Immunisation:
What you need to know before you consent

Inform your health provider if you need an interpreter

If your client requires a telephone interpreter please phone 131 450
Acknowledgements

Developed and regularly updated by:

Immunisation Section,
Communicable Disease Control Branch,
Department for Health and Ageing
PO Box 6, Rundle Mall
Adelaide SA 5000

Version control and change history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>February 2005</td>
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<tr>
<td></td>
<td></td>
<td>• Acknowledgements (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Childhood Immunisation Program (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additional vaccines for Aboriginal children (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vaccine due at 18 months (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vaccine due at 4 years (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Other Common Vaccines (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Influenza vaccine (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pneumovax 23 vaccine (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prevenar vaccine (1)</td>
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<td></td>
<td></td>
<td>• Zoster (herpes zoster) vaccine (1)</td>
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Reference:

The immunisation information in this folder is to help you understand more about certain diseases and the vaccines used to prevent them.

- You only need to read the sheets relevant to your vaccinations

This information will assist you in reaching a decision about choosing to vaccinate

What's the next step?

Go to CHILDHOOD IMMUNISATION PROGRAM tab - if this vaccination is for a child

OR

Go to OTHER COMMON VACCINES tab - if vaccinations are not for the Childhood Immunisation Program

The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander People
This section includes information for the Childhood Immunisation Program.

Please note: Vaccines may be given in combination such as MMR (Measles, Mumps and Rubella) vaccine

Routine Childhood Vaccines are due at:

- Birth
- 6 to 8 weeks, 4 and 6 months of age
- 12 months of age (additional vaccines for Aboriginal children)
- 18 months of age (additional vaccines for Aboriginal children)
- 4 years of age

What's the next step?

**Step 1:** Read the Pre-vaccination Screening Checklist (over page).

**Step 2:** Read the relevant information sheets for required age and vaccine.

**Step 3:** Discuss any queries with your immunisation provider.
Pre-vaccination screening checklist

This checklist helps your doctor/nurse decide about vaccinating you or your child. Please tell your doctor/nurse if the person about to be vaccinated:

☐ is unwell today
☐ has a disease which lowers immunity (e.g. leukaemia, cancer, HIV/AIDS) or is having treatment which lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
☐ has had a severe reaction following any vaccine
☐ has any severe allergies (to anything)
☐ has had any vaccine in the past month
☐ has had an injection of immunoglobulin, or received any blood products or whole blood transfusion within the past year

Additional vaccines may be recommended if the person to be vaccinated:

☐ identifies as an Aboriginal person
☐ does not have a functioning spleen
☐ is planning a pregnancy or anticipating parenthood
☐ is a parent, grandparent or carer of a newborn
☐ lives with someone who has a disease which lowers immunity (e.g. leukaemia, cancer, HIV/AIDS) or lives with someone who is having treatment which lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
☐ is planning travel
☐ has an occupation or lifestyle factor(s) for which vaccination may be needed (discuss with your doctor of nurse)

Note: Please discuss this information or any questions you have about vaccination with your doctor or nurse before the vaccine is given. It is important for you to take home a personal record of your or your child’s vaccinations. If you do not have a record, ask your doctor or nurse to give you one and bring it with you each time you or your child have a vaccination.
Vaccines due at Birth

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia is able to offer advice on 1800 022 222.
**Compare the effects of diseases with the possible side effects of vaccination**

## Vaccines due at Birth

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| Hepatitis B | *Hepatitis B:* A contagious virus spread mainly by blood, sexual contact, from mother to newborn baby and person-to-person (usually through contact between open sores or wounds). Following acute infection, up to 10% of those infected as adults and up to 90% of those infected as neonates become chronically infected with hepatitis B. Carriers of hepatitis B virus often have no symptoms and may not be aware that they are infected; though they are capable of transmitting the disease. 1 in 4 chronic cases die prematurely from cirrhosis or liver cancer. | **Common**  
- Low grade fever (in 1 in 50 children)  
- Pain, redness and swelling at the injection site (1 in 20 children)  
**Uncommon**  
- Injection site nodule, lasting many weeks. No treatment is necessary  
**Very Rare**  
- Severe allergic reaction (anaphylaxis)  
*Note:* Extensive studies indicate that the birth dose of hepatitis B vaccine is very well tolerated by newborn infants. It does not interfere with either the establishment or maintenance of breast feeding | • Give extra fluids (e.g. more breast/bottle feeds)  
• Do not overdress the infant if hot  
If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222. |
Vaccines due at 6 to 8 weeks, 4 and 6 months

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia is able to offer advice on 1800 022 222.
## Compare the effects of diseases with the possible side effects of vaccination

### Vaccines due at 6 to 8 weeks, 4 and 6 months

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| Diphtheria/Tetanus/Perussis (Whooping Cough) | **Diphtheria**: contagious bacteria spread by airborne droplets from the nose and throat; causes severe throat and breathing difficulties, nerve paralysis and heart failure. About 1 in 7 patients die.  
**Tetanus**: caused by toxin of bacteria in soil; causes painful muscle spasms, convulsions and lockjaw. About 2 in 100 patients die.  
**Pertussis** (whooping cough): contagious bacteria spread by airborne droplets from the nose and throat; causes “whooping cough” and vomiting; cough can last up to 3 months. About 1 in 125 babies under 6 months who have pertussis die from pneumonia or brain damage. | **Common**  
The following reactions may occur within 4 hours and may last up to 2 days:  
• Pain, redness and swelling at injection site (1 in 10 children)  
• Low grade fever (1 in 5 children)  
**Uncommon**  
• Irritable, crying, unsettled and generally unhappy  
• Drowsiness or tiredness  
**Rare**  
• Continuous screaming for 3 or more hours  
**Very Rare**  
• Severe allergic reaction (anaphylaxis)  
• Hypotonic-hyporesponsive episode – when an infant becomes pale, limp and unresponsive for a short period. This can occur from 1 to 48 hours after the vaccination | • Give extra fluids (e.g. more breast/bottle feeds or water)  
• Paracetamol liquid can be given according to the instructions on the bottle  
• Do not overdress the infant if hot  
If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222. |

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- Low grade fever (in 1 in 50 children)  
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**Uncommon**  
- Injection site nodule, lasting many weeks. No treatment is necessary  
**Very Rare**  
- Severe allergic reaction (anaphylaxis) | - Give extra fluids (e.g. more breast/bottle feeds or water)  
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## Vaccines due at 6 to 8 weeks, 4 and 6 months

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| Polio   | Poliomyelitis: Contagious virus spread by faeces and saliva; symptoms can include fever, headache, vomiting, neck and back stiffness and may progress to paralysis. About 1 in 20 children and 1 in 3 adults with paralytic polio die. 100% of all children that remain unprotected and come in contact with the virus will become infected. | Common  
About 1 in 10 children may have:  
- Pain, redness and swelling at injection site  
- Low grade fever  
- Crying  
- Decreased appetite  
- Muscle aches  
Uncommon  
- Injection site nodule, lasting many weeks. No treatment is necessary  
Very Rare  
- Severe allergic reaction (anaphylaxis) | • Give extra fluids (e.g. more breast/bottle feeds or water)  
• Paracetamol liquid can be given according to the instructions on the bottle  
• Do not overdress the infant if hot  
If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222. |
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<td>Pneumococcal infections: bacteria spread by airborne droplets from the nose and throat; causes fever, pneumonia (severe chest infection), septicaemia (blood poisoning), meningitis (infection of the tissues surrounding the brain) and occasionally other infections. About 3 in 10 people with meningitis die.</td>
<td><strong>Common</strong>&lt;br&gt;• Pain, redness (1 in 2) and swelling (1 in 3) at the injection site&lt;br&gt;• Low grade fever (1 in 3)&lt;br&gt;• Irritability (7 in 10), drowsiness (6 in 10) and decreased appetite (4 in 10)&lt;br&gt;<strong>Uncommon</strong>&lt;br&gt;• Injection site nodule lasting weeks, no treatment necessary&lt;br&gt;<strong>Very Rare</strong>&lt;br&gt;• Severe allergic reaction (anaphylaxis)</td>
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## Compare the effects of diseases with the possible side effects of vaccination

