



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
111 SOUTH GEORGE MASON DRIVE
ARLINGTON, VA 22204-1382

NGB-ARS

31 OCT 1995

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: (All States Log Letter P98-0006) Guide for Immunization Procedures

1. References:

- a. AR 40-562 Immunizations and Chemoprophylaxis, 1 November 1995
- b. AR 40-61 Medical Material Management, 25 January 1995
- c. Memorandum, HSCL-P, dated 10 April 1992 - Subject: Implementation Guidance - New Federal Requirements for Informed Consent for Selected Immunizations.
- d. FORSCOM Regulation 700-2, chapter 3.
- e. Memorandum, MCHO-CL-W, dated 22 May 1995 - Subject: Use of Havrix.

2. Vaccine Administration Procedures.

- a. Maintenance of ARNG soldiers in a current immune status is a command responsibility.
- b. Each State Surgeon must assure that medical personnel providing immunizations have a complete orientation on immunizations and chemoprophylaxis procedures IAW AR 40-562.
- c. The following requirements must be met when immunizations are being administered:
 - (1) Supervision of vaccine administration must be by a Medical Corp Officer, Army Nurse Officer, or Physician Assistant.
 - (2) Ensure currently published standards for adult immunizations, and chemoprophylactic practices are followed.
 - (3) Ensure policies and procedures for creating and maintaining immunization records are followed.
 - (4) Ensure health care providers administering immunizations are properly trained. This includes training on the use of Jet Injectors as applicable.

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(5) Soldiers will remain in the immediate area no less than 15 minutes after receiving any immunization.

(6) Assure health care providers who are certified at minimum in basic cardiopulmonary resuscitation and treating anaphylaxis are immediately available to respond to adverse events resulting from immunization.

(7) Minimum medical supplies to be available at immunization sites include 1:1,000 epinephrine, a beta agonist inhaler such as Albuterol, injectable Benadryl, oxygen, IV solutions with the appropriate administration sets, blood-pressure cuff, stethoscope, tongue depressors, penlight and tourniquets.

(8) Personnel administering immunizations will be familiar with the local Emergency Medical System, activation procedures, their capabilities, and estimated response time. They will have the capabilities to activate the system in the event of any emergency.

(9) Each individual being immunized will complete the Contraindication Checklist before receiving any vaccines and this checklist will be placed in their medical record.

(10) Medical facilities or immunization teams must brief soldiers prior to administering immunizations, IAW Federal Register, Volume 56, No. 199, Tuesday October 15, 1991. 1b was issued by Headquarters, United States Army Health Services Command, and contains the directives and informational packets that are required for complying with federal requirements. The informational brochures, consent forms, and Vaccine Adverse Event Reporting System (VAERS) forms are included in Enclosure 1 and are to be locally reproduced after insertion of appropriated local identifiers.

d. Unauthorized mixing. Separately manufactured immunizing agents will not be mixed in a vial or syringe for the purpose of providing a single injection.

e. Concurrent administration. Inactivated vaccines may be given simultaneously at different anatomical sites without any alteration in immunological response. However, concurrent administration of vaccines frequently associated with local or systemic reactions may result in increased adverse side effects.

f. Simultaneous administration of live virus vaccines. Minimum 30-day period between doses of live virus vaccines is desirable to ensure optimal immunological response. If such an interval cannot be maintained, live virus vaccines are administered simultaneously at separate anatomical sites.

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g. Intervals. The prescribed time intervals between individual doses of an initial immunization series will be regarded as optimal and will be adhered to as closely as possible. If delays prevent completion of a series within the prescribed time, the next dose will be administered at the earliest opportunity. A new series will not be started. Minimum intervals will not be reduced.

3. Pregnancy concerns.

a. A pregnancy screening test is not routinely required prior to administering vaccines or toxoids, including live virus vaccines, to females of childbearing age. The following precautions will be taken to avoid unintentional immunizations during pregnancy.

