

SSIS Health Office Handbook

Part 1

Revised March 2025



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GENERAL INTRODUCTION

SSIS School Health Services are designed to protect, promote, and manage the health and safety of students and the school community.

The Health Office Handbook Part 1 provides information for the members of the SSIS community to better understand how the Health Office within SSIS operates.

The Health Office Handbook Part 2 provides information and procedures for the School Nurse.

Roles and Responsibilities

- The **Head of School** provides educational direction to the School Leadership Team.
- The **Associate Head of School for Finance and Operations** reports to the Head of School and provides fiscal and policy direction to the Health Office.
- The **Health Office Manager** reports to the Associate Head of School -- Finance and Operations. The Health Office Manager is responsible for planning, coordinating, implementing, and evaluating school health services at SSIS. The Health Office Manager ensures that nursing care is based on prioritization of health care needs which reduces the incidence of health-related absenteeism and eliminates or minimizes health problems that impair learning. The Health Office Manager collaborates with a wide variety of school systems and professional disciplines to enhance the educational process and promote an optimal level of wellness for students and staff.
- The **School Nurses** reports to the Health Office Manager. The School Nurses will manage and coordinate the assigned school's health services program based on requirements established by school division policies, procedures, and protocols, and by local and international regulations. The School Nurses will maintain and operate the Health Office. The School Nurses is also responsible for identifying both actual and potential health problems, providing case management services, and collaborating with educators, school administrators, students, and families to ensure that students grow and develop in a healthy manner as they respond to the school environment.

HEALTH OFFICE MANAGEMENT

There are three SSIS Health Offices on campus and these are staffed by five National Registered Nurses. The nurse team at SSIS may be employed through a nurse service contract with SOS or with SSIS directly. Nursing skills are based on International and Vietnamese standards.

A nurse is on campus Monday-Friday 0600-1930, Saturday 0830-1630 during days school is in session. On non school days or on days there are no athletics scheduled a nurse is on campus Monday-Friday 0730-1600. Nurses are not on campus during National Holidays. Non-Sport student activities outside the Health Office hours do not require a nurse on campus but are evaluated on a case-by-case basis for the level of risk and will be staffed accordingly.

STUDENT HEALTH RECORDS

SSIS uses electronic health records software called Magnus Health. Magnus Health follows all data protection guidelines that are in line with HIPAA, FERPA and GDPR data protection regulations. Only authorized users have access to students' health records and have the minimum access to perform their job as it pertains to each student.

Please refer to the [SSIS Privacy Policy](#) that is part of the SSIS enrollment and re-enrollment contract.

SICK POLICY—WHAT TO DO IF YOUR CHILD IS ILL

- Stay home for a temperature of 37.8° C or higher
- Must remain at home until 24 hours being fever-free without taking fever-reducing medications. 24 hours starts when you stop taking medications and the fever has gone away.
- Stay home for flu-like symptoms cough, sore throat, body aches, chills, fatigue, etc. until recovered
- Stay home if having 2 or more episodes of diarrhea or vomiting
- Must remain at home until 24 hours have passed since the last episode of diarrhea or vomiting
- Please refer to the [Communicable Disease List and school exclusions](#) for specific illness information.

FEVER RETURN POLICY DEFINITION:

Individuals with a fever (37.8c and above) must remain home until fever free for a full 24 hours without fever reducing medications.

For example:

- You have a fever at 8:00am on Monday and take fever reducing medication.
- You start feeling better and recheck your temperature at 4:00 pm Tuesday.
- You do not have a fever and you no longer need any fever reducing medication.
- The 24 hour clock starts when the fever has gone away and you no longer need any fever reducing medication. This is the “fever free” period of time.
- The 24 hour period would end at 4:00pm Wednesday.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FEVER STARTS AT 8:00AM AND YOU TAKE MEDICATION STAY HOME	FEVER STOPS AT 4:00PM AND YOU NO LONGER NEED MEDICATION 24 HOURS STARTS FROM NOW	STAY HOME FOR 24 HOURS AFTER FEVER HAS GONE AWAY/STOPPED WITHOUT TAKING MEDICATION	RETURN TO SCHOOL/WORK AS LONG AS SYMPTOMS ARE IMPROVING AND YOU FEEL WELL ENOUGH TO PARTICIPATE	
		4:00PM IS THE 24 HOUR END		

For any medical absence needing to be recorded please reach out to your child’s divisional and nursing office.