### Vaccines due at 6 to 8 weeks, 4 and 6 months

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<td><strong>Hib - <em>Haemophilus Influenzae</em> type B</strong></td>
<td><em>Hib</em>: Contagious bacteria spread by airborne droplets from the nose or throat. Causes meningitis (inflammation of the brain), epiglottitis (respiratory obstruction), septicaemia (infection of the blood) and septic arthritis (infection in the joints). About 1 in 20 meningitis patients die. About 1 in 4 who survive have permanent brain or nerve damage. All epiglottitis patients die without treatment.</td>
<td><strong>Common</strong>&lt;br&gt;The following reactions may occur within 4 hours:&lt;br&gt;• Pain, redness and swelling at injection site (about 1 in 20)&lt;br&gt;• Mild fever (about 1 in 50) <strong>Uncommon</strong>&lt;br&gt;• Injection site nodule lasting weeks, no treatment necessary <strong>Very Rare</strong>&lt;br&gt;• Severe allergic reaction (anaphylaxis)</td>
<td>• Give extra fluids (e.g. more breast/bottle feeds or water)&lt;br&gt;• Paracetamol liquid can be given according to the instructions on the bottle&lt;br&gt;• Do not overdress the infant if hot</td>
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<td>Rotavirus</td>
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<td><strong>Common</strong></td>
<td>• Give extra fluids (e.g. more breast/bottle feeds or water)</td>
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<tr>
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<td>Rotavirus is transmitted by the faecal/oral route, through close person to person contact and contact with contaminated objects.</td>
<td>The following reactions may occur in about 3 in 100 children, 4 hours after Immunisation and may last up to 7 days:</td>
<td>• Paracetamol liquid can be given according to the instructions on the bottle</td>
</tr>
<tr>
<td></td>
<td>Rotavirus starts with fever and vomiting, followed by diarrhoea. The diarrhoea can be mild to severe and generally lasts 3-7 days.</td>
<td>• Diarrhoea (1 in 10)</td>
<td>• Do not overdress the infant if hot</td>
</tr>
<tr>
<td></td>
<td>Prior to the vaccination program in Australia each year rotavirus disease caused 22,000 Emergency Department visits and 10,000 hospital admissions in children less than 5 years of age.</td>
<td>• Vomiting (1 in 20)</td>
<td>If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00 pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222</td>
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<tr>
<td>Oral live virus vaccine</td>
<td><strong>The first dose of the rotavirus vaccine Rotarix must be given before the end of the 14th week of age and the second dose should not be given once the child turns 25 weeks of age.</strong></td>
<td><strong>Very Rare</strong></td>
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<td></td>
<td>• Severe allergic reaction (anaphylaxis)</td>
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<td>• Intussusception – a type of bowel obstruction – can occur in 1 in 17,000 children after the 1st or 2nd doses</td>
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</tbody>
</table>
Vaccines due at 12 months

Additional vaccines may be due at 12 months of age for children with specific medical conditions. Please discuss this with your immunisation provider.

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Compare the effects of diseases with the possible side effects of vaccination

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<tr>
<td><strong>MMR - Measles/ Mumps/ Rubella</strong>&lt;br&gt;Live virus vaccine</td>
<td><strong>Measles:</strong> Highly infectious virus spread by airborne droplets from the nose and throat. Causes high fever, rash and cough. About 1 in 15 children with measles develop pneumonia (severe chest infection) and 1 in 1,000 develop encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 will die and 4 will suffer permanent brain damage. About 1 in 100,000 children develop SSPE (brain degeneration), which is always fatal.&lt;br&gt;&lt;br&gt;<strong>Mumps:</strong> Contagious virus spread by saliva. Causes swollen neck and salivary glands. 1 in 5,000 children develop encephalitis (brain inflammation). 1 in 5 adolescent/adult males develop inflammation of the testes. Can cause infertility and deafness.&lt;br&gt;&lt;br&gt;<strong>Rubella:</strong> A contagious virus spread by airborne droplets from the nose and throat. Causes fever, rash, painful swollen glands and painful joints. 1 in 6,000 develop encephalitis (brain inflammation). Causes severe malformations in babies of infected women – 9 in 10 babies infected during the first trimester of pregnancy will have major abnormalities (deafness, blindness, brain damage and heart defects).</td>
<td><strong>Common</strong>&lt;br&gt;The following reactions may occur <strong>within 4 hours</strong> in 1 to 10 people:&lt;br&gt;- Pain, redness and swelling at injection site&lt;br&gt;The following reactions may occur <strong>within 5 to 12 days</strong> after immunisation:&lt;br&gt;- Moderate fever (about 1 in 5)&lt;br&gt;- High fever above 39°C lasting 2-3 days (about 1 in 10)&lt;br&gt;- Faint rash (not infectious) may develop in 1 in 20 people&lt;br&gt;- Head cold and/or runny nose&lt;br&gt;- Cough and/or puffy eyes&lt;br&gt;- Swollen glands, stiff neck or joint pain (about 1 in 20)&lt;br&gt;&lt;br&gt;<strong>Uncommon</strong>&lt;br&gt;- Injection site nodule lasting weeks, no treatment necessary&lt;br&gt;&lt;br&gt;<strong>Very Rare</strong>&lt;br&gt;- Thrombocytopenia (bruising or bleeding) occurs after a first dose of MMR at a rate of about 5 in 100,000&lt;br&gt;- Severe allergic reaction (anaphylaxis)</td>
<td><strong>- Give extra fluids (e.g. more breast/bottle feeds or water)</strong>&lt;br&gt;<strong>- Paracetamol liquid can be given according to the instructions on the bottle</strong>&lt;br&gt;<strong>- Do not overdress the infant if hot</strong>&lt;br&gt;&lt;br&gt;If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.</td>
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<td>Meningococcal C</td>
<td><strong>Meningococcal</strong>: a bacteria spread by respiratory droplets. Causes meningitis (inflammation of the covering of the brain), septicaemia (blood infection) or a combination of the two. Pneumonia (severe chest infection), arthritis and conjunctivitis may also occur but are uncommon. A purple rash may develop in patients with meningococcal septicaemia. The rash may appear rapidly on any part of the body. Septicaemia with or without meningitis can be particularly severe, resulting in the death of 1 in 10 people. Of those who survive, 1 in 5 will have permanent long-term problems, such as the loss of limbs and brain damage.</td>
<td><strong>Common</strong>&lt;br&gt;The following reactions may occur in 1 in 10 people:&lt;br&gt;- Pain, redness and swelling at injection site&lt;br&gt;- Mild fever&lt;br&gt;- Irritable or unsettled&lt;br&gt;- Decreased appetite&lt;br&gt;- Headache&lt;br&gt;&lt;br&gt;<strong>Uncommon</strong>&lt;br&gt;- Injection site nodule lasting weeks, no treatment necessary&lt;br&gt;<strong>Very Rare</strong>&lt;br&gt;- Severe allergic reaction (anaphylaxis)</td>
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Not a live virus vaccine

July 2013
Compare the effects of diseases with the possible side effects of vaccination

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July 2013
Additional vaccines for Aboriginal children at 12 and 18 months

The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander People.