Ask if pregnant. If the answer is "yes" or "maybe" exclude from immunization. If the answer is "no" immunize. If a live virus is administered, counsel the individual to avoid becoming pregnant for three months and document in the SF 600.

b. Current Army policy is that pregnant soldiers are not deployable. Because of the increased risk of fetal complications from both malaria and malaria prophylaxis, pregnant soldiers will not electively train in malaria endemic areas.

4. Adverse reactions.

a. Severe adverse reactions to immunizing agents and prophylactic drugs should be described in detail in the individuals health record.

b. Mandatory identification of the biological agent, lot number and manufacturer, date of administration, name and location of the medical facility and the type and severity of the reaction will be documented in the health record.

c. Health care providers are required by the National Vaccine Injury Compensation Program to report reactions to the Vaccine Adverse Event Reporting System (VAERS) of the Department of Health and Human Services using Form VAERS-1, enclosure 1. VAERS forms and information can be obtained by calling 1-800-822-7967.

5. Vaccine and Chemoprophylaxis Requirements.

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a. The following immunizations are considered the Basic Series and are required to be in current status for **all** members of the Army National Guard.

Immunization	Booster Requirement
Tetanus/Diphtheria	10 years
Measles- Rubella	Once. Not required if born before 1956.
Polio Vaccine	One booster as an adult.

b. Special requirements:

(1) Alert forces designated to be in a state of readiness for immediate deployment to any area outside of the US, including units and individuals required to be in a state of readiness for immediate deployment within 30 days or less of notification will be maintained for the following immunizations.

Immunization	Booster Requirement
Typhoid	3 years (SC,IM) 5 years (oral)
Yellow Fever	10 years

6. Immunization Dose Requirements and Schedule

A schedule for administration and dose requirements is listed in enclosure 2.

7. Ordering, Storage, and Disposition of Vaccines.

a. Ordering vaccines. Vaccines and supplies for immunizations, including the emergency kit will be ordered by the Unit Administrator after consulting with the AMEDD Officer regarding requirements. They will assure proper storage of vaccines and supplies.

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b. Storage of Vaccines.

Oral Polio Vaccine	Always below 0 C/ 32 F When possible -18 to -15 C/ 0-5 F
Yellow Fever	Continuously at 0-5 C (32-41 F) Discard unused vaccine 1 hour after reconstitution.
Measles -Rubella	2-8 C/35.6-46.4 F Can withstand 0 C/32 F Must be stored in a dark place.
Varicella	Must be stored frozen at -15 C./5 F. Store diluent refrigerated or room temperature. Discard unused vaccine 30 minutes after reconstitution.
Other biologicals	2-8 C./35.6-46.4 F. Discard if accidentally frozen.

c. Identification and disposition of suspect vaccines.

(1) Shipments will not be accepted for use if there is a change in the physical appearance of the vaccine. Shipments that are suspected to have been subjected during shipment or storage to temperatures at variance from those required will be withheld from issue and use.

(2) A request for disposition instructions citing identifying data, circumstances, and deficiencies will be forwarded to the supply source.

(3) Under certain field conditions and other extenuating circumstances, refrigeration holding capabilities may be less than adequate. Under these conditions, and product suspected of not being properly refrigerated will be discarded.

(4) Dispositions of used vaccine vials. All live vaccine containers should be handled as infectious wastes. When these items are discarded, they should be burned, boiled or autoclaved.

d. Supply storage and disposition.

(1) As per AR 40-61, Chap 3-9, prescription pharmaceuticals and medically sensitive items (syringes, needles, and catheter units) will be properly stored and secured, in a locked container with key control.

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(2) Syringes and needles should not be recapped and will be disposed in a container specifically designated for that purpose. They will be burned, boiled, or autoclaved.

8. Publications. Each State Surgeon's Office will obtain yearly the most recent copies of Health Information for International Travel, HHS publication No. CDC 94-8280 (or most current update), and General Recommendations on Immunizations, Recommendations of the Advisory Committee on Immunization Practices (ACIP), Morbidity and Mortality Weekly Reports (MMWR) 1194, 43 No. RR -1 (or most current update).

