



**HEALTHY
KIDS**

**HEALTHY
FUTURES**

2025 YOUTH & FAMILY RESOURCES

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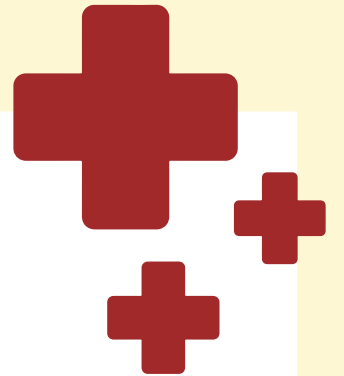
EMERGENCY DEPARTMENT USE

- Know Where to Go



I'M SICK OR HURT

WHERE DO I GO?



NEED MEDICAL CARE BUT FEEL SAFE TO WAIT A DAY

- Skin problems
- Simple back pain
- Mild cuts
- Pain with urination
- Mild sprains, strains
- Sore throat
- Fever
- Earache
- Runny nose



NEED MEDICAL CARE TODAY BUT FEEL SAFE TO WAIT A FEW HOURS

- Tried but could not reach my provider or make an appointment
- Reached my provider and was told to go to an urgent care or walk-in clinic



NEED MEDICAL CARE NOW AND DO NOT FEEL SAFE TO WAIT

- Trouble breathing
- Uncontrolled bleeding
- Severe pain or injury
- Sudden numbness
- Sudden weakness
- Chest pain
- Seizures
- Burns
- Fainting

WHEN IN DOUBT, CALL 911!

IMMUNIZATIONS AND VACCINES

- Free Vaccines
- Measles in Michigan
- Immunization Recommendations & Individual Vaccine Information - **Birth - Age 6**
- Immunization Recommendations & Individual Vaccine Information - **Age 7-18**
- Immunization Recommendations & Individual Vaccine Information - **Age 19+**



Did You Know Your Child Can Get Free Vaccines?

Vaccines for Children Can Help

The Vaccines for Children (VFC) program provides free vaccines to children who qualify. About half of American children less than 19 years old receive VFC vaccine.

Is my child eligible for the VFC Program?

Children are eligible if it is before their 19th birthday and they:

- Qualify for Medicaid
- Don't have insurance
- Are American Indian or Alaska Native

Children whose insurance doesn't cover some or all routinely recommended vaccines (underinsured) can still get vaccines through VFC if they go to a Federally Qualified Health Center or Rural Health Clinic.

Where can I go to get my child vaccinated?

- Ask if your child's doctor or nurse is a VFC provider. Nationally, there are thousands of health care providers enrolled in the VFC program.
- If your child does not have a doctor, ask if your local public health department provides vaccines.
- Visit a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

How much will I have to pay?

- All routinely recommended vaccines are free through the VFC Program.
- Doctors can charge fees to give each shot. However, they cannot refuse to vaccinate your child if you are unable to pay these fees.
- The doctor can charge additional fees for the office visit or non-vaccine services such as an eye exam or blood test.

Where can I get more information?

- Ask your child's doctor's office if they participate in VFC.
- If you don't have a regular doctor's office:
 - See if your state has a searchable website for VFC providers.
 - Call your [state or local health department](#).
 - Visit findahealthcenter.hrsa.gov to find a Federally Qualified Health Center.



Learn more at [CDC.gov/vaccines/programs/vfc/parents/](https://www.cdc.gov/vaccines/programs/vfc/parents/)

What to Know About Measles

Is measles serious?

Measles is a highly contagious virus that can lead to serious health complications like lung infection, brain damage, deafness, hospitalizations and death.

Measles is especially serious for young children, older adults, pregnant people and those with weakened immune systems.



What are the symptoms of measles?

High fever.

Runny nose.

Diarrhea.

Rash all over body.

Cough.

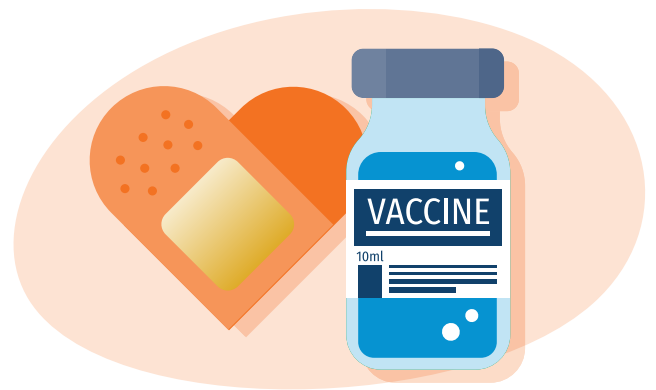
Red eyes.

Ear infection.

How do I get vaccinated?

Measles is highly contagious. Everyone should be up to date on Measles Mumps and Rubella (MMR) vaccine. To check your vaccination status or to get vaccinated, talk with your health care provider or call your local health department.

Learn more at Michigan.gov/Measles.



Routine Recommendation:

Children need 1 dose of MMR at 12 months of age and again at 4 to 6 years of age.

- Children 1 to 4 years old who live in or are visiting an affected area can receive a second dose early (at least 4 weeks after the first dose).

Catch-Up Recommendation:

Unvaccinated children and adolescents should receive 2 doses at least 4 weeks apart.