When you report an absence due to a medical reason, please state the illness and symptoms your child is experiencing.

Divisional school office email and phone:

esoffice@ssis.edu.vn (84 28) 54130901 ext: 21190,21191

msoffice@ssis.edu.vn (84 28) 54130901 ext: 12005

hsattendance@ssis.edu.vn (84 28) 54130901 ext: 33080, 33081

Divisional nursing office email and phone:

esnurse@ssis.edu.vn (84 28) 54130901 ext: 11070 (building A107)

m nurse@ssis.edu.vn (84 28) 54130901 ext: 61040 (building MS 104)

hsnurse@ssis.edu.vn (84 28) 54130901 ext: 31001 (building C106)

COVID Absence

- If you test positive for COVID, you must notify the divisional nurse as above in the sick policy. If you are required to isolate, you are not permitted to leave your home except for medical reasons.
- Quarantine is for 5 days from the date of symptom onset, however quarantine can end earlier if you test negative before day 5. If no testing is done, day 1 is the first day that your symptoms began. After 5 days of quarantine, you can return to school/work if no further testing is done.
- When you test negative you must provide a photo of the negative test with the date to the divisional nurse.
- It is advisable to wear a face mask for a further 5 days upon return to campus.

HEALTH SERVICES—EMERGENCY ON CAMPUS

In an emergency the School Nurse will provide basic patient assessment and case management, First Aid and CPR, appropriate use of Automated External Defibrillator (AED), administration of O₂, and use of immobilization equipment (splints).

For medical situations requiring care beyond basic first aid, the School Nurse will serve as the primary coordinator for medical evacuations from campus to an appropriate treatment facility. The School Nurse will work in collaboration with the 24-hour International SOS Assistance Center, contacting the designated center and following the case management guidance provided by the International SOS Coordinating Doctor team. All medical evacuations will be conducted in accordance with the Medical Evacuation Response Plan (MERP) developed for SSIS by International SOS before the start of services.

Once the emergency is under control, the School Nurse will escalate the emergency situation to the Health Office Manager (or Associate Head of School-- Finance and Operations) and the Division Principal or Athletics and Activities Director (if during after-school activities). The School Nurse, the Health Office Manager, the Associate Head of School, or the Athletics and Activities Director will contact the parent/guardian of the student as soon as possible.

During a FIRE DRILL or EMERGENCY EVACUATION, the School Nurse will follow the campus evacuation procedures. If a student is in the Health Office at the time, the nurse will escort them to the designated evacuation point and inform the Homeroom or Advisory teacher that the student is with the nurse.

HEALTH SERVICES—NON EMERGENCY

Nursing Care

The School Nurse is a National Registered Nurse and will independently provide basic nursing care to students on campus. This includes assessment and basic first aid for minor injuries, wounds, and illness; and general health education. The School Nurse will manage student illness or injury on campus until

- the student returns to class OR
- the student is released to a parent/ guardian OR
- The student is transferred to a medical facility for emergency care if needed.
- Due to the volume of nursing office visits, parents will only be notified by phone if a student needs to be picked up or needs care at a higher-level facility. For non urgent matters the nurse will share the treatment note securely through Magnus Health

If a student is cleared to return to class, the School Nurse will contact the EC, KG, or Grade 1 classroom (or the Teaching Assistant directly) to arrange a chaperone back to class. For students in Grades 2 through 12, the School Nurse will provide a 'Nurse Pass' for the student to present to their teacher or Division Office.