9. NGB-ARSGuidance. For all deployments NGB-ARS has access to the appropriate military channels, to include the FORSCOM PM Surgeon and the CINC Surgeons. OCONUS deployment preventative medicine guidance is directed by the CINC Surgeon and will be obtained by this office for each specific deployment. Prior to any deployment, preventative medicine guidance should be obtained through NGB-ARS and briefed to the deploying unit by a medical officer.

○ 10. This guidance expires 1 November 1998 unless sooner rescinded.

11. The POC is Chief, Clinical Services, COL Lloyd DSN 327-7143, CML 703-607-7143 or CPT Darnell, DSN 327-9534, CML 703-607-9534.

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Immunization Dose Requirements and Schedule

Immunization	Initial Series	Booster Requirement	Comments
Cholera	0.5 ml SC or IM	None	As required by host country.
Gamma Globulin	2 ml IM or 0.02 ml/kg body weight	None	Used only post exposure by recommendation appropriate authorities.
Hepatitis A	1 ml at 0 month IM 1 ml at 6-12 months IM	1 ml IM every 4 years	Required for OCONUS deployments as directed by CINC Surgeon.
Hepatitis B	1 ml IM in deltoid at 0 months 1 ml IM in deltoid at 1 months 1 ml IM in deltoid at 6 months	None	Required for AMEDD and SOF personnel only.
Influenza	0.5 ml SC yearly	None. (See comments.)	Active duty personnel and reserve personnel on duty for greater than 30 days during influenza season. Booster of 0.5 ml if deploying to Southern Hemisphere Apr-Sep. Do not give with egg allergy.
Japanese B Encephalitis	1 ml IM at 0 days 1 ml IM at 7 days 1 ml IM at 28 days	1 ml IM every 3 years	Given on deployment to endemic areas, to be determined per CINC Surgeon.
Measles*	Single dose per manufacturer.	None	Not required if born before 1956. Do not give if pregnant.
Meningococcus	0.5 ml SC	0.5 ml SC	Given on deployment to endemic areas, to be determined by CINC Surgeon.
Plague	1 ml IM at 0 months 0.2 ml IM at 1 month	0.2 ml IM	Given on deployment to endemic areas to be determined by CINC Surgeon.
Inactivated Polio	0.5 ml SC 0 months 0.5 ml SC 1-2 months 0.5 ml SC 6-12 months	0.5 ml SC, once as an adult.	
Rabies	0.1ml ID On at days or 1 ml IM 0.1ml ID at 7 days or 1 ml IM 0.1ml ID at 28 days or 1 ml IM	None.	SOF and veterinary personnel only. ID and IM doses will not be mixed in a series.
Rubella*	Single dose per manufacturer.	None.	Not required if born before 1956. Do not give if pregnant.

IMMUNIZATION CONTRAINDICATION CHECK LIST

INSTRUCTIONS: Answer each question with a "YES" or "NO" check as it pertains to you today. Present to immunization personnel prior to receiving any immunizations. "YES" answers will be referred to the Medical Officer for consultation to determine if you can receive your immunizations today.

YES NO Date:

		1. Do you have any open lesions on your skin today?
		2. Does anyone who lives with you have Chicken Pox or any skin lesions?
		3. Have you had a fever of 101 or greater during the past 24 hours?
		4. Have you had persistent diarrhea or vomiting during the past 24 hours?
		5. Do you any person living with you have Aplastic Anemia, Immune Deficiency Disorder, or are receiving treatment for cancer?
		6. Are you allergic to Eggs, Chicken, or Duck? (Influenza, Measles, Mumps, Yellow Fever)
		7. Have you ever had any unusual reaction following an immunization?
		8. Are you pregnant?
		9. Have you been screened for HIV? Date _____ (Live virus vaccines)