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Additional vaccines for Aboriginal children at 12 and 18 months

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| Pneumococcal                 | **Pneumococcal infections:** bacteria spread by airborne droplets from the nose and throat; causes fever, pneumonia (severe chest infection), septicaemia (blood poisoning), meningitis (infection of the tissues surrounding the brain) and occasionally other infections. About 3 in 10 people with meningitis die. | **Common**  
  - Pain, redness (1 in 2) and swelling (1 in 3) at the injection site  
  - Low grade fever (1 in 3)  
  - Irritability (7 in 10), drowsiness (6 in 10) and decreased appetite (4 in 10)  
  **Uncommon**  
  - Injection site nodule lasting weeks, no treatment necessary  
  **Very Rare**  
  - Severe allergic reaction (anaphylaxis) | • Give extra fluids (e.g. more breast/bottle feeds or water)  
  • Paracetamol liquid can be given according to the instructions on the bottle  
  • Do not overdress the infant if hot |
| **Due at 12 months of age**   |                                                                                                                                                                                                                       |-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| **Not a live virus vaccine** |                                                                                                                                                                                                                       |-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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November 2015
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| Hepatitis A    | **Hepatitis A**: an acute infection of the liver. The virus survives for a long time on food kept at room temperature and on hands. Hepatitis A virus is spread from person to person or when contaminated food or water has been consumed. Causes fever, tiredness, feeling unwell, loss of appetite, vomiting, dark coloured urine, jaundice and pale faeces. Young children may not show symptoms but can still infect others. Aboriginal children are at a greater risk of acquiring hepatitis A and also for being hospitalised with the infection, compared to non-Aboriginal children. | Common: About 1 in 5 children may have  
- Pain, redness and swelling at injection site  
- Low grade fever  
- Headache  
Very Rare:  
- Severe allergic reaction (anaphylaxis) | • Give extra fluids (e.g. more breast/bottle feeds or water)  
• Paracetamol liquid can be given according to the instructions on the bottle  
• Do not overdress the child if hot |
| Dose 1 due at 12 months |                                                                                                                                                                                                                      |                                                                                                       |                                                                                                   |
| Dose 2 due at 18 months | Not a live virus vaccine                                                                                                                                                                                              |                                                                                                       |                                                                                                   |

**November 2015**

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.
### Compare the effects of diseases with the possible side effects of vaccination

#### Additional vaccines for Aboriginal children at 6 months to <5 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| **Influenza (Flu)**  | - **Influenza**: is a contagious virus spread from person to person by airborne droplets from the nose and throat, or by direct contact with secretions on hands, tissues and other objects.  

Onset of illness is usually abrupt and includes malaise, fever, chills, headache, loss of appetite, myalgia, cough, nasal discharge and sneezing. Temperatures may be higher in children (and may result in febrile convulsions).  

Influenza causes increased hospitalisations in the very young (under 5 year olds) and the elderly. Aboriginal children are at greater risk of complications from influenza infection. Other high risk groups include pregnant women, people who are obese, people with diabetes and others with certain chronic medical conditions.  

**Common**  
About 1 in 10 people may have:  
- Pain, redness and swelling at the injection site  
- Fever (in children aged 6 months to 3 years)  
- Drowsiness, tiredness  
- Muscle aches  

**Uncommon**  
- Febrile convulsions in children less than 5 years of age  
- Injection site nodule lasting weeks, no treatment necessary  

**Very Rare**  
- Severe allergic reaction (anaphylaxis)  
- Guillain–Barré syndrome (1 in 1 million)  

In children less than 5 years of age these side effects may be more pronounced. | - Drink extra fluids  
- Rest  
- Paracetamol can be given according to the instruction on the bottle/packet  
- Do not overdress if hot                                                                                                  |
| Recommended annually for all Aboriginal children aged 6 months to <5 years                                                |                                                                           |                                                                                                  |
| Not a live virus vaccine                                                                                                     |                                                                           |                                                                                                  |
| *People with a life threatening allergy to eggs should speak to their doctor before having the vaccination*               |                                                                           |                                                                                                  |
| *Children receiving Prevenar 13 on the same day as influenza vaccine may be at higher risk of fever*                        |                                                                           |                                                                                                  |

*If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.*
Vaccines due at 18 months

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia is able to offer advice on 1800 022 222.
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<th>Vaccine</th>
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</tr>
</thead>
</table>
| MMR - Measles/ Mumps/ Rubella Live virus vaccine | **Measles:** Highly infectious virus spread by airborne droplets from the nose and throat. Causes high fever, rash and cough. About 1 in 15 children with measles develop pneumonia (severe chest infection) and 1 in 1,000 develop encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 will die and 4 will suffer permanent brain damage. About 1 in 100,000 children develop SSPE (brain degeneration), which is always fatal.  
**Mumps:** Contagious virus spread by saliva. Causes swollen neck and salivary glands. 1 in 5,000 children develop encephalitis (brain inflammation). 1 in 5 adolescent/adult males develop inflammation of the testes. Can cause infertility and deafness.  
**Rubella:** A contagious virus spread by airborne droplets from the nose and throat. Causes fever, rash, painful swollen glands and painful joints. 1 in 6,000 develop encephalitis (brain inflammation). Causes severe malformations in babies of infected women – 9 in 10 babies infected during the first trimester of pregnancy will have major abnormalities (deafness, blindness, brain damage and heart defects). | **Common**  
The following reactions may occur **within 4 hours** in 1 to 10 people:  
- Pain, redness and swelling at injection site  
The following reactions may occur **within 5 to 12 days** after immunisation:  
- Moderate fever (about 1 in 5)  
- High fever above 39°C lasting 2-3 days (about 1 in 10)  
- Faint rash (not infectious) may develop in 1 in 20 people  
- Head cold and/or runny nose  
- Cough and/or puffy eyes  
- Swollen glands, stiff neck or joint pain (about 1 in 20)  
**Uncommon**  
- Injection site nodule lasting weeks, no treatment necessary  
**Very Rare**  
- Thrombocytopenia (bruising or bleeding) can occur after the first dose (in about 5 in 100,000 people)  
- Severe allergic reaction (anaphylaxis) | • Give extra fluids (e.g. more breast/bottle feeds or water)  
• Paracetamol liquid can be given according to the instructions on the bottle  
• Do not overdress the infant if hot

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, [healthdirect Australia](https://www.healthdirect.gov.au) can offer advice on 1800 022 222.
### Vaccines due at 18 months