Adult Recommendation:

- Adults born in 1957 or later who are at low risk and have no evidence of immunity should receive 1 dose.
- Adults born in 1957 or later who are at high risk and have no evidence of immunity, should receive 2 doses at least 4 weeks apart.
- Adults born before 1957 are assumed to have immunity to measles and do not need a dose of MMR vaccine.
- Talk to your health care provider to determine your level of risk and need for vaccination.



International Travel Recommendations:

- Infants ages 6 to 11 months should receive 1 dose before departure (does not count toward 2-dose series).
- Unvaccinated children ages 12 months and older should receive 2 doses at least 4 weeks apart before departure.
- Adults who have no evidence of immunity, should receive 2 doses at least 4 weeks apart before departure.



The Michigan Department of Health and Human Services (MDHHS) has alerted all health care providers to consider measles in any patient with febrile rash illness especially if their vaccination status is unknown.

Measles

Frequently Asked Questions

Public

Measles Overview

What is measles and what are the symptoms?

Measles is a viral disease spread through respiratory droplets when an infected person coughs or sneezes. It is not just a rash and can be dangerous, especially for babies and young children. Measles is one of the most contagious diseases. If one person has it, up to nine out of 10 people nearby will become infected if they are not immune. You can get measles by being in a room where a person with measles has been even up to two hours after the person has left the room. If someone is infected with measles, they can spread it to others starting four days before through four days after the rash starts. An infected person can spread measles to others even before knowing they have the disease.

Symptoms typically appear seven to 14 days after exposure and include:

- High fever (may spike to more than 104° Fahrenheit).
- Cough.
- Runny nose.
- Red, watery eyes.
- Tiny white spots (Koplik) spots may appear inside the mouth two to three days after symptoms begin.
- Rash that appears three to five days after the first symptoms. It usually begins as flat red spots that appear on the face then spreads downward across the body.
 - Sometimes immunocompromised patients do not develop a rash.

Measles typically lasts seven to 10 days.

[Measles Symptoms and Complications | Measles \(Rubeola\) | CDC](#)
[About Measles | Measles \(Rubeola\) | CDC](#)

What are common complications from measles?

Approximately 30% of measles cases in the United States from 1987 to 2000 were reported to have one or more complications, such as: Diarrhea.

- Ear infections.

Severe complications include:

- Hospitalization.
- Lung infection (pneumonia).
- Brain swelling (encephalitis).
- Death.

- Complications during pregnancy. If you are pregnant and have not had the MMR vaccine, measles may cause birth prematurely or a low-birth-weight baby.

Long-term complications:

- Rare but fatal brain disease (subacute sclerosing panencephalitis).
- Immune amnesia. The measles virus has the ability to destroy immune memory from previous infections. This weakens the immune system, making you more likely to get sick from other diseases. This effect can last for years. [Measles and Immune Amnesia](#).

Who is at risk for complications?

Measles can be serious in all age groups. However, there are several groups more likely to suffer from measles complications:

- Children younger than 5 years of age.
- Adults older than 20 years of age.
- Pregnant women.
- People with weakened immune systems, such as from leukemia or HIV infection.

How do I prevent getting measles?

The best way to prevent measles is to get vaccinated. The measles, mumps and rubella (MMR) vaccine is recommended for children at 12 through 15 months of age, with dose two at 4 through 6 years of age. Most adults are recommended to have at least one dose of MMR. Some adults are recommended to have two doses; this includes all persons working in health care, college students, close contacts of immunocompromised people and those who plan to travel internationally. Persons born before 1957 are presumed to be immune because they are likely to have had measles. Unless there is a reason that MMR vaccine cannot be received, two doses of MMR vaccine can be received if there is no record of vaccination. An adult that would like to ensure they have two doses should talk to their health care provider. Women should not get the vaccine if they are already [pregnant](#) or if they plan to become pregnant within one month after getting the vaccine.

Measles Vaccination

How effective is the MMR vaccine in preventing measles?

Vaccination is the most effective way to prevent measles. A dose of MMR vaccine administered after 12 months of age results in immunity in 93% of people. The second dose increases immunity to 97%.

What is presumptive evidence of immunity?

Presumptive evidence of immunity suggests a person has immunity from a disease. It is recommended that people who do not have presumptive evidence of immunity to measles, mumps and rubella should get vaccinated.

Presumptive evidence of immunity can be established in any of the following ways:

- Written documentation of adequate vaccines for measles, mumps and rubella.
- Laboratory evidence of immunity.
- Laboratory confirmation of disease.

- Birth before 1957.
 - Although birth before 1957 is considered acceptable evidence of immunity for health care personnel in routine circumstances, health care facilities should consider vaccinating health care personnel born before 1957 who lack laboratory evidence of immunity or laboratory confirmation of disease.
 - Health care providers should not accept verbal reports of vaccination without written documentation as presumptive evidence of immunity.

[Measles Vaccine Recommendations | Measles \(Rubeola\) | CDC](#)

What are routine vaccine recommendations?

Children

The U.S. Centers for Disease Control and Prevention (CDC) recommends children get two doses of the MMR) vaccine or the measles, mumps, rubella, varicella (MMRV) vaccine:

- **First dose** at age 12 through 15 months.
- **Second dose** at age 4 through 6 years (before school entry).

Adolescents and Adults

Adolescents through age 18 years are recommended for two doses of MMR vaccine. If they do not have two doses of vaccine, catch them up as soon as possible.

- The minimum interval between two doses of MMR vaccine is at least 28 days between dose one to dose two.

