severe health problems if they get one of the ten vaccine-preventable diseases.

That's why families need to double check whether their child's immunizations are up-to-date. Talk with your doctor or nurse about which vaccines your child needs. Even if your child is behind schedule, it's never too late to catch up! **The immunization schedule listed on page \_\_ will help you keep on track.**

## Keep a Record of Immunizations

Bring your baby's immunization record to each health care visit! Your doctor or nurse will update the record for you. You will need a record of your child's immunizations when he enters child care, school, and for a lifetime!

## Immunizations Are Okay Even If Your Child Has A Minor Illness

Immunizations **can** be given and should be requested during **any** visit to your doctor or nurse, even if your child has a minor illness, such as mild fever, a cold, diarrhea, or is taking antibiotics. **The vaccine will still be effective. It will not make the child more sick.** Receiving all immunizations when they are due is an important way to complete each vaccine series on time and prevent extra visits.

## Vaccine Safety

Some children may have minor side effects to vaccines, such as mild fever or soreness where the shot is given. It is very rare for a child to have a serious reaction to a vaccine. **In fact, it is much more likely that your child will suffer severe health problems from serious diseases if he or she is not immunized against them. The vaccine will not give your child the disease, nor can your child pass the disease to others by receiving the vaccine (although oral polio vaccine may be a rare exception—check with your doctor or nurse).**

## Immunizations Prevent Ten Serious Childhood Diseases

### ◆ Diphtheria, Tetanus, & Pertussis

**Diphtheria** can cause paralysis, breathing and heart problems, and even death.

**Tetanus (Lockjaw)** occurs when a tetanus germ enters a cut or wound. It can cause muscle spasms, breathing and heart problems, and death.

**Pertussis (Whooping Cough)** causes very long spells of coughing that make it hard for a child to eat, drink, or even breathe. It can cause lung problems, seizures, brain damage, and death.

### ◆ Measles, Mumps, & Rubella

**Measles** causes a high fever, rash, and cold-like symptoms. It can lead to hearing loss, breathing and lung problems, brain damage, and even death. Measles spreads so easily that a child who has not been immunized will most likely get it.

**Mumps** can cause headache, fever, and swelling of the cheeks and jaw. It can lead to hearing loss, meningitis (swelling of the brain and spinal cord), and brain damage.

**Rubella (German Measles)** causes a slight fever and a rash on the face and neck. Pregnant women who get rubella can lose their babies, or have babies with severe birth defects.

### ◆ Hepatitis B

**Hepatitis B** is a serious liver infection. It is passed from one person to another through blood or sexual body fluids. It can also be passed from an infected mother to her newborn during childbirth. The virus can cause liver damage, liver cancer, and death. Hepatitis B vaccine will not protect against other forms of hepatitis.

### ◆ Haemophilus influenzae type b

**Hib** disease can cause infections of the joints, skin and blood; meningitis, brain damage, and even death. It is **very** dangerous to children under age five.

### ◆ Varicella

**Varicella (chicken pox)** is usually a mild illness, but can be severe in infants and those with a weakened immune system. It causes an itchy skin rash with blisters and fever. It may lead to serious skin infections, pneumonia, and swelling of the brain.

### ◆ Polio

**Polio** can cause lifelong paralysis and death. There is no treatment for polio.



For more information, talk with your doctor, nurse, clinic, local Health Department, or call 1-800-322-2588. (Healthy Mother, Healthy Babies Hotline—services available in many languages. TTY Number 1-800-833-6388.)

## COMMUNICABLE DISEASES

DISEASE	INCUBATION PERIOD	HOW LONG/ FIRST SIGNS	CONTAGIOUS?	WHAT CAN YOU DO?
<b>CHICKEN POX</b>	12-26 days (usually 18 days) later.	Mild fever followed in 36 hours by small raised pimples which become filled with fluid. Scabs form. Successive crops of pox appear.	From 5 days before to 6 days after appearance of rash.	Not a serious disease. Trim fingernails to prevent scratching. Use a paste of baking soda and water or alcohol. <b><u>Do not use aspirin.</u></b>
<b>STREP THROAT</b> <b>SCARLET FEVER</b>	1-3 days	Sometimes vomiting and fever before sudden and severe throat. If followed by fine rash on body and limbs, it is called Scarlet Fever.	Treated: 24 hours after treatment begins. Untreated: As long as there is drainage.	Responds to antibiotics which should be continued for full course to prevent serious complications.
<b>ROSEOLA</b>	7-17 days	Several days of high fever. Otherwise child appears well. Rash appears as fever is decreasing or after it is gone. Rash is pink and turns white with pressure.	Until the fever is gone.	Treat the fever and watch to see if there are other symptoms.
<b>COLDS</b>	1-7 days	Clear watery discharge from nose followed by sneezing, watery eyes, scratchy throat. Nose may later get stuffy.	Most contagious a day or two before symptoms appear and while has runny nose.	Offer extra liquids, allow for extra rest periods. Use cold mist vaporizer at night. Relieve fever with acetaminophen.
<b>G. I. ILLNESS</b>	1-7 days	Stools are loose and runny. Abdominal cramping. Sometimes vomiting.	As long as stools are loose and runny.	Give no drugs. Give plenty of fluids. Avoid milk products. Practice good hand washing.
<b>CROUP</b>	1-3 days	Wakes up in night with cough that sounds like a real bark and high pitched squeak with breathing. May have fever.	Most contagious 24 hours prior and after onset of symptoms. Usually about 7 days past onset of symptoms.	Take to bathroom, close door and turn on a hot shower. Sit in steamy bathroom, encourage child to drink. If breathing is not better in 20 minutes, call physician. Use cool air mister.