NAME _____ SSN _____ UNIT _____

Physician
notes: _____

Cleared _____ Not Cleared _____ Signature _____

CAUTION
YOU ARE NOT TO LEAVE THE IMMUNIZATION AREA FOR AT LEAST 15
MINUTES AFTER YOUR INJECTION

Immunization Dose Requirements and Schedule

Immunization	Initial Series	Booster Requirement	Comments
Tetanus-Diphtheria	0.5ml IM at 0 months 0.5 ml IM at 2 months 0.5 ml IM at 6 months	0.5 ml IM every 10 years.	Initial series given in childhood does not need to be repeated as an adult. If previously immunized, but no booster within 10 years only give a booster.
Typhoid, Oral	1 capsule every other day, total of 4 capsules. Interval may not be lengthened.	Repeat initial series every 5 years.	Must be taken with cool drink about 1 hour before a meal and swallowed, not chewed. Cannot be given within 24 hours of any dose of chloroquine, mefloquine, or any antibiotic.
Typhoid, Injectable Wyeth	0.5 ml SC at 0 months 0.5 ml SC at 1 month	0.5 ml SC every 3 years	Do not mix Wyeth and Typhim Vi in a series.
Typhoid, Injectable Typhim Vi	0.5 ml IM. Use Pasteur Merieux only.	0.5 ml Im every 2 years.	Do not mix Wyeth and Typhim Vi in a series.
Varicella*	0.5 ml SC at 0 months 0.5 ml SC at 2-3 months	None currently.	Use within 30m minutes of reconstitution. Do not use salicyclates, including aspirin for 6 weeks after immunization. Avoid close contact with pregnant females and newborns. Do not give if pregnant.
Yellow Fever*	0.5 ml IM or SC	0.5 ml IM or SC every 10 years.	Use within 1 hour of reconstitution. Do not give if pregnant.

* live virus



VAERS Number _____
 Date Received _____

Patient Name:
 Last First M.I.
 Address

 City State Zip
 Telephone no. (____) _____

Vaccine administered by (Name):
 Responsible Physician _____
 Facility Name/Address

 City State Zip
 Telephone no. (____) _____

Form completed by (Name):

 Relation Vaccine Provider Patient/Parent
 to Patient Manufacturer Other
 Address (if different from patient or provider)

 City State Zip
 Telephone no. (____) _____

1. State _____ 2. County where administered _____ 3. Date of birth ____/____/____ 4. Patient age _____
 5. Sex M F 6. Date form completed ____/____/____

7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any

8. Check all appropriate:
 Patient died (date ____/____/____)
 Life threatening illness ____/____/____
 Required emergency room/doctor visit
 Required hospitalization (____ days)
 Resulted in prolongation of hospitalization
 Resulted in permanent disability
 None of the above

9. Patient recovered YES NO UNKNOWN

10. Date of vaccination ____/____/____ 11. Adverse event onset
 ____/____/____ AM _____ PM
 Time _____ PM Time _____ PM

12. Relevant diagnostic tests/laboratory data

13. Enter all vaccines given on date listed in no. 10

Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

14. Any other vaccinations within 4 weeks of date listed in no. 10

Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____

15. Vaccinated at:
 Private doctor's office/hospital Military clinic/hospital
 Public health clinic/hospital Other/unknown

16. Vaccine purchased with:
 Private funds Military funds
 Public funds Other/unknown

17. Other medications

18. Illness at time of vaccination (specify) _____
 19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)

20. Have you reported this adverse event previously?
 No To health department
 To doctor To manufacturer

22. Birth weight ____ lb. ____ oz. 23. No. of brothers and sisters _____

21. Adverse event following prior vaccination (check all applicable, specify)

Adverse Event	Onset Age	Type Vaccine	Dose no. in series
<input checked="" type="checkbox"/> In patient	_____	_____	_____
<input type="checkbox"/> In brother	_____	_____	_____
<input type="checkbox"/> In sister	_____	_____	_____

24. Mfr. / Imm. proj. report no. _____ 25. Date received by mfr. / Imm. proj. _____

26. 15 day report? Yes No 27. Report type Initial Follow-Up

Health care providers and manufacturers are required by law (42 USC 300aa-22) to report reactions to vaccines listed in the Vaccine Injury Table. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.

