

Meningococcal ACWY 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 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



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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 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.

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.



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

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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.



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4. Risks of a vaccine reaction

- 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.

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.

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HPV (Human Papillomavirus) Vaccine: *What You Need to Know*

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1. Why get vaccinated?

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.

2. HPV vaccine

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.

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 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

- 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.

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BRIGHT FUTURES HANDOUT ► PARENT

11 THROUGH 14 YEAR VISITS

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



✓ HOW YOUR FAMILY IS DOING

- Encourage your child to be part of family decisions. Give your child the chance to make more of her own decisions as she grows older.
- Encourage your child to think through problems with your support.
- Help your child find activities she is really interested in, besides schoolwork.
- Help your child find and try activities that help others.
- Help your child deal with conflict.
- Help your child figure out nonviolent ways to handle anger or fear.
- 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 CHILD'S FEELINGS

- Find ways to spend time with your child.
- If you are concerned that your child is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- Talk with your child about how his body is changing during puberty.
- If you have questions about your child's sexual development, you can always talk with us.

✓ YOUR GROWING AND CHANGING CHILD

- Help your child get to the dentist twice a year.
- Give your child a fluoride supplement if the dentist recommends it.
- Encourage your child to brush her teeth twice a day and floss once a day.
- Praise your child when she does something well, not just when she looks good.
- Support a healthy body weight and help your child be a healthy eater.
 - Provide healthy foods.
 - Eat together as a family.
 - Be a role model.
- Help your child get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage your child to get at least 1 hour of physical activity every day. Make sure she uses helmets and other safety gear.
- Consider making a family media use plan. Make rules for media use and balance your child's time for physical activities and other activities.
- Check in with your child's teacher about grades. Attend back-to-school events, parent-teacher conferences, and other school activities if possible.
- Talk with your child as she takes over responsibility for schoolwork.
- Help your child with organizing time, if she needs it.
- Encourage daily reading.

✓ HEALTHY BEHAVIOR CHOICES

- Help your child find fun, safe things to do.
- Make sure your child knows how you feel about alcohol and drug use.
- Know your child's friends and their parents. Be aware of where your child is and what he is doing at all times.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Talk with your child about relationships, sex, and values.
- If you are uncomfortable talking about puberty or sexual pressures with your child, please ask us or others you trust for reliable information that can help.
- Use clear and consistent rules and discipline with your child.
- Be a role model.

Helpful Resource: Family Media Use Plan: www.healthychildren.org/MediaUsePlan

11 THROUGH 14 YEAR VISITS—PARENT



SAFETY

- Make sure everyone always wears a lap and shoulder seat belt in the car.
- Provide a properly fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowmobiling, and horseback riding.
- Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Don't allow your child to ride ATVs.
- Make sure your child knows how to get help if she feels unsafe.
- 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

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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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Dosage Charts

Milliliter is abbreviated as mL; 5mL equals one teaspoon (tsp)

Do not use household teaspoons, which can vary in size.

Aspirin should not be used in children to treat fever or pain.

483 East County Line Rd.
Warminster, PA 18974

Keep all medications away from small children. In the event of an emergency please contact Poison Control: 1 (800) 222-1222

Acetaminophen (Tylenol)

2 MONTHS & OLDER ONLY

		Infant's Concentrated Drops 160 mg/ 5 mL	Children's Suspension Liquid 160 mg/ 5 mL	Children's Soft Chewable Tablets 80 mg each	Junior Strength Chewable Tablets 160 mg each
Weight	Age	Dropperful (Use dropper)	Teaspoon	Tablet	Tablet
6-11 lbs	2-3 Months	1.25 mL			
12-17 lbs	4-11 Months	2.5 mL	½ tsp (2.5mL)		
18-23 lbs	12-23 Months	3.75 mL	¾ tsp (3.75 mL)		
24-35 lbs	2-3 Years	5 mL	1 tsp (5 mL)	2	
36-47 lbs	4-5 Years		1 ½ tsp (7.5 mL)	3	
48-59 lbs	6-8 Years		2 tsp (10 mL)	4	2
60-71 lbs	9-10 Years		2 ½ tsp (12.5 mL)	5	2 ½
72-95 lbs	11 Years		3 tsp (15 mL)	6	3
96 lbs +	12 Years				4

Please note: One dose lasts 4 hours. No more than 5 doses in a 24 hour period. If the child's weight and age do not correspond to the same row on the chart, choose the dosage corresponding to your child's weight.

Ibuprofen (Motrin, Advil)

6 MONTHS & OLDER ONLY

		Infant's Concentrated Drops 50 mg/1.25 mL	Children's Suspension 100 mg/5 mL	Children's Soft Chewable Tablets 50 mg each	Junior Strength Chewable Tablets 100 mg each	Junior Strength Caplets 100 mg
Weight	Age	Dropperful (Use dropper)	Teaspoon	Tablet	Tablet	Caplet
12-17 lbs	6-11 Months	1.25 mL				
18-23 lbs	12-23 Months	1.875 mL				
24-35 lbs	2-3 Years	2.5 mL	1 tsp (5 mL)	2		
36-47 lbs	4-5 Years		1 ½ tsp (7.5 mL)	3		
48-59 lbs	9-10 Years		2 tsp (10 mL)	4	2	2
60-71 lbs	9-10 Years		2 ½ tsp (12.5 mL)	5	2 ½	2 ½
72-95 lbs	11 Years		3 tsp (15 mL)	6	3	3

Please Note: One dose lasts 6-8 hours. Not to be used in children under 6 months of age. No more than 5 doses in a 24 hour period. If the child's weight and age do not correspond to the same row on the chart, choose the dosage corresponding to your child's weight.