



## **5<sup>th</sup> Grade School Vaccine Clinic**

Dear Parent/Guardian,

Your child needs vaccines before entering 6th grade, unless they have already received them after turning age 10.

Our school has partnered with Margaret Mary Health in order to save you time and hassle by having them done during school hours this Spring on April 29, 2016.

The Indiana State Law requires all 6<sup>th</sup> graders to have the following:

- Tdap
- Meningitis (MCV4)
- Other immunizations will also be available if your child is behind or you chose optional vaccines.

**Most** insurance plans, including Medicaid, now cover vaccines. Please check with your insurance carrier if you are unsure of your coverage. Free vaccine is available to those who meet criteria for the Vaccine for Children Program.

In order for your child to get vaccines during this school based clinic, you must legibly complete and **Sign & Date** both forms:

- Consent for Vaccines
- Health Screening for Vaccines

**The forms must be returned to the school by: Thursday, April 14, 2016**

**NO LATE FORMS WILL BE ACCEPTED.**

If you have any questions contact:

- MMH Wellness Clinic at (812) 934-0699
- Your school nurse or healthcare provider

In order for your child to get vaccines during the school based clinic, you must 1. Legibly complete both forms and 2. **Sign & Date** forms.

Child's Legal <u>First</u> Name:		Child's Legal <u>Last</u> name:	Sex: M F	Child's Date of Birth:
School:	Grade:	Home Email:		
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other:				
Address:		City:	St:	Zip:
Doctor:		Home Phone:	Cell Phone:	

**Insurance:** It is the responsibility of the cardholder to know what their eligibility and coverage is with their insurance carrier. If this is not known, please contact the insurance company to verify coverage limitations. The MMH Wellness Clinic's Provider is Dr. Thomas A. DeCilles M.D. Immunizations are billed as "preventative" and may be covered under the wellness category of your insurance plan. The insurance company makes the final determination of your eligibility and coverage.

Please select and write in information requested.

- ☐ **Medicaid.** Policy #: \_\_\_\_\_ A child, 0 thru 18 years of age, who has any form of Medicaid, MD-Wise, Hoosier Healthwise, Anthem Medicaid, or MHS (Managed Health Services). The vaccines will be provided for free.
- ☐ **No Health Insurance.** A child, 0 thru 18 years of age, who does not have health insurance. Vaccines will be provided for free.
- ☐ **Insurance Does Not Cover Vaccines.** A child, 0 thru 18 years of age, who does not have insurance coverage. Vaccines will be provided for free.
- ☐ **Insurance Covers Vaccines.** Charges will be submitted to insurance company. Please complete boxes below.

Subscriber's Legal Name (person who actually has the insurance)	Subscriber's Social Security #:	Subscriber's Date of Birth	
Insurance Plan Name:	Policy #:	Group #:	
Subscriber's address (if different from above):	City:	St:	Zip:

**Consent to Vaccinate:** I have been given a copy and I have read, or had explained to me, the information in the Vaccine Information Statement(s) for each vaccine my child will be receiving. I have had a chance to ask questions and fully understand the benefits and risks of each vaccine.

**Consent to Treat:** I hereby request and authorize MMH-employed physicians and their staff to administer immunization(s) to my child. I authorize staff to perform various serum tests on a sample of my child's blood in the event that a health care worker has accidentally been exposed to his/her blood or bodily fluids.

**Release of Information:** I authorize MMH staff to release information that may be requested or required by the third party payer (insurance company, government agency or its respective agents, or employer), to the extent necessary to secure payment.

**Assignment of Benefits:** I hereby authorize payment directly to MMH in return for rendering the services described herein.

**Privacy Practices:** I understand that the MMH Joint Notice of Privacy Practices provides information about how MMH may use and disclose protected health information. By signing this form I acknowledge that I have either: (a) received and reviewed a copy of the Notice via hard copy or email; or (b) have been offered an opportunity to receive the Notice but do not wish to do so. A copy of the Notice can be requested at any time by contacting (812) 933-5291.

**Financial Responsibility:** I acknowledge and agree that: (i) I am legally responsible for this account and all costs associated with the collection of this account; (ii) account balances after insurance must be paid in full within thirty (30) days of patient billing, unless other payment arrangements have been made, to avoid collection placement; (iii) any costs or expenses we incur to collect payment from you, including collection fees, attorney fees or other fees will be added to any outstanding balance; and (iv) there will be a \$25.00 service charge on all returned checks.

**Release:** I knowingly and voluntarily assume all risk in connection with my child's receipt of an immunization. I hereby release MMH, its directors, officers, physicians, employees and agents from any and all liability or claim for damages arising from or related to such immunization. I further acknowledge that no guarantees have been made to me as to the results of an immunization and that it is solely my responsibility to follow up with a physician for any medical diagnosis, examinations, advice or treatment.

