10 YEAR OLD

Proactive in your child’s care.
Empowering families for over 50 years.

Please take the time to read through this material. We provide this information because we see value in educating our patients.
VIDEOS

Let us help you be proactive and educated in your child’s care!

These following videos are just a few that we feel may help you and your child at this specific age. Please view our website at www.wmpeds.com for these and many more.

10 Year

Abdominal Pain
Ankle and Finger Injuries
Cuts and Lacerations: ‘To Stitch, or Not to Stitch?’
Sore Throats: ‘How to Perform a Strep Test’
10 Year Visit: Immunizations

Your child is due to receive the following screening tests at this visit:

- **Hgb** (Hemoglobin Screen)
- **Cholesterol** (Random Cholesterol Screen)

Your child is due to receive the following immunizations at this visit:

- **NONE**

*In addition, we strongly recommend that all patients 6 months of age and older receive an annual Influenza (flu) vaccine.*

Please review the enclosed Vaccine Information Sheets (VISs) prior to your visit for more information.

For our complete immunization schedule: wmpeds.com/topic/immunization-schedule
Caring for Your School-Age Child

Description
This comprehensive health reference and a complete guide to the complex developmental issues of the middle years includes more than 100 illustrations and offers up-to-date information on:

- Charting your child's physical, emotional, social, and intellectual growth
- Dealing with the gender-specific issues facing boys and girls as they approach adolescence
- Recognizing your child's important emotional and social issues, including making friends, school behavior, sex education, self-esteem, and attention deficit disorder
- Maintaining discipline and authority while forging a respectful relationship with your child
- Handling divorce, stepfamilies, adoption, sibling rivalry, and dual-working-parent households
- Combating procrastination, laziness, aggressiveness or shyness, and bedwetting
- Understanding your child's inborn temperament--and how it affects the child-parent relationship
- Treating childhood injuries and ailments--a comprehensive health guide
- And much more

Caring for Your School-Age Child is an essential childcare resource for all parents who want to provide the very best care for their children!
Acne Treatment

The medical term for “pimples” is acne. Most people get at least some acne, especially during their teenage years. While over the counter acne medicine often works well for mild acne, prescription medication is very effective for most people with acne. At Westwood-Mansfield Pediatrics, we are using acne medications and protocols created and followed by our colleagues at the Pediatric Dermatology division at Boston Children’s Hospital. We are happy to be able to provide our patients with expert acne care right here in our pediatric medical home, saving families the inconvenience and cost of travelling to the dermatologist. If you have concerns about your child’s acne, be sure to bring this up with your doctor.

Why Do I Have Pimples?

Why you get acne is complicated. One common belief is that acne comes from being dirty. This is not true; rather, acne is the result of changes that occur during puberty.

Your skin is made of layers. To keep the skin from getting dry, the skin makes oil in little wells called “sebaceous glands” that are found in the deeper layers of the skin. “Whiteheads” and “blackheads” are clogged sebaceous glands. “Blackheads” are not caused by dirt blocking the pores, but rather by oxidation (a chemical reaction that occurs when the oil reacts with oxygen in the air). People with acne have glands that make more oil and are more easily plugged, causing the glands to swell. Hormones, bacteria (called P. acnes) and your family’s likelihood to have acne (genetic susceptibility) also play a role.

Skin Hygiene

Washing your face is part of taking good care of your skin. Good skin care habits are important and support the medications your doctor prescribes for your acne.

- Wash your face twice a day, once in the morning and once in the evening (which includes any showers you take).
- Avoid over-washing/over-scrubbing your face as this will not improve the acne and may lead to dryness and irritation, which can interfere with your medications.
- In general, milder soaps and cleansers are better for acne-prone skin. The soaps labeled “for sensitive skin” are milder than those labeled “deodorant soap.”
- “Acne washes” may contain salicylic acid. Salicylic acid fights oil and bacteria mildly but can be drying and can add to irritation, so hold off using it unless recommended by your doctor. Scrubbing with a washcloth or loofah is also not advised as this can irritate and inflame your acne.
- If you use makeup or sunscreen make sure that these products are labeled “won’t clog pores” or “won’t cause acne” or “non-comedogenic,” which means it will not cause or worsen acne.
- Try not to “pop pimples” or pick at your acne, as this can delay healing and may lead to scarring or leave dark spots behind. Picking/popping acne can also cause a serious infection.
- Wash or change your pillow case 1-2 times per week, especially if you use hair products.
• If you play sports, try to wash right away when you are done. Also, pay attention to how your sports equipment (shoulder pads, helmet strap, etc.) might rub against your skin. It could be making your acne worse!

