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Child immunization chart pdf

This schedule of recommended vaccinations may vary depending on where you live, your child's health, the type of vaccine, and the vaccines available. Some vaccines may be given as part of an integrated vaccine, so a child receives fewer injections. Talk to your doctor about what vaccines your kids need. Hepatitis B: Hepatitis B. Ideally, the first dose is given within 24 hours of birth, but previously unvaccinated children can get it at any age. Some low birth weight babies will get it in one month or when they are discharged from hospital. 1-2 months HepB: A second dose should be given 1 to 2 months after the first dose. 2 months DTaP: Diphtheria, Tetanus, Hib Cellular Pertussis Vaccine: Influenza Hemophilus Type B IPV Vaccine: PCV Inactivated Poliovirus Vaccine: Pneumococcal RV Vaccine Congregation: Rotavirus Vaccine 4 Months 6 Months DTaP Hib: This third dose may be needed, depending on the vaccine brand used in the previous Hib vaccine. RV PCV: This third dose may be needed, depending on the vaccine brand used in previous RV vaccines. 6 months and annual flu (flu): The flu vaccine is recommended annually for children 6 months and older: children under the age of 9 who receive the flu vaccine for the first time (or have received only one dose of the vaccine in the past) will receive it in at least 2 separate doses at least a month apart. Children under the age of 9 who have undergone at least 2 doses of flu vaccination in the past (at any time) will only need one dose. Children over 9 years old only need one dose. The vaccine is given by injection with a needle (flu vaccine) or by nasal spray. Both types of vaccination can be used this season of influenza (2020-2021) because they seem to work just as well. Your doctor will recommend which use based on your child's age and overall health. Nasal spray is only for healthy people between the ages of 2 and 49. People with weak immune systems or some health conditions (such as asthma) and pregnant women should not get the nasal spray vaccine. 6-18 months 12-15 months 12-23 months HepA: hepatitis vaccine; Given as 2 shots for at least 6 months each other for 15-18 months 4-6 years 11-12 years HPV: human papillomavirus vaccine, given in 2 shots over a period of 6- to 12 months. It can be given at the age of 9. For teenagers and young adults (ages 15-26 in both girls and boys), it is given in 3 shots over 6 months. It is recommended for both girls and boys to prevent genital warts and certain types of cancer. Tetanus, diphtheria, and lip aggsosa. It is also recommended during any pregnancy a woman has. Meningococcal vaccine: And an adjuvanted dose is recommended at age 16. Vaccine 16-18 years meningococcal B (MenB): The MenB vaccine may be given to children and teenagers in 2 or 3 doses, depending on the brand. Unlike the meningococcal vaccine, which is recommended, the decision to get the MenB vaccine is made by teenagers, their parents, and the doctor. Special circumstances HepA can be given as early as 6 months old for infants traveling A place where hepatitis A is common (they will still need a routine vaccine after their first birthday). It's also recommended for older children who don't get it before. The MMR vaccine can be given to babies as young as 6 months old if they are to travel internationally. These children still need to get the recommended routine dosages at 12-15 months and 4-6 years, but can get the second dose as early as 4 weeks after the first if they are still traveling and at risk. The flu vaccine is especially important for children at risk of influenza health problems. High-risk groups include, but are not limited to, children under the age of 5 and those with chronic medical conditions, such as asthma, heart problems, raw disease, diabetes, or HIV. Pneumococcal vaccines can be given to older children (age 2 and older) who have conditions that affect their immune system, such as asplenia or HIV infection, or other conditions, like a cochlear implant, chronic heart disease, or chronic lung disease. Meningococcal vaccines can be given to children as young as 8 weeks (depending on the vaccine brand) who are at risk of a meningococcal infection, such as meningitis. This includes children with some immune disorders. Children living (or traveling) to countries where meningitis is common, or where there is an outbreak, should also receive the vaccine. NOTE: An outbreak is when a disease occurs in larger-than-expected numbers in a particular area. If you have questions about vaccinating your family during an outbreak, ask your healthcare provider or contact your local or state health