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**Signature of Parent / Legal Representative**


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**Date**


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**Relationship to Child**


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**Printed Name**

## Health Screening for Vaccines

Child's Legal <u>First</u> Name:	Child's Legal <u>Last</u> Name:	Age:	Child's Date of Birth: / /
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1. Does your child have any allergies to medication, foods, or any vaccines? If YES, list below:</p> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"> <div style="width: 30%; font-size: small;">List what child is allergic to:</div> <div style="width: 30%; font-size: small;">Describe what the reaction was: (i.e. rash, hives, difficulty breathing, etc)</div> <div style="width: 40%; text-align: right; font-size: small;">Allergies? YES NO</div> </div> </div> <div style="width: 35%;"></div> </div>			
<p>2. Has your child ever had a serious reaction to a vaccine in the past? (i.e. Temp. &gt;105F, crying &gt; 3 hrs, etc.) YES NO</p> <p>If YES, which vaccine and what was the reaction?</p>			
<p>3. Does your child (or a close contact) have cancer, leukemia, HIV/AIDS, tuberculosis or any other immune system problem? If YES, please explain here: YES NO</p>			
<p>4. In the past 3 months, has your child taken medication that weakens his/her immune system, such as large doses of cortisone, prednisone, other steroids (&gt; 20mg/day for 2 or more weeks) or anti-cancer medications or had radiation treatments? YES NO</p>			
<p>5. Has your child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug in the past year? If YES, write date received here: YES NO</p>			
<p>6. Has your child had an <u>unexplained</u> seizure, brain or other nervous system problem, including Guillian-Barre syndrome? If YES, please explain here: YES NO</p>			
<p>7. For females: Is your daughter pregnant or is there a chance she could become pregnant during the next month? N/A YES NO</p>			
<p>8. Has your child received vaccinations or tuberculin skin tests in the past 4 weeks? YES NO</p>			
<p>9. Hepatitis A vaccine protects against liver disease. The vaccine is required for children entering kindergarten through Grade 2 and highly recommended by most colleges and other grades. It is 2 doses separated by 6 months. Would you like your child to receive this vaccine? YES NO</p>			
<p>10. HPV (gardasil) vaccine is highly recommended for boys and girls 9 years and older. It protects against genital warts and cervical cancer. It is 3 doses separated by 3 months. Would you like your child to receive this vaccine? YES NO</p>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">11. Parent /Guardian Signature:</div> <div style="width: 35%;">Date:</div> </div>			

# Hepatitis A Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of people with hepatitis A.

It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV. A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A can cause:

- “flu-like” illness
- jaundice (yellow skin or eyes, dark urine)
- severe stomach pains and diarrhea (children)

People with hepatitis A often have to be hospitalized (up to about 1 person in 5).

Adults with hepatitis A are often too ill to work for up to a month.

Sometimes, people die as a result of hepatitis A (about 3–6 deaths per 1,000 cases).

Hepatitis A vaccine can prevent hepatitis A.

### 2 Who should get hepatitis A vaccine and when?

#### WHO

*Some people should be routinely vaccinated with hepatitis A vaccine:*

- All children between their first and second birthdays (12 through 23 months of age).
- Anyone 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see [www.cdc.gov/travel](http://www.cdc.gov/travel).
- Children and adolescents 2 through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- Men who have sex with men.
- People who use street drugs.
- People with chronic liver disease.

- People who are treated with clotting factor concentrates.
- People who work with HAV-infected primates or who work with HAV in research laboratories.
- Members of households planning to adopt a child, or care for a newly arriving adopted child, from a country where hepatitis A is common.

*Other people might get hepatitis A vaccine in certain situations (ask your doctor for more details):*

- Unvaccinated children or adolescents in communities where outbreaks of hepatitis A are occurring.
- Unvaccinated people who have been exposed to hepatitis A virus.
- Anyone 1 year of age or older who wants protection from hepatitis A.

Hepatitis A vaccine is not licensed for children younger than 1 year of age.

#### WHEN

**For children**, the first dose should be given at 12 through 23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits.

**For others at risk**, the hepatitis A vaccine series may be started whenever a person wishes to be protected or is at risk of infection.

**For travelers**, it is best to start the vaccine series at least one month before traveling. (Some protection may still result if the vaccine is given on or closer to the travel date.)

Some people who cannot get the vaccine before traveling, or for whom the vaccine might not be effective, can get a shot called immune globulin (IG). IG gives immediate, temporary protection.

Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.

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



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Control and Prevention

**3****Some people should not get hepatitis A vaccine or should wait.**

- Anyone who has ever had a severe (life threatening) allergic reaction to a previous dose of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine.
- **Tell your doctor if you have any severe allergies**, including a severe allergy to latex. All hepatitis A vaccines contain alum, and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Tell your doctor if you are pregnant. Because hepatitis A vaccine is inactivated (killed), the risk to a pregnant woman or her unborn baby is believed to be very low. But your doctor can weigh any theoretical risk from the vaccine against the need for protection.

**4****What are the risks from hepatitis A vaccine?**

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of hepatitis A vaccine causing serious harm, or death, is extremely small.

Getting hepatitis A vaccine is much safer than getting the disease.