**What Can I Do To Help The Acne Go Away?**

Some lifestyle changes can be beneficial in helping acne as well. Stress is known to aggravate acne, so try to get enough sleep and daily exercise. It is also important to eat a balanced diet. Some people feel that certain foods (like pizza, soda or chocolate) worsen their acne. While there aren’t many studies available on this question, strict dietary changes are unlikely to be helpful and may be harmful to your health. If you find that a certain food seems to aggravate your acne, you may consider avoiding that food.

**How Should I Use My Acne Medications?**

Acne is a common condition that may vary in severity. A number of topical and/or oral medications can be used for its treatment. **Two to three months of consistent daily treatment is often needed to see maximal effect from a treatment regimen.** That is how long it takes the skin layers to shed fully and recycle or “grow out.” Remember that acne medications are supposed to prevent acne, and the goal is maintaining clear skin. Talk to your doctor if you are not using your acne medications as you had originally discussed. Let him or her know any problems you are having. Common reasons for people to not use their medications include the following:

• I used the medication prescribed by my doctor before and it did not work then; why should I use it again now?
• The medication I was prescribed cost too much!
• I did not like the way the medication felt on my skin. For example, it left my skin too dry or too greasy!
• The medication was too hard to use!
• I can’t remember to do it!
• The medication had side effects that I did not like!
• The acne plan was too complicated; I need something simpler to do!

**Tips for Using Your Acne Medications Correctly**

• Apply your medication to clean, dry skin.
• **Apply the medicine to the entire area of your face that gets acne. The medications work by preventing new breakouts. Spot treatment of individual pimples does not do much.**
• Sometimes it is the combination of medicines that helps make the acne go away, not any single medication. Just because one medication may not have worked before does not mean it won’t work when used in combination with another.
• The medications are not vanishing creams (they are not magic!) – they take weeks to months to work. Be patient and use your medicine on a daily basis or as directed for six weeks before you ask whether your skin looks better. Try not to miss more than one or two days each week.
• Don’t stop putting on the medicine just because the acne is better. Remember that the acne is better because of the medication, and prevention is the key.

Adapted from handout from Society for Pediatric Dermatology [pedsderm.net](http://pedsderm.net)
School-aged children—booster seats

Booster seats are for older children who have outgrown their forward-facing car seats. All children whose weight or height is above the forward-facing limit for their car seat should use a **Belt-Positioning Booster Seat** until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age. The owner’s manual that comes with your car seat will tell you the height and weight limits for the seat. As a general guideline, a child has outgrown his forward-facing seat when any one of the following is true:

- He reaches the top weight or height allowed for his seat with a harness. (These limits are listed on the seat and also included in the instruction booklet.)
- His shoulders are above the top harness slots.
- His ears have reached the top of the seat.

![Belt-positioning booster seat](image)

Types of booster seats

Booster seats are designed to raise the child up so that the lap and shoulder seat belts fit properly over strong bones. High-back and backless booster seats are available. They do not come with harness straps but are used with the lap and shoulder seat belts in your vehicle, the same way an adult rides. Booster seats should be used until your child can correctly fit in the adult lap and shoulder seat belts, typically when the child is around 4 feet 9 inches in height and 8 to 12 years old. Booster seats often have a plastic clip or guide to route the vehicle lap and shoulder belts. See the booster seat instruction booklet for directions on how to use the clip or guide.