department. Written by: Ilana Pearl Ben Yosef, MD Date Tested: February 2020 Easy Child Read Vaccine Birth Schedule 1 Month 2 Months 4 Months 6 Months 12 Months 15 Months 18 Months 19-23 Months 2-3 Years 4-6 Years Hep BB HepB HepB RV Influenza DTaP DTaP Hib PCV13 PCV13 PCV13 PCV13 IPV (annually)* MMR MMR Fraternity Air Araza HepA§ Note If your child misses a shot You don't have to start over. Just go back to your kid's doctor for the next shot. Talk to your child's doctor if you have any questions about vaccinations. Footnotes *Two doses given at least four weeks apart are recommended for children aged 6 months to 8 years of age who are receiving a flu vaccine (flu) for the first time for several other children in this age group. §Two doses of HepA vaccine are required for protection over time. The first dose of the HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over the age of 24 months who have not been vaccinated should also receive 2 doses of HepA vaccination. If your child has any medical conditions that put him or her at risk of infection or travels outside the United States, talk to your child's doctor about additional vaccinations that he or she may need. Immune Preventable Diseases and Diseases Because preventing them from vaccinating a preventable child disease is easy to call disease vaccination disease spread by disease symptoms and complications chickenpox disease vaccine protects against chickenpox. Air, direct contact rash, fatigue, headache, fever-infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (lung infection) and diphtheria DTaP * Vaccine protects against diphtheria. Air, direct contact sore throat, mild fever, weakness, swollen glands in the neck swelling of the heart muscle, heart failure, coma, paralysis, death vaccine Hib Hibb protects against influenza hemophilus type B. Air, direct contact may not have symptoms unless bacteria enter meningitis (infection of coverage around the brain and spinal cord), intellectual disability, epiglottitis (a life-threatening infection that can block breathing and lead to serious respiratory problems), pneumonia (lung infection), hepA vaccine hepatitis death protects against hepatitis A. Direct contact, contaminated food or water may not be symptomatic, loss of appetite, fatigue, Vomiting, jaundice (jaundice of skin and eyes), liver failure in dark urine, arthritis (joint pain), kidney, pancreas, and hepatitis B HepB blood disorders vaccine protects against hepatitis B. Contact with blood or bodily fluids may not be any symptoms, fever, headache, weakness, vomiting, jaundice (yellowishness of skin and eyes), chronic liver joint pain, heavy liver, failure Air, direct contact fever, muscle aches, sore throat, cough, pneumonia and extreme fatigue (lung infection) measles MMR** vaccine protects against measles. Air, direct contact rash, fever, cough, runny nose, pink eye encephalitis (brain swelling), pneumonia (lung infection), death mumps MMR** vaccine protects against mumps. Air, direct contact to swollen salivary glands (below the jaw), fever, headache, fatigue, muscle pain and meningitis (infection of coverage around the brain and spinal cord), encephalitis (swelling in the brain), inflammation of testicles or ovaries, pertussis deafness vaccine DTaP* protects against rim (whooping cough). Air, direct contact and severe cough, runny nose, apnea (pause in breathing in infants) pneumonia (lung infection), polio death IPV vaccine protects against polio. Air, direct contact, oral cannot have symptoms, sore throat, fever, nausea, headache paralysis, vaccine death and PCV13 pneumous protects against pneumococcus. Air, direct contact may not be symptoms, pneumonia (lung infection) Bacteremia (blood infection), meningitis (infection of coverage around the brain and spinal cord), death rotavirus RV vaccine protects against rotavirus. Through oral diarrhea, fever, severe diarrhea vomiting, rubella MMR** dehydration vaccine protects against rubella. Air, direct contact sometimes rash, fever, very swollen lymph nodes serious in pregnant women – can For miscarriage, stillbirth, premature birth, birth defects and tetanus vaccine DTaP* protects against tetanus. Exposure through skin lacerations and stiffness in the neck and abdominal muscles, difficulty swallowing, muscle spasms, broken bones and fever, difficulty breathing, death* DTaP combines protection against diphtheria, tetanus, and pertussis. ** MMR

combines protection against measles, mumps and rubella. This schedule is recommended by the Advisory Committee on Vaccination Methods (ACIP) and approved by the Centers for Disease Control and Prevention (CDC). (CDC).

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