"Fold in thirds, tape & mail - DO NOT STAPLE FORM"



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VAERS

of Ogden BioServices Corporation
P.O. Box 1100
Rockville MD 20849-1100



DIRECTIONS FOR COMPLETING FORM

(Additional pages may be attached if more space is needed.)

GENERAL

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Vaccine Injury Table (VIT) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the VIT is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

SPECIFIC INSTRUCTIONS

- Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.
- Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.
 - Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.
 - Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please
 - and 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.
 - Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.
 - Item 13: List ONLY those vaccines given on the day listed in Item 10.
 - Item 14: List ANY OTHER vaccines the patient received within four weeks of the date listed in Item 10.
 - Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.
 - Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.
 - Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).
 - Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and neurologic disorders) the patient has.
 - Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.

Measles, Mumps, and Rubella Vaccine (MMR)

What you need to know before you get the vaccine.

ABOUT THE DISEASES

Measles, mumps, and rubella (German measles) are serious diseases. They spread when germs pass from an infected person to the nose or throat of others.

ABOUT THE VACCINES

Benefits of the vaccines

Vaccination is the best way to protect against measles, mumps, and rubella. Because most children get

Measles causes:	Mumps causes:	Rubella causes:
rash cough fever	fever headache swollen glands under the jaw	rash mild fever swollen glands arthritis (mostly in women)
It can lead to:	It can lead to:	Pregnant women can:
<ul style="list-style-type: none"> - ear infection - pneumonia - diarrhea - seizures (jerking and staring spells) - brain damage - damage 	<ul style="list-style-type: none"> - hearing loss - meningitis (infection of brain and spinal cord coverings) - males can have painful, swollen testicles 	lose their babies Babies can be born with birth defects such as: <ul style="list-style-type: none"> - deafness - blindness - heart disease - brain damage - other serious problems

are now many fewer cases of these diseases. There would be many more cases if we stopped vaccinating children.

MMR schedule

Most children should have a total of 2 MMR vaccines. They should have MMR at:

- ✓ 12-15 months of age
- ✓ 4-6 years of age or before middle school or junior high school

Other vaccines may be given at the same time as MMR.

Who should get MMR Vaccine?

Most doctors recommend that almost all young children get MMR. But

there are some cautions. Tell your doctor or nurse if the person getting the vaccine is less able to fight serious infections because of:

- a disease he/she was born with
- treatment with drugs such as long-term steroids
- any kind of cancer
- cancer treatment with x-rays or drugs

Also:

- People with AIDS or HIV infection usually *should* get MMR vaccine.
- Pregnant women should wait until after pregnancy for MMR vaccine.
- People with a serious allergy to eggs or the drug

Polio Vaccine

What you need to know before you get the vaccine

ABOUT THE DISEASE

Polio is a serious disease. It spreads when germs pass from an infected person to the mouths of others. Polio can:

- paralyze a person (make arms and legs unable to move)
- cause death

ABOUT THE VACCINES

Benefits of the vaccines

Vaccination is the best way to protect against polio. Because most children get the polio vaccines, there are now very few cases of this disease. Before most children were vaccinated, there were thousands of

cases of polio.

There are two kinds of polio vaccine

OPV or Oral Polio Vaccine is the one most often given to children. It is given by mouth as drops. It is easy to give and works well to stop the spread of polio.

IPV of Inactivated Polio Vaccine is given as a shot in the leg or arm.

OPV schedule

Most children should have a total of 4 OPV vaccines. They should have OPV at:

- ✓ 2 months of age
- ✓ 4 months of age
- ✓ 6-18 months of age
- ✓ 4-6 years of age

Other vaccines may be given at the same time as OPV.