Installation tips for booster seats

Booster seats usually are not secured to the vehicle with the seat belt or LATCH, but simply rest on the vehicle seat and are held in place once the seat belt is fastened over the child. Booster seats must be used with a lap and shoulder belt. When using a booster seat, make sure

- The lap belt lies low and snug across your child’s upper thighs.
- The shoulder belt crosses the middle of your child’s chest and shoulder.
Common questions

Q: What if my car only has lap belts in the back seat?

A: Lap belts work fine with rear-facing only, convertible, and forward-facing seats. If your car only has lap belts, use a forward-facing car seat that has a harness and higher weight limits. You also could

- Check to see if shoulder belts can be installed in your vehicle.
- Use a travel vest (some can be used with lap belts).
- Consider buying another car with lap and shoulder belts in the back seat.

Q: Is there a difference between high-back and backless boosters?

A: Both types of boosters are designed to raise your child so the seat belts fit properly and both will reduce your child’s risk of injury in a crash. High-back boosters are useful in vehicles without head rests or with low seat backs. Many seats that look like high-back boosters are actually combination seats. They come with harnesses that can be used for smaller children and then removed for older children. Backless boosters are usually less expensive and are easier to move from one vehicle to another. Backless boosters can be used safely in vehicles with head rests and high seat backs.

Older children—seat belts

Seat belts are made for adults. Your child should stay in a booster seat until adult seat belts fit correctly (usually when the child reaches about 4 feet 9 inches in height and is between 8 and 12 years of age). When children are old enough and large enough to use the vehicle seat belt alone, they should always use Lap and Shoulder Seat Belts for optimal protection.

Using a seat belt

1. An adult seat belt fits correctly when
   - The shoulder belt lies across the middle of the chest and shoulder, not the neck or throat.
   - The lap belt is low and snug across the upper thighs, not the belly.
   - Your child is tall enough to sit against the vehicle seat back with her knees bent without slouching and can stay in this position comfortably throughout the trip.

2. Other points to keep in mind when using seat belts include
   - Make sure your child does not tuck the shoulder belt under her arm or behind her back. This leaves the upper body unprotected and adds extra slack into the seat belt system, putting your child at risk of severe injury in a crash or with sudden braking.
   - Never allow anyone to “share” seat belts. All passengers must have their own car seats or seat belts.
Common questions

Q: I’ve seen products that say they can help make the seat belt fit better. Should we get one of these?

A: No, these products should not be used. They may actually interfere with proper seat belt fit by causing the lap belt to ride too high on the stomach and making the shoulder belt too loose. They can even damage the seat belt. This rule applies to car seats too; do not use any extra products unless they came with the seat. There are no federal safety standards for these products, and the AAP does not recommend they be used. As long as children are riding in the correct restraint for their size, they should not need to use additional devices.

Shopping for car seats

When shopping for a car seat, keep the following tips in mind:

- No one seat is the “best” or “safest.” The best seat is the one that fits your child’s size, is correctly installed, fits well in your vehicle, and is used properly every time you drive.
- Don’t decide by price alone. A higher price does not mean the seat is safer or easier to use.
- Avoid used seats if you don’t know the seat’s history. Never use a car seat that
  - Is too old. Look on the label for the date it was made. Check with the manufacturer to find out how long it recommends using the seat.
  - Has any visible cracks on it.
  - Does not have a label with the date of manufacture and model number. Without these, you cannot check to see if the seat has been recalled.
  - Does not come with instructions. You need them to know how to use the seat.
  - Is missing parts. Used car seats often come without important parts. Check with the manufacturer to make sure you can get the right parts.
  - Was recalled. You can find out by calling the manufacturer or by contacting the National Highway Traffic Safety Administration (NHTSA) Vehicle Safety Hotline at 888/327-4236. You can also visit the NHTSA Web site at www.safercar.gov.
- Do not use seats that have been in a moderate or severe crash. Seats that were in a minor crash may still be safe to use, but some car seat manufacturers recommend replacing the seat after any crash, even a minor one. The NHTSA considers a crash minor if all of the following are true:
  - The vehicle could be driven away from the crash.
  - The vehicle door closest to the car seat was not damaged.
  - No one in the vehicle was injured.
  - The air bags did not go off.
  - You can’t see any damage to the car seat.