Students who need to be sent home due to illness, must be assessed by the school nurse prior to departure from campus.

The SSIS Health Office's goal is to promote the safety and well-being of your child in the school environment. In the event that one of our nurse assesses your child and deems it medically necessary for your child to go home or to a higher level of care:

1. You will be required to arrange to pick up your child within 30 minutes to 1 hour of receiving a call. This is to make sure the medical needs of your child are met in a timely manner and avoid any delay in medical care.
2. If we are unable to reach the parent or guardian or if your child is not picked up within 1 hour, the nurse will call the emergency contact listed in your child's school record.
3. Once you or your emergency contact arrives at school, you will proceed to the divisional office to get a security pass for your child. Then proceed to the health office to pick up your child.
4. If the nurse is unable to reach the emergency contact or if it is a life-threatening emergency, then transportation to a higher level of care will be arranged and a staff member or nurse will accompany your child until you arrive.

Please know due to the volume of students and nurse visits we do not have the capacity to keep your child in the nursing office beyond 30 minutes-1 hour

If a student is sent home due to illness or injury, or transferred to a medical facility for emergency care, the School Nurse will notify the Division Office by email or phone. This notification includes the name of the student, the cause of illness, and the expected date of return to school. The Division Office will notify the teachers as needed.

Medical Support from International SOS

International SOS offers additional medical support through the SSIS Campus Resilience Program. Staff, students, and parents can contact the Intl SOS Assistance Center to receive medical advice, travel/security advice, and assistance with booking appointments. The number to call is 028 3829 8520.

Mental Health

The School Nurse will work closely with the SSIS Psychologist and the Counselor team of each Division to assist in the management of students with Mental Health challenges.

International SOS offers additional Mental Health support through the Campus Resilience Program. Staff, students, and parents can contact the Intl SOS Assistance Center to arrange for short-term, solutions-focused therapy. The Campus Resilience program entitles staff and students to receive five (5) free sessions per incident per year with a mental health professional counselor. Call (028) 3829 8520 to arrange for an evaluation and to set up an appointment with a mental health provider.

A student coming to the Health Office with symptoms of anxiety or social/emotional concern will be assessed. The safeguarding flowchart will be followed. The nurse will then notify the Division Office and the appropriate Counselor. After assessment, the student will:

- visit the counselor (the school nurse will escort the student to the Counselor Office or the Counselor will come to the Health Office.)
- return to class
- call a parent to go home
- transfer to a hospital or community therapist

Medication Administration

For the safety of all students while on campus the following medication rules apply:

- **ALL medications your child is taking during school hours must be discussed with the divisional nurse and stored in the health office.** To keep students safe, we need to be aware of any side effects or risks of the medications taken at school. First dose of all medications must be given at home.
- **Students will only be administered medications brought from home that are prescribed by a medical provider.**
- The nurses have small quantities of over-the-counter medications that can be administered with parent permission such as:
 - Antihistamines for allergies, panadol for pain, paracetamol for pain, strepsils for sore throat, etc.

- Students are not permitted to carry or administer their own medications whilst at school, with the exception of emergency medications prescribed to middle or high school students. Such as:
 - Epipens, inhalers or diabetic medications
 - Students in elementary school will have emergency medications stored in the nurse's office or carried by CPR/First Aid adults on field trips.
- **Medications must be in the original container with the name of the student, name of the medication, dosage, expiration date, and instructions for administration. If not labeled they will not be given by the nurse.**
- Medications are to be brought to school by a parent or guardian and given directly to the nurse.
- Medication that is brought to school by a child will not be administered unless the child has on file they can self-carry an inhaler, insulin or epi-pen etc.
- All medications require a parent or guardian to fill out an [Authorization for Medication Administration \(1\).pdf](#)

If your child is in high school or middle school and chooses to carry an epi-pen or inhaler we require that a backup is left in the nursing office in the event of an emergency and your child does not have the medication with them.