Who should get OPV?

Most doctors recommend that almost all young children get OPV. But there are some cautions. Tell your doctor or nurse if the person getting the vaccine *or anyone else in close contact with the person getting the vaccine*

is less able to fight serious infections because of:

- a disease he/she was born with
- treatment with drugs such as long-term steroids
- any kind of cancer
- cancer treatment with x-rays or drugs
- AIDS or HIV infection

If so, your doctor or nurse will probably give IPV instead of OPV.

If you are older than age 18 years, you usually do not need polio vaccine.

Travel

If you are traveling to a country where there is polio, you should get either OPV or IPV.

Pregnancy

If protection is needed during pregnancy, OPV or IPV can be used.

Allergy to neomycin or streptomycin

Does the person getting the vaccine have an allergy to the drugs neomycin or streptomycin? If so he/she should get OPV, but not IPV. Ask your doctor or nurse if you are not sure.

neomycin should tell the doctor or nurse. If you are not sure, ask the doctor or nurse.

Tell your doctor or nurse if the person getting the vaccine:

- ever had a serious allergic reaction or other problem after getting MMR
- now has moderate or severe illness
- has ever had a seizure
- has a parent, brother, or sister who has had seizures
- has gotten immune globulin or other blood products (such as a transfusion) during the past several months

If you are not sure, ask your doctor or nurse.

What are the risks from MMR vaccine?

As with any medicine, there are very small risks that serious problems, even death, could occur after getting a vaccine.

The risks from the vaccine are much smaller than the risks from the diseases if people stopped using vaccine.

Almost all people who get MMR have no problems from it.

Mild or moderate problems

- Soon after the vaccination, there may be soreness, redness, or swelling where the shot was given.
- 1-2 weeks after the first dose, there may be:
 - rash (5-15 out of every 100 doses)
 - fever of 103°F or higher (5-15 out of every 100 doses). This usually lasts 1-2 days.
 - swelling of the glands in the cheeks, neck, or under the jaw
 - a seizure (jerking and staring spell) usually caused by fever. This is rare.
- 1-3 weeks after the first dose, there may be:
 - pain, stiffness, or swelling in one or

more joints lasting up to 3 days (1 out of every 100 doses in children; up to 40 out of every 100 doses in young women). Rarely, pain or stiffness lasts a month or longer, or may come and go; this is most common in young and adult women.

Acetaminophen or ibuprofen (not aspirin) may be used to reduce fever and soreness.

Severe problems

These problems happen very rarely:

- serious allergic reaction
- low numbers of platelets (a type of blood cell) that can lead to bleeding problems. This is almost always temporary.
- long seizures, decreased consciousness, or coma

Problems following MMR are much less common after the second dose.

What to do if there is a serious reaction:

- ☞ Call a doctor or get the person to a doctor right away.
- ☞ Write down what happened and the date and time it happened.
- ☞ Ask your doctor, nurse or health department to file a Vaccine Adverse Event Report form or call:
(800) 822-7967 (toll-free)

The National Vaccine Injury Compensation Program gives compensation (payment) to persons thought to be injured by vaccines. For details call:
(800) 338-2382 (toll-free)

If you want to learn more, ask your doctor or nurse. She/he can give you the vaccine package insert or suggest other sources of information.

Tell your doctor or nurse if the person getting the vaccine:

- ever had a serious allergic reaction or other problem after getting polio vaccine
- now has moderate or severe illness

If you are not sure, ask your doctor or nurse.

What are the risks from polio vaccine?

As with any medicine, there are very small risks that serious problems, even death, could occur after getting a vaccine.

The risks from the vaccine are much smaller than the risks from the disease if people stopped using vaccine.

Risks from OPV

Risks to the person taking OPV:

There is a very small chance of getting polio disease from the vaccine.