If you are unsure, call the manufacturer of the seat. See "Manufacturer phone numbers and Web sites" for manufacturer contact information.
About air bags

- **Front air bags** are installed in all new cars. When used with seat belts, air bags work very well to protect teenagers and adults. However, air bags can be very dangerous to children, particularly those riding in rear-facing car seats, and to preschool and young school-aged children who are not properly restrained. If your vehicle has a front passenger air bag, infants in rear-facing seats must ride in the back seat. Even in a relatively low-speed crash, the air bag can inflate, strike the car seat, and cause serious brain injury and death. Vehicles with no back seat or a back seat that is not made for passengers are not the best choice for traveling with small children. However, the air bag can be turned off in some of these vehicles if the front seat is needed for a child passenger. See your vehicle owner’s manual for more information.

- **Side air bags** are available in some new cars. They improve safety for adults in side-impact crashes. Read your vehicle owner’s manual for more information about the air bags in your vehicle. Read your car seat manual and the vehicle owner’s manual for guidance on placing the seat next to a side air bag.

If you need installation help

If you have questions or need help installing your car seat, find a certified CPS technician. Lists of certified CPS technicians and child seat fitting stations are available on the following Web sites:

- NHTSA (or call NHTSA Vehicle Safety Hotline at 888/327-4236)
- SeatCheck (or call 866/SEATCHECK [866/732-8243])
- National Child Passenger Safety Certified Technicians (or call 877/366-8154) This site provides information in Spanish and also provides a list of CPS technicians with enhanced training in protection of children with special needs.

Important reminders

1. Be a good role model. Make sure you always wear your seat belt. This will help your child form a lifelong habit of buckling up.

2. Make sure that everyone who transports your child uses the correct car seat or seat belt on every trip, every time. Being consistent with car safety seat use is good parenting, reduces fussing and complaints, and is safest for your child.

3. Never leave your child alone in or around cars. Any of the following can happen when a child is left alone in or around a vehicle. A child can
   - Die of heat stroke because temperatures can reach deadly levels in minutes.
   - Be strangled by power windows, retracting seat belts, sunroofs, or accessories.
   - Knock the vehicle into gear, setting it in motion.
   - Be backed over when the vehicle backs up.
   - Become trapped in the trunk of the vehicle.

4. Always read and follow the manufacturer’s instructions. If you do not have the manufacturer’s instructions for your car seat, write or call the company’s customer
service department. They will ask you for the model number, name of seat, and date of manufacture. The manufacturer’s address and phone number are on the label on the seat. Also be sure to follow the instructions in your vehicle owner’s manual about using car seats. Some manufacturers’ instructions may be available on their Web sites.

Figure 1 source: LATCH Makes Child Safety Seat Installation as Easy as 1-2-3 on NHTSA.gov. Accessed January 1, 2012.

Figures 2, 4, and 5 by Wendy Wray.

Figure 3 from American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention and the Committee on Fetus and Newborn. Safe transportation of preterm and low birth weight infants at hospital discharge. Pediatrics. 2009;123;1424–1429.
Visit the Center on Media and Child Health at www.cmch.tv to learn more about:

**Types of Media**
- TV & Movies
- Music
- Video Games
- Print Media
- Cell Phones

*More media types coming soon including internet and advertising*

**Concerns about Media**
- Violence
- Fear
- Overweight
- Body Image
- Sexual Behavior

*More concerns coming soon including risk behaviors and attention*

**Media and Your Child**
- Infants & Toddlers
- Preschoolers
- School Age Children
- Preteens
- Teens
- Teens

**CMCH Tips for Media Use**
- Time Limits
- Co-viewing
- Media Literacy
- Homework

- Media Ratings
- VCRs & DVRs
- Modeling

www.cmch.tv/mentors_parents/

2011
Internet Safety

The Internet can be a wonderful resource for kids. They can use it to research school reports, communicate with teachers and other kids, and play interactive games. Kids who are old enough to punch in a few letters on the keyboard can literally access the world.

But that access can also pose hazards. For example, an 8-year-old might do an online search for "Lego." But with just one missed keystroke, the word "Legs" is entered instead, and the child may be directed to a slew of websites with a focus on legs — some of which may contain pornographic material.