[Adults 19 years and older](#) should also be up to date on MMR vaccinations with either one or two doses; unless they have other presumptive evidence of immunity to measles, mumps and rubella. Ensuring a two-dose series of MMR vaccination is especially important for specific groups including:

- Students at post-high school education institutions.
- International travelers.
- Health care personnel.
- Close contacts of immunocompromised people.
- People with HIV infection ([absence of severe immunosuppression](#)).
- Adults who got inactivated measles vaccine (1963-1967).
- Groups at increased risk during measles outbreak.

[Measles Vaccination for Specific Groups | Measles \(Rubeola\) | CDC](#)

Do any adults need “booster” doses of MMR vaccine to prevent measles?

Adults with evidence of immunity do not need further vaccines. No “booster” doses of MMR vaccine are recommended for either adults or children. They are considered to have lifelong immunity once they have received the recommended number of MMR vaccine doses or have other acceptable evidence of immunity.

Can I get MMR if I am breastfeeding my baby?

Yes, it is safe to breastfeed after getting the MMR vaccine. The vaccine does not pass through breast milk, and it will not harm your baby.

If someone in the house has a weakened immune system, is it safe for me to get the MMR vaccine?

Yes. Measles vaccine contains weakened viruses, and it is weakened so much that it is not usually transmitted from the vaccinated person to other household members.

If a rash occurs after receiving the MMR vaccine, does that indicate that the person has measles?

Rashes have been reported in a small group of vaccine recipients, usually between five and 12 days after receipt of MMR vaccine. Recipients who develop rash and/or fever are not considered contagious. However, if the vaccine was administered as part of an outbreak response, it is important to quickly differentiate between vaccine reaction and measles infection. Consult a provider or local public health authorities to assist with this process.

How long does it take for the measles vaccine to work?

For the measles vaccine to work, the body needs time to produce protective antibodies. People are usually fully protected after about two or three weeks. If you're traveling internationally, make sure you are up to date on your measles vaccinations. You should plan to be fully vaccinated at least two weeks before you depart. If your trip is less than two weeks away and you're not protected against measles, you should still get a dose of the measles vaccine.

How can I check my vaccination status?

Begin by looking for vaccination records. Your health care provider may have this information. Another potential source of vaccination records could be school or college records. You can also check your vaccination record at the [Michigan Immunization Portal](#).

- If you do not have written documentation of a measles vaccination, you can get a dose of MMR vaccine. CDC recommendations indicate there is no harm in getting a dose of MMR vaccine, even if you are already immune.

Do people who received the killed measles vaccine in the 1960s need to be revaccinated with the current MMR vaccine?

Yes, people who know they received the killed measles vaccine (an earlier formulation of measles vaccine that is no longer used) should talk to their health care provider about getting revaccinated with the current MMR vaccine.

Not many people fall into this group; the killed vaccine was given to less than 1 million people between 1963 and 1967. If you're unsure whether you fall into this group, you should first try to find your vaccination records or documentation of measles immunity. If you do not have written documentation of measles immunity, you should get vaccinated. There is no harm in getting another dose of MMR vaccine if you may already be immune to measles, mumps or rubella. Another option is to have a health care provider test your blood to determine whether you're immune, but this is generally not recommended.

Measles Vaccine Safety

What is my risk when getting measles vaccine?

The [safety](#) of vaccines is taken very seriously and vaccines are among the most tested and [safest medical products](#) available. However, vaccines, like any medicine, can have side effects. Most people who get MMR vaccine do not have any serious problems. Getting the [MMR vaccine](#) is much safer than getting measles, mumps or rubella.

Common side effects include:

- Sore arm from the shot.
- Fever.
- Mild rash.
- Temporary pain and stiffness in the joints.
- Some people may experience swelling in the cheeks or neck.

More serious reactions happen rarely, and include:

- Temporary low platelet count.
- Seizure (often associated with fever).
- Severe allergic reaction.

Where can I find more information to help address concerns about vaccine safety?

There are many websites that have information about [vaccine safety](#), including the [American Academy of Pediatrics](#), the [CDC](#), [Vaccinate Your Family](#), [Immunize.org](#), the [National Academies of Science, Engineering, and Medicine](#) and the [Vaccine Education Center of the Children's Hospital of Philadelphia](#).

Measles Exposure and Outbreak Questions

What should be done if I believe I have been exposed to or have measles?

Immediately call a health care provider and let them know about potential exposure and any symptoms, so the provider can instruct on next steps. The health care provider can make special arrangements to evaluate the patient, if needed, without putting other patients and medical office staff at risk.

If you are seriously ill and need to go to the emergency room, call ahead to let them know you are coming and have concerns you may have measles. Likewise, if you need to call 911 tell them as well.

Where can I find information about potential measles cases in Michigan?

Michigan has a [webpage](#) that provides guidance on measles both nationally and in Michigan.

Where do I find information about travel vaccinations and any travel warnings?

Travel warnings by destination can be found online at wwwnc.cdc.gov/travel.

Measles Treatment

What is the treatment for measles?

Treatment includes bed rest, fluids and medicine for fever and headache. Antibiotics do not help and will not cure measles or prevent the disease. There are no antiviral drugs for treating measles.

Should a person with measles stay home?

Measles is very contagious. Someone with measles is contagious from four days before the onset date of the rash through the end of the fourth day after the onset of the rash (the onset date of the rash is day zero). During this time, those infected should stay home and not attend work, school or social activities unless they are seeking medical care. If seeking medical care, patients should call ahead to the medical facility and local health department to make arrangements to minimize exposures.

