

Your 6 Month Old



Normal Development: What to expect from 6 months to 9 months old

Daily Activities

- Loves playing with balls, rattles and squeaky toys
- Loves "peek-a-boo", "patty-cake" and "fetch"

Language

- Babbles and squeals
- Loves to jabber
- May recognize own name

Emotions

- May show mood changes
- Especially strong attachment to mother
- May show fear of strangers
- Loves to look at themselves in the mirror

Motor skills

- Rests on elbows when on tummy
- Begins to sit alone
- Sits in high chair
- Continues to use motions ie: trying to crawl
- Holds objects in thumb and finger

Sleeping

- 2-3 naps per day.
- Start a bedtime routine. Put in your baby in bed while sleepy but awake.
- Many babies sleep through the night by this age.

Food, Food, Food!

- About 2-3 meals per day. **Solid foods should not replace bottle or breast feeding.**
- Make foods an addition to baby's current feeding schedule.
- Start with iron fortified cereal and then introduce pureed or jarred fruits and vegetables.
- Make a gradual transition from 1 to 3 meals per day.
- Make it social and eat as a family. Eating should be relaxed and fun.
- Notice signs that your baby may be full: leaning back, pulling away. Do not force your baby to finish.
- Try puffs/cheerios when they start wanting to pick things up.
- Continue offering a variety of foods. The more foods you can offer now the better because babies start limiting foods around 15 months of age.
- Our advice has changed: other than waiting until 12 months for honey (can cause food poisoning) all other foods including peanut butter and eggs should be started for the vast majority of children.

Some Helpful and Trusted Websites:

- Healthychildren.org (American Academy of Pediatrics)
- Genesispediatrics.com for our Genesis Advice Packet (GAP)
- vec.chop.edu/service/vaccine-education-center/home.html (Children's Hospital of Philadelphia for vaccine information)

The Highlights!

- Many babies have doubled their weight since birth
- Growth will now start to slow down
- Breastfeeding 4-8 times per day OR formula about 4-8 oz, 4-5x/day, usually no more than 32oz per 24 hours
- **By 6 months old babies need to start foods**
- Most babies can sleep through the night by 6 months. Ask us for a helpful handout if your baby is still waking up at night called "Trained Night Crier"/"Trained Night Feeder"
- Nothing in the crib – no blankets, stuffed animals, pillows, no soft bumpers
- **Your baby wants to play and try to explore!**
- You can now use Ibuprofen (Motrin/Advil) for pain or fever (see GAP for dosing)
- You can now start using baby sunscreen 30 SPF or greater
- If Breastfeeding: Continue Vitamin D 400IU once daily until 12 months old



Next Visit:
See you in 3 months
for the 9 month visit!



Where is Lead Found?

Lead based paint was frequently used in homes built before 1978. Renovating these homes can release lead and cause a danger to everyone in that home, especially children. It is possible that parents who work in certain professions (painting, plumbing, construction, auto repair, welding) can bring lead home on their clothing and shoes. Lead can also be found in improperly fired ceramic or pottery made in a foreign country. Children are required to be tested for lead at 1 and 2 years old or at any time that they are found to be at risk for lead exposure.

Lead Exposure Risk Questionnaire

1. Does your child live in or regularly visit a house/building built before 1978 with peeling or chipping paint or with recent remodeling? Includes day care center, preschool or babysitter's home. (Yes/No)
 2. Has your family ever lived outside of the United States or recently arrived from another country? (Yes/No)
 3. Does your child have a brother or sister, playmate being treated for lead poisoning? (Yes/No)
 4. Does your child frequently put things in their mouth or eat non-food items? (Yes/No)
 5. Does your child see an adult whose job or hobby involves lead? Including painting, plumbing, construction, auto repair, welding. (Yes/No)
 6. Does your child live near an active industrial site or a busy road? (Yes/No)
 7. Does your family use products from other countries such as health remedies, spices or foods or serve food in leaded crystal, pottery or pewter? (Yes/No)
- If the answer is YES to any of these questions, then your child is considered to be at risk for lead exposure and should have a lead screening test.