That's why it's important to be aware of what your kids see and hear on the Internet, who they meet, and what they share about themselves online.

Just like any safety issue, it's wise to talk with your kids about your concerns, take advantage of resources to protect them, and keep a close eye on their activities.

Internet Safety Laws
A federal law, the Children's Online Privacy Protection Act (COPPA), was created to help protect kids online. It's designed to keep anyone from obtaining a child's personal information without a parent knowing about it and agreeing to it first.

COPPA requires websites to explain their privacy policies on the site and get parental consent before collecting or using a child's personal information, such as a name, address, phone number, or Social Security number. The law also prohibits a site from requiring a child to provide more personal information than necessary to play a game or participate in a contest.

But even with this law, your kids' best online protection is you. By talking to them about potential online dangers and monitoring their computer use, you'll help them surf the Internet safely.

Online Protection Tools
Online tools are available that will let you control your kids' access to adult material and help protect them from Internet predators. No option is going to guarantee that they'll be kept away from 100% of the risks on the Internet. So it's important to be aware of your kids' computer activities and educate them about online risks.

Many Internet service providers (ISPs) provide parent-control options to block certain material from coming into a computer. You can also get software that helps block access to certain sites based on a "bad site" list that your ISP creates. Filtering programs can block sites from coming in and restrict personal information from being sent online. Other programs can monitor and track online activity. Also, make sure your kids create a screen name to protect their real identity.

Getting Involved in Kids' Online Activities
Aside from these tools, it's wise to take an active role in protecting your kids from Internet predators and sexually explicit materials online. To do that:
• Become computer literate and learn how to block objectionable material.

• Keep the computer in a common area, not in individual bedrooms, where you can watch and monitor its use.

• Share an email account with your child so you can monitor messages.

• Bookmark kids' favorite sites for easy access.

• Spend time online together to teach your kids appropriate online behavior.

• Forbid your child from entering private chat rooms; block them with safety features provided by your Internet service provider or with special filtering software. Be aware that posting messages to chat rooms reveals a user's email address to others.

• Monitor your credit card and phone bills for unfamiliar account charges.

• Find out what, if any, online protection is offered by your child's school, after-school center, friends' homes, or anyplace where kids could use a computer without your supervision.

• Take your child seriously if he or she reports an uncomfortable online exchange.

• Forward copies of obscene or threatening messages you or your kids get to your Internet service provider.

• Call the National Center for Missing and Exploited Children at (800) 843-5678 if you're aware of the transmission, use, or viewing of child pornography online. Contact your local law enforcement agency or the FBI if your child has received child pornography via the Internet.

Many sites use "cookies," devices that track specific information about the user, such as name, email address, and shopping preferences. Cookies can be disabled. Ask your Internet service provider for more information.

**Basic Rules**
Set up some simple rules for your kids to follow while they're using the Internet, such as:

• Follow the rules you set, as well as those set by your Internet service provider.

• Never trade personal photographs in the mail or scanned photographs over the Internet.

• Never reveal personal information, such as address, phone number, or school name or location. Use only a screen name. Never agree to meet anyone from a chat room in person.

• Never respond to a threatening email or message.

• Always tell a parent about any communication or conversation that was scary.

• If your child has a new "friend," insist on being "introduced" online to that friend.

**Chat Room Caution**
Chat rooms are virtual online rooms where chat sessions take place. They're set up according to interest or subject, such as a favorite sport or TV show. Because people can communicate with each other alone or in a group, chat rooms are among the most popular destinations on the Web — especially for kids and teens.

But chat rooms can pose hazards for kids. Some kids have met "friends" in chat rooms who were interested in exploiting them. No one knows how common chat-room predators are, but pedophiles
Internet Safety

(adults who are sexually interested in children) are known to frequent chat rooms.

These predators sometimes prod their online acquaintances to exchange personal information, such as addresses and phone numbers, thus putting the kids they are chatting with — and their families — at risk.