Dispelling Misinformation Around Vaccination

Does Vitamin A prevent measles?

Vitamin A does not prevent measles; only the MMR vaccine can prevent measles. The best way to prevent measles is to be vaccinated with two doses of MMR vaccine. Vitamin A should not be used to try to prevent measles, nor should it be used in high dosages as it can lead to toxicity (e.g. nausea, vomiting, headache, fatigue, joint and bone pain, blurry vision, skin/hair problems, increased intracranial pressure, liver damage, confusion, coma, etc.). Vitamin A may be useful as a supplemental treatment once someone has a measles infection, especially if they have a severe case of measles or low vitamin A levels and are under the care of a provider.

Does the MMR vaccine cause autism?

There is no scientific evidence that any vaccine, including MMR, [causes autism](#). Learn more about measles and the [MMR vaccination](#) from Dr. Natasha Bagdasarian, Chief Medical Executive for the State of Michigan.

Is it OK for a 1-year-old to get the MMR vaccine if mom is pregnant or if someone in the house is immune compromised?

Yes. The MMR vaccine can be given to children who live with pregnant women or immune compromised people. While the MMR vaccine contains live measles, mumps and rubella viruses, they are weakened so much that they are not usually transmitted from the vaccinated person to other household members.

I've heard it's better for children to get measles from another kid than to get a measles shot. Is that true?

No. Measles is a dangerous disease and the vaccine is very safe. The risks of severe illness, death or lifelong complications from measles infection far outweigh the generally mild side effects some people experience following vaccination. Serious reactions to the MMR vaccine are rare. The impact from disease can be life altering, including death.

If my chance of getting the disease is low, why do I need to get myself or my child vaccinated?

It is true that [vaccination has reduced measles](#) and most other vaccine-preventable diseases to very low levels in the United States. However, measles is still very common – even at epidemic levels – in other parts of the world. Visitors to the U.S. and unvaccinated U.S. travelers returning from other countries can unknowingly bring measles into the country. The measles virus is very contagious and can live for up to two hours on a surface or in an airspace where an infected person coughed or sneezed. Even one case of measles can cause the disease to spread very quickly if many people are unvaccinated or not immune.

To protect your children, yourself, those who cannot medically be vaccinated and others in the community, it is important to be vaccinated against measles.

Can I get measles if I'm fully vaccinated?

The MMR vaccine works very well, but rare breakthrough cases (cases where a person is fully vaccinated), are possible. When that happens the illness is typically mild.

Breakthrough infections usually happen in communities experiencing an outbreak where high levels of measles virus are circulating. Although the vaccine is 97% effective when given as recommended, it is not 100% effective, and being exposed to high amounts of virus can still cause infection. Our own immune system and health are a factor as well.

Vaccine Resources

Measles

- [Measles Updates.](#)
- Recognizing and Addressing Measles in a Pediatric Practice.
 - [Think Measles: Recognizing and Addressing Measles in Pediatric Practice.](#)
- [Measles Vaccination for Specific Groups | Measles \(Rubeola\) | CDC.](#)
- [Ask The Experts About Vaccines: MMR \(Measles, Mumps and Rubella\) | Immunize.org.](#)
- [Clinical Guidance on Measles | Free Clinical Guidance | Healio.](#)

How can I talk to others about getting vaccinated?

- [Voicesforvaccines.org/course/becoming-trusted-messengers/.](https://www.voicesforvaccines.org/course/becoming-trusted-messengers/)

Where can I find information about vaccines and vaccine safety?

- [Vaccineinformation.org/.](https://www.vaccineinformation.org/)
- [Vaccinesafety.edu/.](https://www.vaccinesafety.edu/)

Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?

Scan this QR code to find out which vaccines your child might need. Or visit www2.cdc.gov/vaccines/childquiz/



| VACCINE OR PREVENTIVE ANTIBODY | BIRTH | 1 MONTH | 2 MONTHS | 4 MONTHS | 6 MONTHS | 7 MONTHS | 8 MONTHS | 12 MONTHS | 15 MONTHS | 18 MONTHS | 19 MONTHS | 20-23 MONTHS | 2-3 YEARS | 4-6 YEARS | |
|--------------------------------|--|---------|----------|----------|---|----------|----------------------------------|-----------|-----------|-----------|-----------|--------------|-----------|-----------|--|
| RSV antibody | Depends on mother's RSV vaccine status | | | | | | Depends on child's health status | | | | | | | | |
| Hepatitis B | Dose 1 | Dose 2 | | | Dose 3 | | | | | | | | | | |
| Rotavirus | | | Dose 1 | Dose 2 | Dose 3 | | | | | | | | | | |
| DTaP | | | Dose 1 | Dose 2 | Dose 3 | | | | Dose 4 | | | | | Dose 5 | |
| Hib | | | Dose 1 | Dose 2 | Dose 3 | | | Dose 4 | | | | | | | |
| Pneumococcal | | | Dose 1 | Dose 2 | Dose 3 | | | Dose 4 | | | | | | | |
| Polio | | | Dose 1 | Dose 2 | Dose 3 | | | | | | | | Dose 4 | | |
| COVID-19 | | | | | At least 1 dose of the current COVID-19 vaccine | | | | | | | | | | |
| Influenza/Flu | | | | | Every year. Two doses for some children | | | | | | | | | | |
| MMR | | | | | | | | Dose 1 | | | | | | Dose 2 | |
| Chickenpox | | | | | | | | Dose 1 | | | | | | Dose 2 | |
| Hepatitis A | | | | | | | 2 doses separated by 6 months | | | | | | | | |

KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
3. Your child misses a vaccine recommended for their age.