Students with prescribed emergency medications must submit them to the school health office at the start of each school year and replace any expired medications before they reach their expiration date. Failure to provide the required medications will result in the student being ineligible for off-campus activities.

REQUIRED ANNUAL HEALTH CHECK-UP

According to [Circular 13-2016](#), the Ministry of Health requires schools **to collect annual health data**. These requirements are being enforced with greater consistency across schools and we appreciate your support in adhering to this annual requirement by completing the [health check-up form](#), signed by a medical provider, at the start of the school year.

Individual Health Care Plan

If your child has specific health care needs, allergies, or chronic illness management such as, but not limited to, diabetes, asthma, epilepsy, or heart conditions, you will be required to have an Individual Health Care Plan signed and on file with the school. Students with chronic medical conditions requiring nursing support must be evaluated annually by a medical provider and have a signed emergency action plan on file prior to the student starting school. This is to ensure that the school is adequately prepared to care for your child.

Individual Health Care Plans are laminated colored sheets for those students with a MEDICAL ALERT (a life-threatening condition). At the beginning of the school year, a hard copy and a soft copy of a student's IHCP are given to each Division Office. The Division Office ensures that the relevant teachers have a copy of the IHCP.

[Food Allergy and Anaphylaxis Emergency Action Plan](#)

[General Seizure Emergency Action Plan](#)

[Asthma Emergency Action Plan](#)

[Diabetic Emergency Action Plan](#)

Field Trips

Field trips require the nursing office to review to assess the risk. In certain cases, nursing support will be provided. All field trips must have a chaperone or coach who is CPR/First-Aid certified. Nurses will provide first aid kits to trip leaders. Any students who have emergency medications, the medication will be checked out for the trip and returned after the trip. The nurse will ensure the CPR/First aider is trained on the use of emergency medications.

HEALTH SERVICES—INFECTION CONTROL

Communicable Diseases

SSIS works closely with the Vietnamese Ministry of Health, HCMC CDC, and the DoET to prevent, report, and manage communicable diseases on campus. The SSIS Admissions process requires that students have routine childhood immunizations (e.g. measles, diphtheria, tetanus, pertussis) as well as those mandated by the Vietnamese government (e.g. Japanese Encephalitis). SSIS has a process for the detection, reporting, communication, and control of communicable diseases in SSIS. SSIS uses Directive # 1209 Communicable Disease Chart for criteria of school exclusion and reporting.

Vaccination Policy

1. A copy of valid vaccination certificate or vaccination exemption is required for all students enrolling in SSIS. [SSIS Immunization Form](#)
2. Refuse admittance to any students who are not compliant with the immunization program in their home country.
3. The SSIS Nurse is to review students' health records on a regular basis and notify parents about vaccines due and/or overdue.
 - ❖ EC & ES: in reminder emails, parents are notified that within 02 weeks, if the school nurse receives no response from the parents about vaccines due/overdue, the school nurse will report to the ES Principal and the students may have to remain home until the due vaccines are completed.
4. The SSIS Immunization requirements are based on the CDC's 2023 Immunization Schedule. (See Appendix A)

5. Please refer to the [CDC 2023 catch-up schedule](#) and talk with your child's medical provider about any vaccines that need to be completed.
6. Please refer to the [CDC recommended vaccinations for travel to Vietnam](#) and talk with your child's medical provider for those moving to Vietnam.

Students with no immunization certificate for school enrollment

1. Ask the parents to contact the family physician, or clinic where the student got vaccinated for a copy of immunization history if possible.
2. If a vaccination record can't be found, the student will be referred to a medical doctor for:
 - ❖ Immunology tests: Hepatitis A and B, MMR, Varicella - the catch-up program for these shots then will be arranged according to the test reports.
 - ❖ Catch-up program for DTP and IPV according to their age
 - Please refer to the [CDC 2023 catch-up schedule](#) and talk with your child's medical provider about any vaccines that need to be completed.
3. Students with no immunization certificate can only start school with the reports of the immunology tests and the proof showing that they have started their catch-up vaccine program.
4. The school nurse will periodically contact the parents for the child's catch-up vaccine program updates until it is completed.