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</thead>
</table>
| **Chicken Pox** | **Chicken pox**: A highly contagious virus. Causes low-grade fever and an itchy, vesicular rash (fluid-filled spots). Reactivation of the virus later in life causes herpes zoster (shingles).  
1 in 100,000 patients develop encephalitis (brain inflammation).  
About 3 in 100,000 patients die.  
Infection during pregnancy can result in congenital malformations in the baby.  
Infection in the mother around delivery time results in a severe infection in the newborn baby in 1 in 3 cases. | **Common**  
The following reactions can occur in 1 in 5 children  
• Fever  
• Pain, redness and swelling at injection site  
**Uncommon**  
• Injection site nodule lasting weeks, no treatment necessary  
5-26 days following vaccination  
• Pustular rash (2-5 lesions) usually at injection site, occasionally elsewhere (can occur in 1 in 20 children)  
*Most ‘chicken pox’ like rashes that occur within the first 2 weeks after vaccination are due to ‘wild type’ chicken pox.*  
**Very Rare**  
• Thrombocytopenia (reduced platelets in the blood), ataxia (impaired ability to coordinate movement) and encephalitis (brain inflammation)  
• Severe allergic reaction (anaphylaxis). | • Give extra fluids (e.g. more breast/bottle feeds or water)  
• Paracetamol liquid can be given according to the instructions on the bottle  
• Do not overdress child if hot  
• Treat rash as infectious  
• Seek advice from your pharmacy for products that may reduce itchiness                                                                 |

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.

November 2015
## Compare the effects of diseases with the possible side effects of vaccination

### Vaccines due at 18 months

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<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
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</thead>
</table>
| Diphtheria/Tetanus/ Pertussis | **Diphtheria**: contagious bacteria spread by airborne droplets from the nose and throat; causes severe throat and breathing difficulties. The bacteria release a toxin which can cause nerve paralysis and heart failure. About 1 in 7 patients die.  
**Tetanus**: caused by toxin of bacteria in soil; causes painful muscle spasm, convulsions and lockjaw. About 2 in 100 patients die.  
**Pertussis** (whooping cough): contagious bacteria spread by airborne droplets from the nose and throat; causes “whooping cough” and vomiting; cough can last up to 3 months. About 1 in 125 babies under 6 months who have pertussis die from pneumonia or brain damage. | **Common**:  
The following reactions may occur within 4 hours and may last up to 2 days  
- Pain, redness and swelling at injection site (1 in 10 children)  
- Low grade fever (1 in 5 children)  
**Uncommon**:  
- Irritable, crying, unsettled and generally unhappy  
- Drowsiness or tiredness  
**Rare**:  
- Continuous screaming for 3 or more hours  
**Very Rare**:  
- Severe allergic reaction (anaphylaxis)  
- Hypotonic-hypoactive episode – when an infant becomes pale, limp and unresponsive for a short period. This can occur from 1 to 48 hours after the vaccination | **Give extra fluids**  
**Paracetamol liquid can be given according to the instructions on the bottle**  
**Do not overdress the child if hot**  
If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222. |
Vaccines due at 4 years

Additional vaccines may be due at 4 years of age for children with specific medical conditions. Please discuss this with your immunisation provider.

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia is able to offer advice on 1800 022 222.
# Vaccines due at 4 years

<table>
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<tr>
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</table>
| Diphtheria/Tetanus/ Pertussis   | Diphtheria: contagious bacteria spread by airborne droplets from the nose and throat; causes severe throat and breathing difficulties. The bacteria release a toxin which can cause nerve paralysis and heart failure. About 1 in 7 patients die. Tetanus: caused by toxin of bacteria in soil; causes painful muscle spasm, convulsions and lockjaw. About 2 in 100 patients die. Pertussis (whooping cough): contagious bacteria spread by airborne droplets from the nose and throat; causes “whooping cough” and vomiting; cough can last up to 3 months. About 1 in 125 babies under 6 months who have pertussis die from pneumonia or brain damage. | Common  
The following reactions may occur within 4 hours and may last up to 2 days  
- Pain, redness and swelling at injection site (1 in 10 children)  
- Low grade fever (1 in 5 children)  
Uncommon  
- Irritable, crying, unsettled and generally unhappy  
- Drowsiness or tiredness  
Rare  
- Continuous screaming for 3 or more hours  
Very Rare  
- Severe allergic reaction (anaphylaxis)  
- Hypotonic-hyporesponsive episode – when an infant becomes pale, limp and unresponsive for a short period. This can occur from 1 to 48 hours after the vaccination | • Give extra fluids  
• Paracetamol liquid can be given according to the instructions on the bottle  
• Do not overdress the child if hot  
If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222. |
| Not a live virus vaccine        |                                                                                       | ------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
## Compare the effects of diseases with the possible side effects of vaccination

### Vaccines due at 4 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
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</thead>
</table>
| **Polio** | Poliomyelitis: Contagious virus spread by faeces and saliva; symptoms can include fever, headache, vomiting, neck and back stiffness and may progress to paralysis. About 1 in 20 children and 1 in 3 adults with paralytic polio die. 100% of all children that remain unprotected and come in contact with the virus will become infected. | Common  
About 1 in 10 children may have:  
- Pain, redness and swelling at injection site  
- Low grade fever  
- Crying  
- Decreased appetite  
- Muscle aches  
**Uncommon**  
- Injection site nodule lasting weeks, no treatment necessary  
**Very Rare**  
- Severe allergic reaction (anaphylaxis) | - Give extra fluids  
- Paracetamol liquid can be given according to the instructions on the bottle  
- Do not overdress the child if hot  
If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222. |
| Not a live virus vaccine | | | |

*November 2015*
Other Common Vaccines

This section includes information on other vaccines:

- Adsorbed diphtheria-tetanus
- Diphtheria-tetanus-pertussis (Whooping Cough)
- Hepatitis A
- Hepatitis B
- Hepatitis A/B
- Human Papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal C
- Pneumococcal (Pneumovax 23)
- Pneumococcal (Prevenar 13)
- Poliomyelitis
- Varicella (Chicken Pox)
- Zoster (herpes zoster)

What's the next step?

**Step 1**: Read the Prevaccination Screening Checklist (over page).
**Step 2**: Read the relevant information sheets for vaccine.
**Step 3**: Discuss any queries with your immunisation provider.
**Pre-vaccination screening checklist**

This checklist helps your doctor/nurse decide about vaccinating you or your child. Please tell your doctor/nurse if the person about to be vaccinated:

- [ ] is unwell today
- [ ] has a disease which lowers immunity (e.g. leukaemia, cancer, HIV/AIDS) or is having treatment which lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- [ ] has had a severe reaction following any vaccine
- [ ] has any severe allergies (to anything)
- [ ] has had any vaccine in the past month
- [ ] has had an injection of immunoglobulin, or received any blood products or whole blood transfusion within the past year

**Additional vaccines may be recommended if the person to be vaccinated:**

- [ ] identifies as an Aboriginal person
- [ ] does not have a functioning spleen
- [ ] is planning a pregnancy or anticipating parenthood
- [ ] is a parent, grandparent or carer of a newborn
- [ ] lives with someone who has a disease which lowers immunity (e.g. leukaemia, cancer, HIV/AIDS) or lives with someone who is having treatment which lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- [ ] is planning travel
- [ ] has an occupation or lifestyle factor(s) for which vaccination may be needed (discuss with your doctor of nurse)