What diseases do these vaccines protect against?

BIRTH–6 YEARS OLD

| VACCINE-PREVENTABLE DISEASE | DISEASE COMPLICATIONS |
|--|--|
| <p>RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact</p> | Infection of the lungs (pneumonia) and small airways of the lungs; especially dangerous for infants and young children |
| <p>Hepatitis B Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen</p> | Chronic liver infection, liver failure, liver cancer, death |
| <p>Rotavirus Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool</p> | Severe diarrhea, dehydration, death |
| <p>Diphtheria* Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin</p> | Swelling of the heart muscle, heart failure, coma, paralysis, death |
| <p>Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway; spread through air and direct contact</p> | Infection of the lungs (pneumonia), death; especially dangerous for babies |
| <p>Tetanus (Lockjaw)* Bacterial infection of brain and nerves caused by spores found in soil and dust everywhere; spores enter the body through wounds or broken skin</p> | Seizures, broken bones, difficulty breathing, death |
| <p>Hib (Haemophilus influenzae type b) Contagious bacterial infection of the lungs, brain and spinal cord, or bloodstream; spread through air and direct contact</p> | Depends on the part of the body infected, but can include brain damage, hearing loss, loss of arm or leg, death |
| <p>Pneumococcal Bacterial infections of ears, sinuses, lungs, or bloodstream; spread through direct contact with respiratory droplets like saliva or mucus</p> | Depends on the part of the body infected, but can include infection of the lungs (pneumonia), blood poisoning, infection of the lining of the brain and spinal cord, death |
| <p>Polio Contagious viral infection of nerves and brain; spread through the mouth from stool on contaminated hands, food or liquid, and by air and direct contact</p> | Paralysis, death |
| <p>COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact</p> | Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death |
| <p>Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact</p> | Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death |
| <p>Measles (Rubeola)† Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash; spread through air and direct contact</p> | Brain swelling, infection of the lungs (pneumonia), death |
| <p>Mumps† Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw; spread through air and direct contact</p> | Brain swelling, painful and swollen testicles or ovaries, deafness, death |
| <p>Rubella (German Measles)† Contagious viral infection that causes low-grade fever, sore throat, and rash; spread through air and direct contact</p> | Very dangerous in pregnant women; can cause miscarriage or stillbirth, premature delivery, severe birth defects |
| <p>Chickenpox (Varicella) Contagious viral infection that causes fever, headache, and an itchy, blistering rash; spread through air and direct contact</p> | Infected sores, brain swelling, infection of the lungs (pneumonia), death |
| <p>Hepatitis A Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person</p> | Liver failure, death |

*DTaP protects against tetanus, diphtheria, and pertussis

†MMR protects against measles, mumps, and rubella

IMMUNIZATION SCHEDULE


RECOMMENDED FOR BABIES AND CHILDREN FROM BIRTH-6 YEARS OF AGE


Catch up: If your child misses a shot recommended for their age, ask your pediatrician when the missed shot can be given.

| | Birth | 1 Month | 2 Months | 4 Months | 6 Months | 8 Months | 12 Months | 15 Months | 18 Months | 19-23 Months | 2-3 Years | 4-6 Years |
|--|-------|---|----------|----------|----------|---|-----------------------------------|-----------|-----------|--------------|-----------|-----------|
| RSV (Respiratory Syncytial Virus) | ✓ | 1 dose depending on maternal RSV vaccination status | | | | ✓ 1 dose depending on child's health status | | | | | | |
| HepB (Hepatitis B) | ✓ | ✓ | | | ✓ | | | | | | | |
| RV (Rotavirus) | | | ✓ | ✓ | ✓* | | | | | | | |
| DTaP (Diphtheria, Tetanus & Pertussis) | | | ✓ | ✓ | ✓ | | | ✓ | | | | ✓ |
| Hib (<i>Haemophilus influenzae</i> type b) | | | ✓ | ✓ | ✓* | | ✓ | | | | | ✓ |
| PCV (Pneumococcal disease) | | | ✓ | ✓ | ✓ | | ✓ | | | | | ✓ |
| IPV (Polio) | | | ✓ | ✓ | ✓ | | | | | | | ✓ |
| COVID-19 (Coronavirus disease 2019) | | | | | ✓ | 1-3 doses as recommended | | | | | | |
| Flu Vaccine | | | | | ✓ | ← Yearly** → | | | | | | |
| MMR (Measles, Mumps, & Rubella) | | | | | ✓ | | ✓ | | | | | ✓ |
| Varicella (Chickenpox) | | | | | | | ✓ | | | | | ✓ |
| HepA (Hepatitis A) | | | | | ✓ | | ✓ 2 doses at least 6 months apart | | | | | |

*A third dose of rotavirus or *Haemophilus influenzae* type b vaccine at age 6 months depends on the brand used for the previous dose.

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

 These shaded boxes indicate when the vaccine is recommended for all children unless they cannot safely receive it. Your doctor will tell you if your child cannot safely receive the vaccine.