Vaccine Exemptions

A medical exemption is acceptable when a child has a medical condition that prevents them from receiving a vaccine. If a child is exempted from meeting the immunization requirement for medical reasons, a doctor's written statement is required. The statement must include:

1. Which immunization(s) are to be exempted
2. The immunization is exempted temporarily or permanently
3. The specific nature of the medical condition(s)

(References: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
<https://vaccineinformation.org>)

Health and Safety Protocols

SSIS communicates good hygiene practices to staff and students and follows government directives, CDC & WHO recommendations, and advice from International SOS regarding the prevention of all infectious diseases.

Following the recent outbreak of COVID in HCMC the school is aware of the need to have campus protocols for the health and safety of the staff and students at SSIS. To lessen the risk of transmission of COVID, SSIS has a detailed health and safety approach which includes hand washing/disinfecting, mask-wearing, social distancing, vaccinations, and COVID testing. Campus protocols are based on

government directives, CDC & WHO recommendations, and advice from International SOS. The most current protocols can be found here: <https://www.ssis.edu.vn/reopening-campus>

The Health Office Manager is responsible for sharing these protocols with all staff and students which can take place via orientation sessions, videos, emails, Zoom presentations to parents, or individual meetings with new staff and substitute teachers.

Pandemic Response

If circumstances require, the Health Office will assist with the implementation of emergency responses to epidemics and pandemics. SSIS will maintain or exceed health requirements and best practices to support the health and safety of the SSIS community.

HEALTH SERVICES—PREVENTION

Health Education and Training

As time permits, the School Nurse team will develop an annual health promotion and health education plan for the students and staff of SSIS. Topics may include vaccinations, healthy eating, hand hygiene, or communicable diseases. As time permits, the School Nurse will implement an annual health promotion calendar with monthly health education activities in the school for the students and staff as per the developed plan.

The School Nurse will provide health teaching to staff and students as needed. This includes training teachers to use the EpiPen, creating videos, and doing presentations on SSIS health and safety protocols for students, staff, and contractors.

Health Screenings

As per the direction of the Department of Education and Training, students from Kindergarten to grade 12 are required to have an annual health evaluation by a medical provider. They will also receive an Annual Health Screening at school. The screening includes Height, Weight, BMI and BMI percentile. The screenings are meant to determine how the children are growing and to identify issues that may affect their learning. This health screening is not considered diagnostic and should not take the place of an annual medical check-up for students.

After the screening parents will be able to view the report in Magnus Health. The nurse will contact parents and teachers directly regarding any findings that may be of concern. Parents will be advised to consult with a physician for further assessment.

LINKS AND REFERENCES

World Health Organization <https://www.who.int/>

Worldometer <https://www.worldometers.info/coronavirus/>

Vietnam Ministry of Health <https://ncov.moh.gov.vn/>

Centers for Disease Control Vietnam <https://hcdc.vn/>

Vietnam Briefing

<https://www.vietnam-briefing.com/news/vietnam-business-operations-and-the-coronavirus-updates.html/>

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

<https://vaccineinformation.org>)

International SOS (028) 3829 8520 is available 24/7 for SSIS students

Circular 13 DoET

MERP version 2.2

Directive # 1209 Communicable Disease Chart

APPENDIX A

[Communicable Disease Chart/School Exclusion for Parents](#)

[Annual Physical Examination Form](#)

[Immunization History Form](#)

[Food Allergy and Anaphylaxis Emergency Action Plan](#)

[General Seizure Emergency Action Plan](#)

[Asthma Emergency Action Plan](#)

[Diabetic Emergency Action Plan](#)