**Note:** Please discuss this information or any questions you have about vaccination with your doctor or nurse before the vaccine is given. It is important for you to take home a personal record of your or your child’s vaccinations. If you do not have a record, ask your doctor or nurse to give you one and bring it with you each time you or your child have a vaccination.
### Adsorbed diphtheria and tetanus (dT) vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| ADT – Diphtheria/Tetanus | Diphtheria: contagious bacteria spread by airborne droplets from the nose and throat; causes severe throat and breathing difficulties. The bacteria release a toxin which can cause nerve paralysis and heart failure. About 1 in 7 patients die. | Common: The following reactions may occur in about 1 in 10 recipients within 4 hours and may last up to 2 days:  
- Low grade fever  
- Pain, redness and swelling at injection site  
- Nausea, feeling unwell and joint pain | Drink extra fluids  
Rest  
Paracetamol can be given according to the instructions on the packet  
Do not overdress if hot |
|                       | Tetanus: caused by toxin of bacteria in soil; causes painful muscle spasm, convulsions and lockjaw. About 2 in 100 patients die. | Uncommon: The following reactions may occur in about 1 in 100 to 1 in 1,000 recipients:  
- Headache  
- Tiredness  
- Feeling generally unwell  
- Muscle aches (myalgia) | If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222. |
| Not a live virus vaccine |                                                                                         | Very Rare:  
- Severe allergic reaction (anaphylaxis)  
- Raised and itchy skin rash (urticarial)  
- Inflammation of nerve in arm causing weakness and numbness (brachial neuritis) |                                                                                                  |

July 2013
Recommendations for Adsorbed Diphtheria and Tetanus vaccine

Diphtheria and Tetanus (dT) Booster

The ADT Booster vaccine is free from your doctor for all:
- Adults who have a tetanus-prone injury if it is more than 5 years since their last dose.

The ADT Booster vaccine is also recommended for the following groups:
- Adults aged 50 years who have not had a dose of tetanus-containing vaccine in the previous 10 years.
- Adults born in foreign countries where vaccination programs were inadequate, may not be protected against tetanus and should be offered a full course of tetanus-containing vaccine.
- People travelling to countries where health services may be difficult to access should be adequately protected against tetanus prior to leaving Australia.
- People undertaking high risk travel should consider a booster of dT or dTpa if more than 5 years has elapsed since their last dose of tetanus containing vaccine.

Note: Routine 10 yearly tetanus boosters are no longer recommended.

July 2013
# Compare the effects of diseases with the possible side effects of vaccination

## Adolescent/Adult dTpa vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
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</table>
| Diphtheria/Tetanus/Pertussis (Whooping Cough) | Diphtheria: contagious bacteria spread by airborne droplets from the nose and throat; causes severe throat and breathing difficulties. The bacteria release a toxin which can cause nerve paralysis and heart failure. About 1 in 7 patients die. Tetanus: caused by toxin of bacteria in soil; causes painful muscle spasm, convulsions and lockjaw. About 2 in 100 patients die. Pertussis (whooping cough): contagious bacteria spread by airborne droplets from the nose and throat; causes “whooping cough” and vomiting; cough can last up to 3 months. About 1 in 125 babies under 6 months who have pertussis die from pneumonia or brain damage. | Common  
The following reactions may occur within 4 hours and may last up to 2 days:  
- Pain, redness and swelling at injection site (1 in 10 people)  
- Low grade fever (1 in 5 people)  
Uncommon  
- Irritable, unsettled and generally unhappy  
- Drowsiness or tiredness  
Very Rare  
- Severe allergic reaction (anaphylaxis) | - Drink extra fluids  
- Rest  
- Paracetamol can be given according to the instructions on the packet  
- Do not overdress if hot |

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.
Recommendations for Adolescent/Adult dTpa vaccine

Adolescent/Adult dTpa vaccine

Under the National Immunisation Program, the dTpa is offered free to:

- All adolescents as part of the School Based Immunisation Program in South Australia.

The dTpa vaccine is recommended for the following groups:

- Those planning a pregnancy or for both parents as soon as possible after delivery of the infant, or pregnant women in third trimester.
- Those who care for or work with very young infants e.g. grandparents, health care workers and child care workers.
- All health care workers.
- Any adult expressing an interest in receiving a booster dose of dTpa e.g. travellers and those aged 50 years in place of the recommended ADT Booster vaccine.
Hepatitis A Vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| Hepatitis A           | **Hepatitis A:** an acute infection of the liver. The virus survives for a long time on food kept at room temperature and on hands.  
Hepatitis A virus is spread from person to person and when contaminated food or water has been consumed. Causes fever, tiredness, feeling unwell, loss of appetite, vomiting, dark coloured urine, jaundice and pale faeces. Young children may not show symptoms but can still infect others.  
Aboriginal children are at a greater risk of acquiring hepatitis A and also for being hospitalised with the infection, compared to non-Aboriginal children. | **Common**  
About 1 in 5 people may have:  
- Pain, redness and swelling at injection site  
- Low grade fever  
- Headache  

**Very Rare**  
- Severe allergic reaction (anaphylaxis) | • Drink extra fluids  
• Paracetamol can be given according to the instructions on the packet/bottle  
• Do not overdress if hot |

Vaccine free for some groups (please read the information over page)

Not a live virus vaccine

July 2013
Under the National Immunisation Program, the hepatitis A vaccine is free for:
• Aboriginal children at 12 and 18 months of age in South Australia

The hepatitis A vaccine is also recommended for the following groups:
• All travellers to, and all expatriates living in, moderate to highly endemic areas (including all developing countries)
• Those whose occupation may put them at risk of acquiring hepatitis A such as:
  • People who live or work in rural and remote Aboriginal communities or
  • People who regularly provide care for Aboriginal children in the Northern Territory, Queensland, South Australia and Western Australia
  • Child day-care and preschool personnel
  • Carers of people with developmental disabilities
  • Health care workers who regularly provide care for Aboriginal children
  • Plumbers or sewage workers
• Those whose lifestyle may put them at risk of acquiring hepatitis A
  • Men who have sex with men
  • Persons who inject drugs
  • Sex industry workers
• People with developmental disabilities
• People chronically infected with either hepatitis B or hepatitis C viruses
• People with chronic liver disease
• Liver transplant recipients or solid organ transplant recipients who have chronic liver disease

July 2013
## Hepatitis B Vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| Hepatitis B      | **Hepatitis B**: A contagious virus spread mainly by blood, sexual contact, from mother to newborn baby, person-to-person (usually through contact between open sores or wounds). Following acute infection, up to 10% of those infected as adults and up to 90% of those infected as neonates become chronically infected with hepatitis B. Carriers of hepatitis B virus often have no symptoms and may not be aware that they are infected; though they are capable of transmitting the disease. 1 in 4 of all chronic cases die prematurely from cirrhosis or liver cancer. | **Common**<br>- Low grade fever (in 1 in 50 children)  
- Pain, redness and swelling at the injection site (1 in 20 children) | • Drink extra fluids  
• Rest  
• Paracetamol can be given according to the instructions on the packet  
• Do not overdress if hot |
| Not a live virus vaccine | (Please read the information over the page)                                                                                           | **Uncommon**<br>- Injection site nodule, lasting many weeks. No treatment is necessary |                                                                             |
|                  |                                                                                                                                     | **Very Rare**<br>- Severe allergic reaction (anaphylaxis)                      |                                                                             |

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.