**Mild problems**

- soreness where the shot was given (*about 1 out of 2 adults, and up to 1 out of 6 children*)
- headache (*about 1 out of 6 adults and 1 out of 25 children*)
- loss of appetite (*about 1 out of 12 children*)
- tiredness (*about 1 out of 14 adults*)

If these problems occur, they usually last 1 or 2 days.

**Severe problems**

- serious allergic reaction, within a few minutes to a few hours after the shot (*very rare*).

**5****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

**7****How can I learn more?**

- Ask your doctor.
- 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](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**Hepatitis A Vaccine**

10/25/2011

42 U.S.C. § 300aa-26

Office Use  
Only



## VACCINE INFORMATION STATEMENT

# HPV Vaccine Gardasil®-9 (Human Papillomavirus)

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Gardasil-9 prevents many cancers caused by human papillomavirus (HPV) infections, including:

- **cervical cancer** in females,
- **vaginal and vulvar cancers** in females, and
- **anal cancer** in females and males.

In addition to these cancers, Gardasil-9 also prevents **genital warts** in both females and males.

In the U.S., about 12,000 women get cervical cancer every year, and about 4,000 women die from it. Gardasil-9 can prevent most of these cancers.

HPV infection usually comes from sexual contact, and most people will become infected at some point in their life. About 14 million Americans get infected every year. Many infections will go away and not cause serious problems. But thousands of women and men get cancer and diseases from HPV.

### 2 HPV vaccine

Gardasil-9 is one of three FDA-approved HPV vaccines. It is recommended for both males and females. It is routinely given at 11 or 12 years of age, but it may be given beginning at age 9 years through age 26 years.

Three doses of Gardasil-9 are recommended with the second and third dose 1-2 months and 6 months after the first dose.

*Vaccination is not a substitute for cervical cancer screening. This vaccine does not protect against all HPV types that can cause cervical cancer. Women should still get regular Pap tests.*

### 3 Some people should not get this vaccine

- Anyone who has had a severe, life-threatening allergic reaction to a dose of HPV vaccine should not get another dose.

Anyone who has a severe (life threatening) allergy to any component of HPV vaccine should not get the vaccine.

*Tell your doctor if you have any severe allergies that you know of, including a severe allergy to yeast.*

- HPV vaccine is not recommended for pregnant women. If you learn that you were pregnant when you were vaccinated, there is no reason to expect any problems for you or the baby. Any woman who learns she was pregnant when she got this HPV vaccine is encouraged to contact the manufacturer's registry for HPV vaccination during pregnancy at 1-800-986-8999. Women who are breastfeeding may be vaccinated.
- If you have a mild illness you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.



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## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get HPV vaccine do not have any problems with it.

### Mild or moderate problems following Gardasil-9

- Reactions in the arm where the shot was given:
  - Pain (about 9 people in 10)
  - Redness or swelling (about 1 person in 3)
- Fever:
  - Mild (100°F) (about 1 person in 10)
  - Moderate (102°F) (about 1 person in 65)
- Other problems:
  - Headache (about 1 person in 3)

### Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). *There is a time limit to file a claim for compensation.*

## 7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- 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/hpv](http://www.cdc.gov/hpv)

Vaccine Information Statement (Interim)  
**HPV Vaccine (Gardasil-9)**

4/15/2015

42 U.S.C. § 300aa-26

Office Use Only





# Meningococcal Vaccines

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000–1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10–15% of these people die. Of those who live, another 11%–19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16–21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

### 2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (**MCV4**) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (**MPSV4**) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

### 3 Who should get meningococcal vaccine and when?

#### Routine vaccination

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16<sup>th</sup> birthday, a booster is not needed.

#### Other people at increased risk

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.



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**4****Some people should not get meningococcal vaccine or should wait.**

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

**5****What are the risks from meningococcal vaccines?**

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot—especially if you feel faint—can help prevent these injuries.

**Mild problems**

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

**Severe problems**

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

**6****What if there is a serious reaction?****What should I look for?**

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **[www.vaers.hhs.gov](http://www.vaers.hhs.gov)**, or by calling **1-800-822-7967**.

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**7****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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **[www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation)**.

**8****How can I learn more?**

- Ask your doctor.
- 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](http://www.cdc.gov/vaccines)**

Vaccine Information Statement (Interim)  
**Meningococcal Vaccine**

10/14/2011

42 U.S.C. § 300aa-26

Office Use Only



# Tdap Vaccine

## What You Need to Know

(Tetanus,  
Diphtheria and  
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Tetanus, diphtheria and pertussis** are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

**TETANUS** (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

**DIPHTHERIA** is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

### 2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

### 3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
  - have seizures or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had a condition called Guillain-Barré Syndrome (GBS),
  - aren't feeling well on the day the shot is scheduled.



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## 4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

### Mild problems following Tdap

*(Did not interfere with activities)*

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

### Moderate problems following Tdap

*(Interfered with activities, but did not require medical attention)*

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

### Severe problems following Tdap

*(Unable to perform usual activities; required medical attention)*

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

### Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious problem?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- 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](http://www.cdc.gov/vaccines)

## Vaccine Information Statement Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26

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Only