 These shaded boxes indicate that the vaccine is recommended for children whose health condition or situation (eg, travel, outbreak) puts them at high risk for serious diseases. If doses are given earlier than the recommended age because of special circumstances, they may have to be repeated. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.

These vaccines are recommended by the American Academy of Pediatrics (AAP) (<https://www.aap.org/immunization>) and the Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/vaccines/schedules>).

These vaccines are safe.

- Before being licensed and recommended, each vaccine has been carefully studied by scientific experts at the Food and Drug Administration and CDC.
- The CDC continually monitors the safety of all vaccines, which are held to the highest standards.
- It is normal and expected to have minor vaccine side effects. Most side effects are mild.
- Serious side effects (e.g., severe allergic reaction) are rare.

Vaccine Information Statements: <https://www.cdc.gov/vaccines/hcp/vis/index.html>

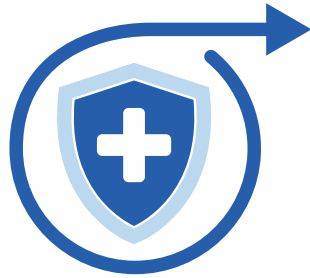
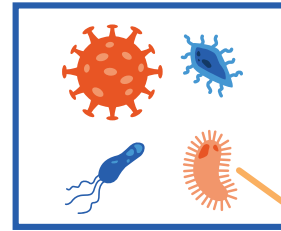
This schedule is based on the 2024 schedule. The schedule is reviewed annually.



WHY VACCINATE?

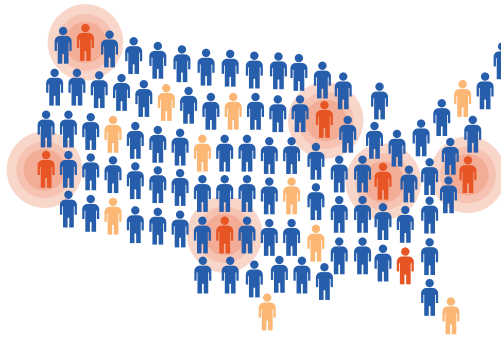
BABIES AND CHILDREN NEED VACCINES TO...

TEACH THE IMMUNE SYSTEM HOW TO RECOGNIZE A VIRUS OR BACTERIA SO THEIR BODY KNOWS HOW TO RESPOND IF THEY ARE EXPOSED TO THE GERMS.



BUILD LONG-TERM PROTECTION AGAINST DISEASES.

PROVIDE COMMUNITY IMMUNITY: PROTECT OTHERS FROM GERMS THAT CAN SPREAD EASILY.



- = Is infected
- = Has been vaccinated
- = At high risk for disease or has not been (fully) vaccinated.

KEEP THEM SAFE AND HEALTHY AS THEY GROW SO THEY CAN:



Play with friends.



Stay in school and keep learning.



Sleep well and feel rested.



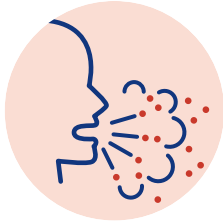
Participate in sports and other activities.

Live their **BEST LIFE.**



RESPIRATORY SYNCYTIAL VIRUS (RSV) IMMUNIZATION

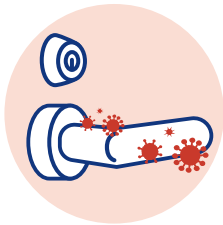
HOW DOES RSV SPREAD?



The virus, in droplets from a cough or sneeze, gets into your eyes, nose or mouth.



Through direct contact with the virus.

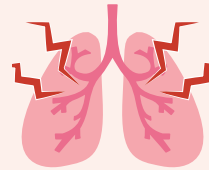


By touching a surface that has the virus on it and then touching your face.

Symptoms of RSV infection may include



- Runny nose
- Decreased appetite
- Coughing
- Sneezing
- Fever
- Wheezing

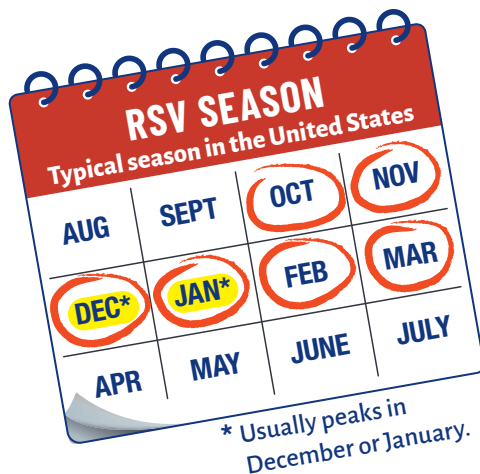


RSV infection can also lead to

- Bronchiolitis
- Pneumonia

Without immunization, most children will be infected by RSV by age 2 years.

The shot for babies is **90% EFFECTIVE** in preventing infants from being hospitalized with RSV.



Babies are protected by either



Vaccine during pregnancy

Given September–January

OR



A shot at birth or at the start of RSV season**

Given October–March

** All infants < 8 months of age or toddlers 8–19 months who are at high risk during their second RSV season.



HEPATITIS B (HepB) VACCINE

HEPATITIS B IS A **SERIOUS LIVER DISEASE**



who become infected between ages 1 to 5 years **will have chronic disease.**

HepB vaccine prevents exposed babies and children from developing cancer later in life.