For Parents: Don't smoke!
New York States Smoker's Quitline
Free and Confidential
Tobacco-Free Coaching
Free Nicotine Replacement options
1-866-NY-QUITS (1-866-697-8487)
or www.nysmokefree.com

Separation Anxiety = Feelings of sadness at being separated from a loved one

Usually starts between age 7-9 months.
Baby does not understand that you will return.
Accept your baby's protests as a sign of love.
Help to ease their fears by regularly introducing your baby to new people and activities.



Playtime:

- Place your baby so she is sitting up and can look around.
- Talk to your baby by copying the sounds your baby makes.
- Play games such as peekaboo, patty-cake, and "so big".
- Offer active play with mirrors, floor gyms and colorful toys to hold.
- If your baby is fussy, give him safe toys to hold and put in his mouth and also make sure he is getting regular naps and playtimes.

Safety:

Car Seat

Make sure that your child is in the correct car seat (see car seat handout).
Car seats should be rear facing in the back seat until at least 2 years of age.
Is the car seat installed correctly?
To have this checked visit your local fire department.

Crawling:

Use gates on stairways and close doors to keep your baby safe.
Install window guards on 2nd floor windows.
Do not use baby walkers! This can cause serious injury like falling down stairs.

Bathtime:

Never leave your baby alone in bathwater, even in a bath seat or ring.
Reduce the hot water temperature in your home to 120-130F.

Choking: When feeding your baby avoid hard things to eat like chunks of raw carrots, apples or things they could choke on like hot dogs or whole grapes.

I Have a Few Questions...

1. How do I childproof my home?

The best way is to get a "baby's eye view" of your home. Crawl from room to room.

Look for:

- Sharp corners, uncovered electrical outlets, extension cords, hanging cords to lamps and appliances and loose objects that might fall.
- Time to cover outlets, search under the couch for loose change, install gates at the top and bottom of the staircase.
- Close doors to rooms where your baby could be hurt, like the bathroom.

In the bathroom and kitchen:

- Do not leave hot irons or hair care products plugged in.
- Get poisons, cleaning supplies out of the way!
- Keep your baby in a high chair or playpen while they are in the kitchen.
- Turn pot handles inward on the stove.

Remember:

- Your house may be baby proofed but other homes (friends and family) may not be.
- Avoid jewelry with small pieces that could come off and be swallowed.
- Any medications should be kept in a safe place.

2. How can I make teething easier?

For many babies the first tooth appears around 6-9 months of age, but sometimes not until 12 months.

At 6 months old babies drool a lot, with and without teething. However, if they seem uncomfortable or their gums are swollen try the suggestions below.

Making Teething Easier:

- Avoid teething tablets which may contain unsafe ingredients.
- To ease the pain, try giving cold teething rings to chew on. Or you can try a mesh teething feeder with cold or frozen fruit inside.

But I have another question!

For non-urgent questions contact us through the patient portal at genesispediatrics.com

3. What about Social Development?

Make sure that the way you interact with your baby fits their personality. An active baby may want lots of active playtime. A calm baby may prefer quiet cuddling.

Encourage your baby

- Praise your baby
- Spend time together
- Talk, sing and read to your baby

Encourage good feelings within the family

- Do things together as a family
- Eat together as a family
- Encourage brothers and sisters to spend time with the baby

Encourage your baby to enjoy other people

- Think about joining a play group
- Find safe, fun ways for your baby to spend time with other adults and children



4. How do I take care of my baby's gums and teeth?

- Even before your baby's first tooth comes in, you can clean his gums. Wipe after each feeding with a clean, damp wash cloth.
- After teeth appear, clean them with a soft infant toothbrush and a tiny smear of children's fluoride toothpaste twice per day.
- Have regular times for your baby to eat, do not let him eat or drink all day.
- Avoid putting your baby to bed with a bottle of milk or juice. This leads to cavities.

Understand and Parent Your Almost-Toddler

Your almost-toddler wants to do things *himself*. He may suddenly—or slowly over time—let you know that he does not appreciate your feeding him by refusing to eat from the spoon. He wants to feed *himself*. He needs you as much as ever, and you haven't spoiled him, he is just letting you know that he is not a baby anymore. You may not be ready for it, but he is!

Ellyn Satter's Division of Responsibility in Feeding

Beginning after the middle of the first year and moving into the second, parent and child make the transition to the division of responsibility of older children: The parent is responsible for the *what, when* and *where* of feeding; the child is responsible for *how much* and *whether* of *eating*. To gradually make the transition to the meals-plus-snacks routine of older children, parents make wise use of snacks to let the almost-toddler arrive at the family table hungry (but not famished) and ready to eat the food there.