Pedophiles often pose as teenagers in chat rooms. Because many kids have been told by parents not to give out their home phone numbers, pedophiles may encourage kids to call them; with caller ID the offenders instantly have the kids' phone numbers.

**Warning Signs**

Warning signs of a child being targeted by an online predator include spending long hours online, especially at night, phone calls from people you don't know, or unsolicited gifts arriving in the mail. If your child suddenly turns off the computer when you walk into the room, ask why and monitor computer time more closely. Withdrawal from family life and reluctance to discuss online activities are other signs to watch for.

Contact your local law enforcement agency or the FBI if your child has received pornography via the Internet or has been the target of an online sex offender.

Taking an active role in your kids' Internet activities will help ensure that they benefit from the wealth of valuable information it offers without being exposed to any potential dangers.

Reviewed by: Steven Dowshen, MD
Date reviewed: June 2011

Note: All information on KidsHealth® is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

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Making food choices for a healthy lifestyle can be as simple as using these 10 Tips. Use the ideas in this list to balance your calories, to choose foods to eat more often, and to cut back on foods to eat less often.

1. **Balance calories**
   Find out how many calories YOU need for a day as a first step in managing your weight. Go to www.ChooseMyPlate.gov to find your calorie level. Being physically active also helps you balance calories.

2. **Enjoy your food, but eat less**
   Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you've had enough.

3. **Avoid oversized portions**
   Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

4. **Foods to eat more often**
   Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.

5. **Make half your plate fruits and vegetables**
   Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

6. **Switch to fat-free or low-fat (1%) milk**
   They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.

7. **Make half your grains whole grains**
   To eat more whole grains, substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread or brown rice instead of white rice.

8. **Foods to eat less often**
   Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

9. **Compare sodium in foods**
   Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled "low sodium," "reduced sodium," or "no salt added."

10. **Drink water instead of sugary drinks**
    Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar, and calories, in American diets.

Go to www.ChooseMyPlate.gov for more information.
ChooseMyPlate.gov
The website features practical information and tips to help Americans build healthier diets. It features selected messages to help consumer focus on key behaviors. Selected messages include:

- Enjoy your food, but eat less.
- Avoid oversized portions.
- Make half your plate fruits and vegetables.
- Switch to fat-free or low-fat (1%) milk.
- Make at least half your grains whole grains.
- Compare sodium in foods like soup, bread, and frozen meals—and choose foods with lower numbers.
- Drink water instead of sugary drinks.

ChooseMyPlate.gov includes much of the consumer and professional information formerly found on MyPyramid.gov.

Also on the web
- Sample Menus for a Week
- Food Group Based Recipes
- Historical Development of Food Guidance
- Nutrition Communicators Network for Partners – Application Forms
- All print-ready content

MyPlate is part of a larger communications initiative based on 2010 Dietary Guidelines for Americans to help consumers make better food choices.
Influenza Vaccine

Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year thousands of people in the United States die from flu, and many more are hospitalized.

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

Inactivated flu vaccine

There are two types of influenza vaccine:

You are getting an **inactivated** flu vaccine, which does not contain any live influenza virus. It is given by injection with a needle, and often called the “flu shot.”

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. Inactivated flu vaccine protects against 3 or 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

A “high-dose” flu vaccine is available for people 65 years of age and older. The person giving you the vaccine can tell you more about it.

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get a dose. Most, but not all, types of flu vaccine contain a small amount of egg.

- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.** They might suggest waiting until you feel better. But you should come back.
4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. Inactivated flu vaccine does not contain live flu virus, so getting flu from this vaccine is not possible.

Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls. Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following inactivated flu vaccine:
• soreness, redness, or swelling where the shot was given
• hoarseness; sore, red or itchy eyes; cough
• fever
• aches
• headache
• itching
• fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Moderate problems following inactivated flu vaccine:
• Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems following inactivated flu vaccine:
• A severe allergic reaction could occur after any vaccine (estimated less than 1 in a million doses).
• There is a small possibility that inactivated flu vaccine could be associated with Guillain-Barré Syndrome (GBS), no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.

The safety of vaccines is always being monitored. For more information, visit: 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 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, 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.

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/flu

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine

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42 U.S.C. § 300aa-26