HepB VACCINE IS GIVEN TO NEWBORNS, WHO MAY BE UNKNOWINGLY EXPOSED AT BIRTH, TO START PROTECTION IN THE FIRST DAYS OF LIFE.

HEPATITIS B SPREADS THROUGH BODY FLUIDS.



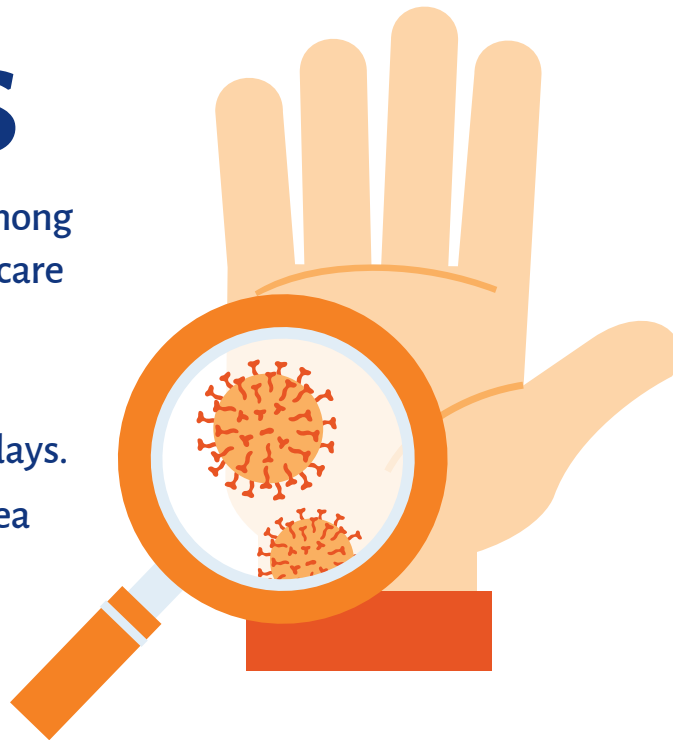
PEOPLE MAY NOT KNOW THEY ARE INFECTED AND CAN SPREAD HEPATITIS B EVEN WHEN THEY DON'T LOOK OR FEEL SICK.



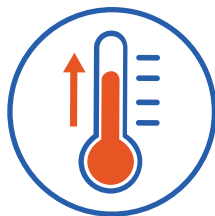
ROTAVIRUS (RV) VACCINE

ROTAVIRUS

- **SPREADS VERY EASILY** among families and in hospitals and child care centers.
 - » Very hard to prevent.
 - » Lives on surfaces for several days.
- Causes fever, stomachache, diarrhea and vomiting.
- Can lead to dehydration.
- Easy to prevent with the vaccine.



SYMPTOMS OF ROTAVIRUS INCLUDE



Fever



Diarrhea



Nausea

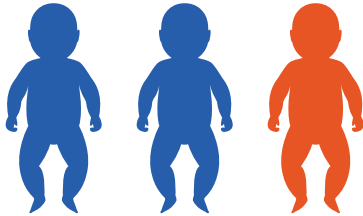
ROTAVIRUS VACCINE PREVENTS SEVERE SYMPTOMS THAT NEED HOSPITAL CARE.

- Instead of a shot, babies swallow the vaccine.
- The first dose must be received before they are 15 weeks old.
- The last dose must be received before they are 8 months old.
- Prevents 40,000 to 50,000 hospitalizations among babies and young children per year in the U.S.



DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTaP) VACCINE

WHOOPING COUGH (PERTUSSIS) IS **VERY CONTAGIOUS.**



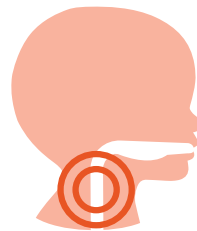
ABOUT ONE THIRD
of babies younger than 1 year
old **who get whooping cough**
NEED CARE IN THE HOSPITAL.



TETANUS

Lockjaw

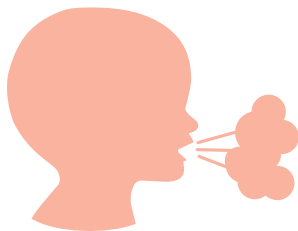
- Severe muscle stiffness
- Difficulty opening mouth, swallowing, and breathing
- Death



DIPHTHERIA

Serious Throat Infection

- Breathing problems
- Paralysis
- Heart failure
- Death



PERTUSSIS

Whooping Cough

- **Harsh cough:** The cough of pertussis—also called the “100-day cough”—may not go away for months. The cough can return with future illnesses.
- **Breathing problems:** Babies may not cough at all. Instead, they may struggle to breathe.
- Death