Your Child's Growth and Development

- Your almost-toddler is learning that he is a separate person from you.
- He wants to do things *himself*.
- He still needs you as much as ever.

How to Parent Your Almost-Toddler

- Recognize and support your child's need to do it himself.
- Include your child at family meals.
- Let him be independent, but remain present.
- Give him attention but not *all* the attention.

How to Parent Your Almost-Toddler with Respect to Feeding

- Time snacks and nipple feedings so he can be hungry but not starved at mealtimes.
- Have sit-down snacks.
- Choose "safe" food to pick up, chew and swallow.
- Eat with your child.
- Enjoy your own meals.
- Give him about a tablespoon of each food. Let him have more if he wants.
- Let him eat his way—much or little, fast or slowly, fingers or spoon.
- Be good company. Talk and answer. Eat with him—don't just feed.
- Give lots of chances to try new food and learn to like it.

For a comprehensive set of educational materials that teach stage-related feeding and solve feeding problems, see [ELLYN SATTER'S FEEDING IN PRIMARY CARE PREGNANCY THROUGH PRESCHOOL: Easy-to-Read Reproducible Masters](#) (4th grade reading level, English and Spanish) and [ELLYN SATTER'S NUTRITION AND FEEDING FOR INFANTS AND CHILDREN: Handout Masters](#) (7th grade reading level, English only).

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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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite 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.



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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 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.



Haemophilus influenzae type b (Hib) 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?

Hib vaccine can prevent *Haemophilus influenzae* type b (Hib) disease.

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the blood. Severe Hib infection, also called “invasive Hib disease,” requires treatment in a hospital and can sometimes result in death.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the lining of the brain and spinal cord. It can lead to brain damage and deafness.

Hib infection can also cause:

- Pneumonia
- Severe swelling in the throat, making it hard to breathe
- Infections of the blood, joints, bones, and covering of the heart
- Death

2. Hib vaccine

Hib vaccine is usually given in 3 or 4 doses (depending on brand).

Infants will usually get their first dose of Hib vaccine at 2 months of age and will usually complete the series at 12–15 months of age.

Children between 12 months and 5 years of age who have not previously been completely vaccinated against Hib may need 1 or more doses of Hib vaccine.

Children over 5 years old and adults usually do not receive Hib vaccine, but it might be recommended for older children or adults whose spleen is damaged or has been removed, including people with sickle cell disease, before surgery to remove the spleen, or following a bone marrow transplant. Hib vaccine may also be recommended for people 5 through 18 years old with HIV.

Hib 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).

Hib 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 Hib vaccine**, or has any **severe, life-threatening allergies**

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

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Redness, warmth, and swelling where the shot is given and fever can happen after Hib vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



Polio 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?

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.



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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 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.



Pneumococcal Conjugate Vaccine (PCV13): *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?

Pneumococcal conjugate vaccine (PCV13) can prevent **pneumococcal disease**.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)

Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. PCV13

PCV13 protects against 13 types of bacteria that cause pneumococcal disease.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine, at ages 2, 4, 6, and 12–15 months. **Older children (through age 59 months)** may be vaccinated if they did not receive the recommended doses.

A dose of PCV13 is also recommended for **adults and children 6 years or older** with certain medical conditions if they did not already receive PCV13.

This vaccine may be given to healthy **adults 65 years or older** who did not already receive PCV13, based on discussions between the patient and health care provider.

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 PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone PCV13 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 PCV13.

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13 vaccination.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

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.*

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1 Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

2 Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called porcine circovirus (or parts of it) can be found in rotavirus vaccine. This virus does not infect people, and there is no known safety risk. For more information, see <http://wayback.archive-it.org/7993/20170406124518/https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm>.

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

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rotavirus vaccine**, or has any severe, life-threatening allergies.
- Has a **weakened immune system**.

- Has **severe combined immunodeficiency (SCID)**.
- Has had a type of bowel blockage called **intussusception**.

In some cases, your child's health care provider may decide to postpone rotavirus vaccination to a future visit.

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

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

4 Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 US infants to 1 in 100,000 US infants who get rotavirus vaccine. Your health care provider can give you more information.

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?

For intussusception, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest. Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

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 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. 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. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- 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