- about 1 case occurs for every 1 ½ million first doses
- about 1 case occurs for every 30 million later doses

Risks to people who never took polio vaccine who have close contact with the person taking OPV:

After a person gets OPV, it can be found in his or her mouth and stool. If you never took polio vaccine, there is a very small chance of getting polio disease from close contact with a child who got OPV in the last 30 days. (Examples of close contact include changing diapers or kissing.)

- about 1 case occurs for every 2 million first doses
- about 1 case occurs for every 15

million later doses

Talk to your doctor or nurse about getting IPV.

Risks from IPV

This vaccine is not known to cause problems except mild soreness where the shot is given.

What to do if there is a serious reaction.

- ☞ Call a doctor or get the person to a doctor right away.
- ☞ Write down what happened and the date and time it happened.
- ☞ Ask your doctor, nurse or health department to file a Vaccine Adverse Event Report form or call:
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If you want to learn more, ask your doctor or nurse. She/he can give you the vaccine package insert or suggest other sources of information.

Tetanus and Diphtheria Vaccine (Td)

What you need
to know before
you get the
vaccine

About the diseases

Tetanus (lockjaw) and diphtheria are serious diseases. Tetanus is caused by a germ that enters the body through a cut or wound. Diphtheria spreads when germs pass from an infected person to the nose or throat of others.

About the vaccines

Benefits of the vaccines

Vaccination is the best way to protect against tetanus and diphtheria. Because of

Tetanus causes: serious, painful spasms of all muscles It can lead to: <ul style="list-style-type: none">• "locking" of the jaw so the patient cannot open his or her mouth to swallow	Diphtheria causes: a thick coating in the nose, throat, or airway It can lead to: <ul style="list-style-type: none">• breathing problems• heart failure• paralysis• death
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vaccination, there are many fewer cases of these diseases. Cases are rare in children because most get DTP (Diphtheria, Tetanus, and Pertussis), DTaP (Diphtheria, Tetanus, and acellular Pertussis), or DT (Diphtheria and Tetanus) vaccines. There would be many more cases if we stopped vaccinating people.

When should you get Td vaccine?

Td is made for people 7 years of age and older.

People who have not gotten at least 3 doses of any tetanus and diphtheria vaccine (DTP, DTaP, or DT) during their lifetime should do so using Td. After a person gets the third dose, a Td dose is needed every 10 years all through life.

Other vaccines may be given at the same time as Td.

Tell your doctor or nurse if the person getting the vaccine:

- ever had a serious allergic reaction or other problem with Td, or any other tetanus and diphtheria vaccine (DTP, DTaP, or DT)

- now has a moderate or severe illness

- is pregnant

If you are not sure, ask your doctor or nurse.

What are the risks from Td vaccine?

As with any medicine, there are very small risks that serious problems, even death, could occur after getting a vaccine.

The risks from the vaccine are much smaller than the risks from the diseases if people stopped using vaccine.

Almost all people who get Td have no problem from it.

Mild problems

If these problems occur, they usually start within hours to a day or two after vaccination. They may last 1-2 days:

- soreness, redness, or swelling where the shot was given

These problems can be worse in adults who get Td vaccine very often.

Acetaminophen or ibuprofen (not aspirin) may be used to reduce soreness.

Severe problems

These problems happen very rarely:

- serious allergic reaction
- deep, aching pain and muscle wasting in upper arm(s). This starts 2 days to 4 weeks after this shot, and may last many months.

What to do if there is a serious reaction.

- ☛ Call a doctor or get the person to a doctor right away.
- ☛ Write down what happened and the date and time it happened.
- ☛ Ask your doctor, nurse or health department to file a Vaccine Adverse Event Report form or call:
(800) 822-7967 (toll-free)

The National Vaccine Injury Compensation Program gives compensation (payment) to persons thought to be injured by vaccines. For details call:
(800) 338-2382 (toll-free)

If you want to learn more, ask your doctor or nurse. She/he can give you the vaccine package insert or suggest other sources of information.