

## **CHILDHOOD IMMUNISATIONS**

## WHY DOES MY CHILD NEED TO BE IMMUNISED?

Immunisation is the safest and most effective way of giving your child protection against a number of diseases. The benefits this protection provides far outweigh the very small risks associated with immunisation.

Widespread immunisation has been happening in Australia for a number of years. This means that some diseases have been eradicated as the infection cannot be spread. Small pox is an example of this.

### **HOW DOES IMMUNISATION WORK?**

When a child is vaccinated, their body produces an immune response in the same way as their body would after exposure to disease, but without the child suffering any symptoms of the diseases. If subsequently the child then comes in contact with that disease, his/her immune system will respond fast enough to prevent the development of the disease.

# DOES IMMUNISATION PROTECT US FROM DISEASE?

No immunisation is 100% effective, but if a child does contract the disease against which he or she has been vaccinated, it will be a much less severe illness than if they were never vaccinated.

## WHAT IF MY CHILD IS DUE FOR THEIR VACCINATIONS BUT IS UNWELL?

We cannot immunise you child if they are acutely unwell, particularly with a high fever (over 38.5°C). If you are concerned that your child is not well enough to be vaccinated please contact our nurse. It is very important that vaccination is not delayed unnecessarily.

# ARE THERE ANY SIDE EFFECTS FROM VACCINATION?

Common side effects are discomfort or redness at the injection site, fever, irritability or drowsiness. These should only last 48 hours. You can comfort your child by giving them extra fluids, some paracetamol if they have a fever and where babies are concerned, do not

#### IMMUNISATION SCHEDULE

At Birth	✓ Hepatitis B
At 2 mths	<ul> <li>✓ Diphtheria/Tetanus/Pertussis/ Polio/Hib/Hepatitis B</li> <li>✓ Pneumococcal</li> <li>✓ Rotavirus</li> </ul>
At 4 mths	<ul> <li>✓ Diphtheria/Tetanus/Pertussis/ Polio/Hib/Hepatitis B</li> <li>✓ Pneumococcal</li> <li>✓ Rotavirus</li> </ul>
At 6 mths	<ul> <li>✓ Diphtheria/Tetanus/Pertussis/</li> <li>Polio/Hib/Hepatitis B</li> </ul>
At 12 mths	<ul> <li>✓ Measles/Mumps/Rubella</li> <li>✓ Meningococcal A,C,W,Y</li> <li>✓ Pneumococcal</li> </ul>
At 18 mths	<ul> <li>✓ Measles/Mumps/Rubella/ Varicella (Chicken Pox)</li> <li>✓ Diphtheria/Tetanus/Pertussis</li> <li>✓ Hib</li> </ul>
At 4 yrs	<ul> <li>✓ Diphtheria/Tetanus/Pertussis/ Polio</li> </ul>

overdress them. Washing your hands after changing your baby's nappy is important, particularly if they have received the Rotavirus vaccine as it can be shed in their stool.

If your child has received a vaccine against measles, he or she may develop a measles-like rash 7-14 days after vaccination. This can also happen after the chicken pox vaccines. If so, it should only be a few spots in a localised area.

### **USEFUL WEBSITES:**

www.immunise.health.gov.au www.who.int/immunisation/en MMR decision aid: www.ncirs.usyd.edu.au/decisonaid/

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