July 2013
Recommendations for Hepatitis B vaccine

Hepatitis B vaccine

Hepatitis B vaccination is recommended for the following groups:

- Pre-term infants (born less than 32 weeks gestation or less than 2,000 grams at birth) require an additional dose at 12 months of age
- Children and adults of Aboriginal descent
- Infants born since 1 May 2000 whose hepatitis B schedule is incomplete or has not been commenced eg. Children born overseas and now residing in Australia
- Year 8 students as part of the School Based Immunisation Program, until 31 December 2013
- Refugees who have not previously been vaccinated against hepatitis B and are from a high-prevalent country
- Individuals adopting children from overseas if the child is hepatitis B positive
- Sexual partners of a person with hepatitis B
- Household contacts of a person with hepatitis B
- Persons who inject drugs
- In-mates of correctional facilities
- Individuals with chronic liver disease and/or hepatitis C disease
- Individuals who have had a needle stick injury that is not subject to an OHS&W claim
- Haemodialysis patients, HIV-positive individuals and other immunocompromised adults
- Recipients of certain blood products
- Residents and staff of facilities for persons with developmental disabilities
- Liver transplant recipients
- Health care workers, ambulance personnel, dentists, funeral workers and embalmers, tattooists and body piercers
- Police, members of the armed forces, emergency services staff and staff of correctional facilities
- Sex industry workers
- Migrants from hepatitis B endemic countries
- Solid organ and haemopoietic stem cell transplant recipients
- Travellers to hepatitis B endemic countries
- Persons with developmental disabilities
## Compare the effects of diseases with the possible side effects of vaccination

### Combined Hepatitis A and Hepatitis B Vaccine

<table>
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<tbody>
<tr>
<td>Hepatitis A/</td>
<td><strong>Hepatitis A:</strong> an acute infection of the liver. The virus survives for a long time on food kept at room</td>
<td>Common</td>
<td>• Drink extra fluids</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>temperature and on hands. Hepatitis A virus is spread from person to person and when contaminated food</td>
<td>About 1 in 10 people may have:</td>
<td>• Paracetamol can be given according to the instructions on the packet</td>
</tr>
<tr>
<td></td>
<td>or water has been consumed. Causes fever, tiredness, feeling unwell, loss of appetite, vomiting, dark</td>
<td>• Pain, redness and swelling at injection site</td>
<td>• Do not overdress if hot</td>
</tr>
<tr>
<td></td>
<td>coloured urine, jaundice and pale faeces. Young children may not show symptoms but can still infect</td>
<td>• Headache</td>
<td></td>
</tr>
<tr>
<td></td>
<td>others.</td>
<td>• Generally feeling unwell and/or tired</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aboriginal children are at a greater risk of acquiring hepatitis A and also for being hospitalised</td>
<td><strong>Uncommon</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>with the infection, compared to non-Aboriginal children.</td>
<td>• Injection site nodule that may last week, no treatment necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Hepatitis B:</strong> A contagious virus spread mainly by blood, sexual contact, from mother to newborn</td>
<td><strong>Very Rare</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>baby, person-to-person (usually through contact between open sores or wounds). Following acute</td>
<td>• Severe allergic reaction (anaphylaxis)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>infection, up to 10% of those infected as adults and up to 90% of those infected as neonates become</td>
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<tr>
<td></td>
<td>chronically infected with hepatitis B. Carriers of hepatitis B virus often have no symptoms and may not</td>
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<td></td>
<td>be aware that they are infected; though they are capable of transmitting the disease.</td>
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<td>1 in 4 of all chronic cases die prematurely from cirrhosis or liver cancer.</td>
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<tr>
<td>Not a live virus</td>
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<td></td>
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</tr>
<tr>
<td>vaccine</td>
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<td>(See over page for</td>
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<td>additional</td>
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<td>information)</td>
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</table>

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.
Combined Hepatitis A and Hepatitis B Vaccine

The hepatitis A/ hepatitis B combination vaccine is recommended for the following groups:

- Travellers to, and expatriates living in moderately to highly endemic areas for hepatitis A and B
- Men who have sex with men
- Sex industry workers
- Persons who inject drug
- Inmates of correctional facilities
- Patients with chronic liver disease and/or Hepatitis C
- Solid organ transplant recipients with or without chronic liver disease
- People with developmental disabilities and their carers
- Persons with an occupational risk of exposure to hepatitis A and B

Please consult with your Immunisation provider for further information.

July 2013
Comparing Effects of Diseases with the Possible Side Effects of Vaccination

**Human Papillomavirus (HPV)**

### Vaccines

- **Human Papillomavirus (HPV) (3 doses)**
  - Not a live virus vaccine

- **2 Vaccines are available:**
  - *Gardasil*
    - Licensed for use in:
      - Females aged 9 – 45 years
      - Males aged 9 – 26 years
  - *Cervarix*
    - Licensed for use in females aged 10 - 45 years

### Effects of the Disease

**Human Papillomavirus:** Virus spread mainly by sexual contact; up to 80% of the population will be infected at some time in their lives. Most people clear that HPV infection within 12-24 months. HPV can cause penile, anal, cervical, vulval and vaginal cancers, as well as genital warts.

About 7 in 10 cervical cancers have been associated with HPV-16 and HPV-18.

HPV types 6 and 11 are associated with more than 90% of genital warts.

In Australia, there are significant numbers of hospitalisations and deaths from cervical cancer each year.

### Possible side effects of vaccination

#### Common

The following reactions may occur:
- Mild to moderate pain (about 8 in 10)
- Redness and swelling at the injection site (about 2 in 10)
- Fever, muscle aches and tiredness (about 3 in 10)

#### Uncommon

- Nausea and vomiting
- Hypersensitivity reactions including bronchospasm and urticaria (itchy rash)

#### Very Rare

- Severe allergic reaction (anaphylaxis)

### What to do to reduce side effects

- Drink extra fluids
- Rest
- Paracetamol can be given according to the instructions on the packet
- Do not overdress if hot

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.
Recommendations for Human Papillomavirus (HPV) vaccine

Human Papillomavirus (HPV)

A full course (3 doses) of the Human Papillomavirus vaccine Gardasil is recommended for:

- Male and female students in eligible year levels as part of the School Based Immunisation Program. For more information speak to your doctor, immunisation nurse or the Immunisation Section on 1300 232 272.
- Females aged 18 to 45 years who have not previously received HPV vaccine and may be at increased risk of exposure due to lifestyle
- Males aged 18 to 26 years who have not previously received HPV vaccine and may be at increased risk of exposure due to lifestyle
- Men who have sex with men
- Persons who are immunocompromised

Important message:
Regular Pap screening is the most important preventative intervention against cervical disease in all sexually active women. Vaccination is not an alternative to Pap screening but is complimentary. The National Cervical Screening Program recommends routine Pap smears every 2 years for all women between the ages of 18 and 69 years.