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HepB Hepatitis B	HepB	HepB			HepB						
RV* Rotavirus			RV	RV	RV*						
DTaP Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP		DTaP				DTaP
Hib* Haemophilus influenzae type b			Hib	Hib	Hib*		Hib				
PCV13, PCV15 Pneumococcal disease			PCV	PCV	PCV		PCV				
IPV Polio			IPV	IPV			IPV				IPV
COVID-19** Coronavirus disease 2019									COVID-19**		
Flu* Influenza									Flu (One or Two Doses Yearly)*		
MMR Measles, Mumps, & Rubella							MMR				MMR
Varicella Chickenpox							Varicella				Varicella
HepA* Hepatitis A							HepA*		HepA*		

FOOTNOTES

RV* **Hib***

Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

COVID-19** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu* Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA* Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: [cdc.gov/vaccines/parents](https://www.cdc.gov/vaccines/parents)



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2023 Recommended Immunizations for Children 7–18 Years Old

RECOMMENDED VACCINES	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS
COVID-19* Coronavirus disease 2019												COVID-19*
Flu** Influenza		Flu (One or Two Doses Yearly)**										Flu (One Dose Yearly)
Tdap Tetanus, Diphtheria, & Pertussis						Tdap						
HPV* Human papillomavirus						HPV*						
MenACWY Meningococcal disease						MenACWY					MenACWY	
MenB Meningococcal disease											MenB	
CATCHING UP ON MISSED CHILDHOOD VACCINATION*												
MMR Measles, Mumps, & Rubella												MMR
Varicella Chickenpox												Varicella
HepA Hepatitis A												HepA
HepB Hepatitis B												HepB
IPV Polio												IPV
ONLY IN PLACES WHERE DENGUE IS COMMON — MUST have a laboratory test confirming past dengue infection												
Dengue												Dengue

KEY

Indicates when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

Indicates the vaccine series can begin at this age.

Indicates the vaccine should be given if a child is catching up on missed vaccines. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

Indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.

FOOTNOTES

COVID-19* Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HPV* Ages 11 through 12 years old should get a 2-shot series separated by 6 to 12 months. The series can begin at 9 years old. A 3-shot series is recommended for those with weakened immune systems and those who start the series after their 15th birthday.

*Originally recommended age ranges for missed childhood vaccinations: 2-dose series of **MMR** at 12–15 months and 4–6 years; 2-dose series of **Varicella** at 12–15 months and 4–6 years; 2-dose series of **HepA** (minimum interval: 6 months) at age 12–23 months; 3-dose series of **HepB** at birth, 1–2 months, and 6–18 months; and 4-dose series of **Polio** at 2 months, 4 months, 6–18 months, and 4–6 years.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: [cdc.gov/vaccines/parents](https://www.cdc.gov/vaccines/parents)



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Diseases and the Vaccines that Prevent Them

BIRTH–6 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (whooping cough)	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
Haemophilus influenzae type b (Hib)	Hib vaccine protects against Haemophilus influenzae type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Pneumococcal disease (PCV13, PCV15)	PCV vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Coronavirus disease 2019 (COVID-19)	COVID-19 vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death

DTaP* DTaP combines protection against diphtheria, tetanus, and pertussis.

MMR** MMR combines protection against measles, mumps, and rubella.

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Diseases and the Vaccines that Prevent Them

7–18 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
Coronavirus disease 2019 (COVID-19)	COVID-19 vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Tetanus	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
Diphtheria	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (whooping cough)	Tdap* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Human papillomavirus	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
Meningococcal disease	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
Measles	MMR† vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR† vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Rubella	MMR† vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Dengue	Dengue† vaccine protects against dengue.	Bite from infected mosquito	May be no symptoms, fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite, feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to the liver, heart, and lungs, death

Tdap* Tdap combines protection against diphtheria, tetanus, and pertussis.

Td** Td combines protection against diphtheria and tetanus.

MMR† MMR combines protection against measles, mumps, and rubella.

Dengue† Recommended where dengue is common.

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