For women who have recently been diagnosed with cervical dysplasia (abnormal cells), or have been treated for abnormal cervical cells in the past; HPV vaccine will have no impact on current disease, but may prevent future dysplasia (abnormal cells) due to a different HPV vaccine type.
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| Influenza        | **Influenza**: is a contagious virus spread from person to person by airborne droplets from the nose and throat, or by direct contact with secretions on hands, tissues and other objects. Onset of illness is usually abrupt and includes malaise, fever, chills, headache, loss of appetite, myalgia, cough, nasal discharge and sneezing. Temperatures may be higher in children (and may result in febrile convulsions). Influenza causes increased hospitalisations in the very young (under 5 year olds) and the elderly. Other high risk groups include pregnant women, people who are obese, diabetics and others with certain chronic medical conditions. There is an estimated 3000 deaths in people older than 50 years of age in Australia each year. | Common: About 1 in 10 people may have:  
- Pain, redness and swelling at the injection site  
- Fever (in children aged 6 months to 3 years)  
- Drowsiness or tiredness  
- Muscle aches  | • Drink extra fluids  
• Rest  
• Paracetamol can be given according to the instructions on the bottle/packet  
• Do not overdress if hot  |
|                  | * People with a life threatening allergy to eggs should speak to their doctor before having the vaccination  | Uncommon:  
- Febrile convulsions in children less than 5 years of age  
- Injection site nodule lasting weeks, no treatment necessary  | If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.  |
|                  | * Children receiving Prevenar 13 on the same day as influenza vaccine may be at higher risk of fever         | Very Rare:  
- Severe allergic reaction (anaphylaxis)  
- Guillain-Barré (1 in 1 million)  In children less than 5 years of age these side effects may be more pronounced. |                                                                                                                                                                |
The influenza vaccine is recommended annually for all persons aged 6 months or older who would like to reduce the likelihood of becoming ill with influenza.

### Annual influenza vaccine is strongly recommended for:

- All people 65 years of age and over
- All Aboriginal children 6 months to <5 years of age.
- Aboriginal persons 15 years of age and over
- All pregnant women
- All individuals 6 months of age and over with medical risk factors that include:
  - Down syndrome
  - Cardiac disease, including cyanotic congenital heart disease, coronary artery disease and congestive heart failure
  - Chronic respiratory conditions, including suppurative lung disease, bronchiectasis, cystic fibrosis, chronic obstructive pulmonary disease, chronic emphysema and severe asthma
  - Chronic neurological conditions, including multiple sclerosis, spinal cord injuries, seizure disorders and other neuromuscular disorders.
  - Immunocompromising conditions, including HIV infection, malignancy or chronic steroid use
  - Other chronic illnesses, including chronic renal failure, haemoglobinopathies, diabetes mellitus and alcoholism
  - Long term aspirin therapy in children (aged 6 months to 10 years)
- Residents of nursing homes and other long-term care facilities
- Homeless people

The influenza vaccine is also recommended for the following groups:

- People in contact with those with medical risk factors including:
  - Health care workers
  - Staff of nursing homes and long-term residential care facilities
  - Staff (or volunteers) providing care to homeless people
  - Household contacts of persons in high risk groups
  - Staff working in early childhood education and care
- People providing essential community services
- People working in the commercial poultry industry during an avian influenza outbreak
- Obese individuals
- Travellers
- Workers in other industries

November 2015
## Measles, Mumps and Rubella (MMR) Vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| MMR – Measles/ Mumps/Rubella | **Measles:** Highly infectious virus spread by airborne droplets from the nose and throat. Causes high fever, rash and cough. About 1 in 15 children with measles develop pneumonia (severe chest infection) and 1 in 1,000 develop encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 will die and 4 will suffer permanent brain damage. About 1 in 100,000 children develop SSPE (brain degeneration), which is always fatal.  
**Mumps:** Contagious virus spread by saliva. Causes swollen neck and salivary glands. 1 in 5,000 children develop encephalitis (brain inflammation). 1 in 5 adolescent/adult males develop inflammation of the testes. Can cause infertility and deafness.  
**Rubella:** A contagious virus spread by airborne droplets from the nose and throat. Causes fever, rash, painful swollen glands and painful joints. 1 in 6,000 develop encephalitis (brain inflammation) Causes severe malformations in babies of infected women – 9 in 10 babies infected during the first trimester of pregnancy will have major abnormalities (deafness, blindness, brain damage and heart defects). | **Common**  
The following reactions may occur **within 4 hours** in 1 to 10 people:  
• Pain, redness and swelling at injection site  
The following reactions may occur **within 5 to 12 days** after immunisation:  
• Moderate fever (about 1 in 5)  
• High fever above 39°C lasting 2-3 days (about 1 in 10)  
• Faint rash (not infectious) may develop in 1 in 20 people  
• Head cold and/or runny nose  
• Cough and/or puffy eyes  
• Swollen glands, stiff neck or joint pain (about 1 in 20)  
**Uncommon**  
• Injection site nodule lasting weeks, no treatment necessary  
**Very Rare**  
• Thrombocytopenia (bruising or bleeding) can occur after the first dose (in about 5 in 100,000 people)  
• Severe allergic reaction (anaphylaxis) | • Give extra fluids  
• Rest  
• Paracetamol can be given according to the instructions on the bottle/packet  
• Do not overdress if hot |

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.

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July 2013
Recommendations for Measles, Mumps and Rubella (MMR) vaccine

Measles, Mumps and Rubella (MMR) vaccine

The Measles, Mumps, Rubella vaccine is recommended for:

• All infants and children at 12 and 18 months of age. Children who have not had a booster of MMR at 18 months of age are due at 3 ½ to 4 years of age
• All non-immune adults born during or since 1966 who have not had the diseases or 2 doses of the MMR vaccine
• Health care workers
• Staff working in early childhood education and care
• Staff working in long term care facilities and correctional facilities
• Travellers

July 2013
**Compare the effects of diseases with the possible side effects of vaccination**

## Meningococcal C conjugate vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| **Meningococcal C**     | *Meningococcal*: a bacteria spread by respiratory droplets. Causes meningitis (inflammation of the covering of the brain), septicaemia (blood infection) or a combination of the two. Pneumonia (severe chest infection), arthritis and conjunctivitis may also occur but are uncommon.  
A purple rash may develop in patients with meningococcal septicaemia. The rash may appear rapidly on any part of the body.  
Septicaemia with or without meningitis can be particularly severe, resulting in the death of 1 in 10 people.  
Of those who survive, 1 in 5 will have permanent long-term problems, such as the loss of limbs and brain damage. | **Common**  
The following reactions may occur in 1 in 10 people:  
- Pain, redness and swelling at injection site  
- Mild fever  
- Irritable or unsettled  
- Decreased appetite  
- Headache  
**Uncommon**  
- Injection site nodule lasting weeks, no treatment necessary  
**Very Rare**  
- Severe allergic reaction (anaphylaxis) |  
- Drink extra fluids  
- Rest  
- Paracetamol can be given according to the instructions on the bottle/packet  
- Do not overdress if hot  
If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.  

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July 2013
Recommendations for Meningococcal C conjugate vaccine

Meningococcal C conjugate vaccine

The Meningococcal C vaccine is recommended for:

- All children at the age of 12 months

The Meningococcal C vaccine is also recommended for all people at high risk of meningococcal disease including:

- Close household or household-like contacts of meningococcal C cases
- Infants from 6 weeks to 12 months of age with medical at risk conditions that put them at greater risk of meningococcal disease including
  - Functional or anatomical asplenia
  - Hereditary defects
  - Receiving treatment with a monoclonal antibody against complement C5 (Eculizumab)
  - Haemopoietic Stem Cell Transplant recipients

Please speak to your doctor or immunisation nurse if you think you or your child may be in a high risk category.

July 2013
Compare the effects of diseases with the possible side effects of vaccination

## 23-valent Pneumococcal Vaccine (Pneumovax 23)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal</td>
<td>Pneumococcal infections: bacteria spread by airborne droplets from the nose and throat; causes fever, pneumonia (severe chest infection), septicaemia (blood poisoning), meningitis (infection of the tissues surrounding the brain) and occasionally other infections. Causes 1 in 3 of all pneumonia cases and 1 in 2 pneumonia hospitalisations in adults. About 3 in 10 people with meningitis die.</td>
<td>Common</td>
<td>Drink extra fluids</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pain, redness and swelling at injection site (about 1 in 2)</td>
<td>• Paracetamol can be given according to the instructions on the bottle/packet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Low grade fever (about 1 in 10)</td>
<td>• Do not overdress if hot</td>
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<tr>
<td></td>
<td></td>
<td>• Muscle soreness and drowsiness</td>
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<td></td>
<td></td>
<td>Uncommon</td>
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<tr>
<td></td>
<td></td>
<td>• Fever above 39°C</td>
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<tr>
<td></td>
<td></td>
<td>• Injection site nodule lasting weeks, no treatment necessary</td>
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<td></td>
<td>Very Rare</td>
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<tr>
<td></td>
<td></td>
<td>• Severe allergic reaction (anaphylaxis)</td>
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</tbody>
</table>

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.
### 13-valent Pneumococcal Vaccine (Prevenar)

**Vaccine** | **Effects of the Disease** | **Possible side effects of vaccination** | **What to do to reduce side effects**
---|---|---|---
**Pneumococcal (Prevenar 13)** | Pneumococcal infections: bacteria spread by airborne droplets from the nose and throat; causes fever, pneumonia (severe chest infection), septicaemia (blood poisoning), meningitis (infection of the tissues surrounding the brain) and occasionally other infections. Causes 1 in 3 of all pneumonia cases and 1 in 2 pneumonia hospitalisations in adults. About 3 in 10 people with meningitis die. | Common
- Pain and redness (1 in 2) at the injection site
- Swelling at the injection site (1 in 3)
- Low grade fever (1 in 3)
- Irritability (7 in 10), drowsiness (6 in 10) and decreased appetite (4 in 10)

Uncommon
- Injection site nodule lasting weeks, no treatment necessary

Very Rare
- Severe allergic reaction (anaphylaxis)

• Drink extra fluids
• Paracetamol can be given according to the instructions on the bottle/packet
• Do not overdress if hot

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.
13-valent Pneumococcal Vaccine (Prevenar)

### Inactivated Polio Vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| Polio   | Poliomyelitis: Contagious virus spread by faeces and saliva; symptoms can include fever, headache, vomiting, neck and back stiffness and may progress to paralysis. About 1 in 20 children and 1 in 3 adults with paralytic polio die. 100% of all children that remain unprotected and come in contact with the virus will become infected | Common  
About 1 in 10 children may have:  
- Pain, redness and swelling at injection site  
- Low grade fever  
- Crying  
- Decreased appetite  
- Muscle aches  
Uncommon  
- Injection site nodule lasting weeks, no treatment necessary  
Very Rare  
- Severe allergic reaction (anaphylaxis) | - Drink extra fluids  
- Rest  
- Paracetamol can be given according to the instructions on the bottle/packet  
- Do not overdress if hot |

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.

July 2013
The polio vaccine is recommended for:

- All children or adults not previously vaccinated against polio
- As a booster doses for adults at special risk, such as:
  - Travellers to areas or countries where polio is widespread
  - Health care workers, including laboratory workers, in possible contact with poliomyelitis cases.

For those exposed to a continuing risk of infection, a single booster dose is recommended every 10 years.
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| Chicken Pox      | **Chicken pox**: A highly contagious virus. Causes low-grade fever and an itchy, vesicular rash (fluid-filled spots). Reactivation of the virus later in life causes herpes zoster (shingles). 1 in 100,000 patients develop encephalitis (brain inflammation). About 3 in 100,000 patients die. Infection during pregnancy can result in congenital malformations in the baby. Infection in the mother around delivery time results in a severe infection in the newborn baby in 1 in 3 cases. | **Common**<br>The following reactions can occur in 1 in 5 children: <ul><li>Fever</li><li>Pain, redness and swelling at injection site</li></ul> **Uncommon**<br>• Injection site nodule lasting weeks, no treatment necessary 5-26 days following vaccination: <ul><li>Pustular rash (2-5 lesions) usually at injection site, occasionally elsewhere (can occur in 1 in 20 children)</li></ul> *Most ‘chicken pox’ like rashes that occur within the first 2 weeks after vaccination are due to ‘wild type’ chicken pox.* **Very Rare**<br>• Thrombocytopenia (reduced platelets in the blood), ataxia (impaired ability to coordinate movement) and encephalitis (brain inflammation) • Severe allergic reaction (anaphylaxis) | • Drink extra fluids  
• Paracetamol can be given according to the instructions on the bottle/packet  
• Do not overdress if hot  
• Treat rash as infectious  
• Seek advice from your pharmacy for products that may reduce itchiness  

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00pm. Outside of these hours, healthdirect Australia can offer advice on 1800 022 222.
Recommendations for Varicella (Chicken Pox) vaccine

Varicella (Chicken Pox) vaccine

The varicella (chickenpox) vaccine is recommended for:

- All children aged 18 months, unless they have already received a dose of varicella vaccine
- Adolescents in Year 8 as part of the School Based Immunisation Program in South Australia

The chickenpox vaccine is also recommended for the following groups:

- For adolescents aged 14 years and older and adults who do not have a history of having had chicken pox disease or varicella vaccine; two doses of Varicella vaccine 1 to 2 months apart
- Non-immune people in high risk occupations including health care workers, teachers and people who work with children or in long term care facilities
- Non-immune women prior to pregnancy
- Non-immune parents of young children
- Non-immune household contacts (adults and children) of people with an immune disease
## Zoster (herpes zoster) Vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Effects of the Disease</th>
<th>Possible side effects of vaccination</th>
<th>What to do to reduce side effects</th>
</tr>
</thead>
</table>
| Herpes zoster (shingles)| **Herpes zoster** (shingles): is a localised, painful, vesicular skin rash resulting from reactivation of the same virus that causes chickenpox earlier in life. Shingles is most common on the abdomen, sides and back, but can affect any part of the body, including the face. It usually lasts 10-15 days. Shingles can lead to post-herpetic neuralgia (PHN) which is persistent pain lasting longer than 3 months after the development of the rash. Depending on the site of reactivation, complications can occur, especially with increasing age. Depending on the area affected, the following may occur:  
  - Inflammation of the eye  
  - Inflammation of the brain and spinal cord  
  - Secondary bacterial infection  
  - Pneumonia | **Common**  
  - Pain, redness and swelling at injection site  
  - Headache  
  - Fatigue (tiredness)  
  **Uncommon**  
  - Fever (temperature)  
  **Very Rare**  
  - Chickenpox type rash  
  - Severe allergic reaction (anaphylaxis). | • Give extra fluids  
• Paracetamol can be given according to the instructions on the packet  
• Seek advice from your pharmacy for products that may reduce itchiness |

If you are concerned or worried, seek further advice from your doctor, immunisation nurse or the Immunisation Section at SA Health on 1300 232 272 Monday to Friday 8.30am – 5.00 pm. Outside of these hours, healthdirect Australia is able to offer advice on 1800 022 222.

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**November 2015**
For more information

Immunisation Section
Communicable Disease Control Branch
PO Box 6 Rundle Mall
Adelaide SA 5000
Phone: 1300 232 272
www.sahealth.sa.gov.au/immunisation

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