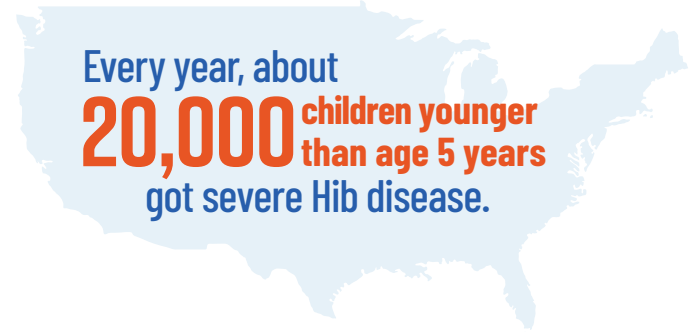


HAEMOPHILUS INFLUENZA TYPE B (Hib) VACCINE

BEFORE Hib vaccine

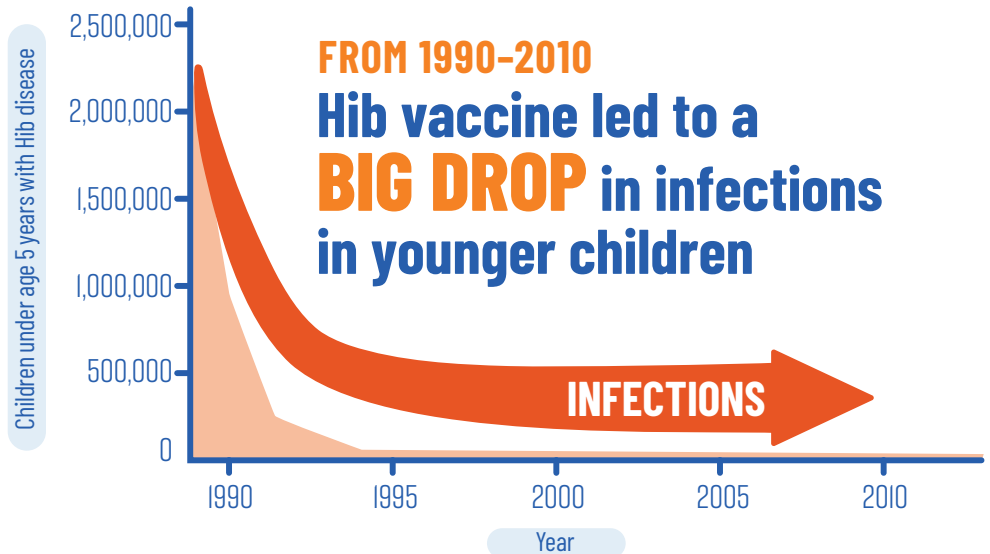


Hib disease was a **COMMON CAUSE OF BACTERIAL MENINGITIS** (swelling of the lining of the brain and spinal cord) in babies and young kids in the United States.



Every year, about **20,000** children younger than age 5 years got severe Hib disease.

AFTER Hib vaccine



Haemophilus influenzae can cause



Brain damage



Swollen throat

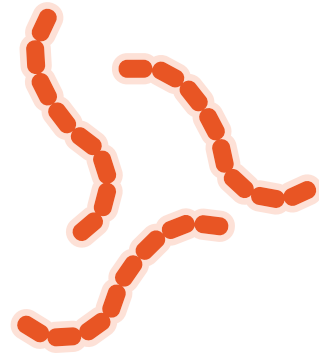


Deafness



PNEUMOCOCCAL CONJUGATE (PCV) VACCINE

PNEUMOCOCCAL DISEASE IS CAUSED BY BACTERIA



Pneumococcal disease can affect



Ears



Lungs

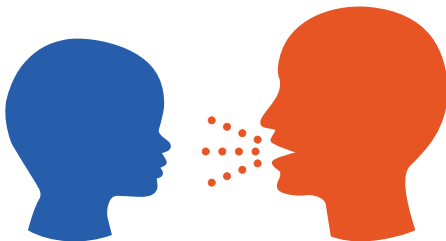


Blood



Brain & spinal cord

PNEUMOCOCCAL DISEASE CAN SPREAD



through the air and direct contact when an infected person breathes, sneezes, coughs or spits.

SOME ANTIBIOTICS MAY NO LONGER CURE PNEUMOCOCCAL INFECTIONS.



Vaccines can help prevent pneumococcal disease.

POLIO (IPV) VACCINE



POLIO SPREADS VERY EASILY.

Polio can be stopped if everyone gets vaccinated.



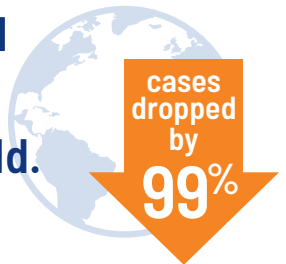
POLIO CAN CAUSE paralysis, permanent disability or death.

Polio disease has no cure.

BEFORE VACCINES, widespread paralytic polio caused parents to worry about letting their children swim in public swimming pools.



AFTER VACCINES, polio cases have dropped around the world.



Polio was eliminated from the United States.

THE DISEASE RETURNED.

One infected person can cause a polio outbreak if others are not vaccinated.



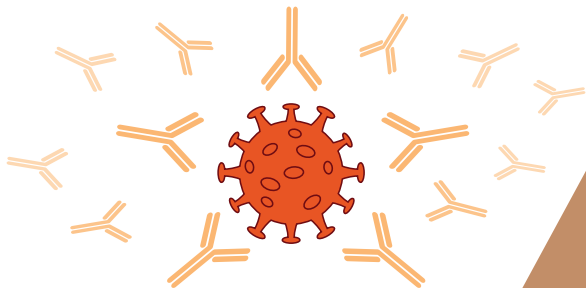
Getting vaccinated protects you and your community.



COVID-19 VACCINE

JUST LIKE SOFTWARE UPDATES help you **AVOID VIRUSES** on your digital devices, **VACCINES**, including the **COVID vaccine**, **ARE LIKE "UPDATES" FOR THE IMMUNE SYSTEM.**

They give us the **tools to recognize and avoid infections** and **stop diseases from spreading** to others.



WHEN CHILDREN ARE VACCINATED THEY ARE FREE AND SAFE TO:



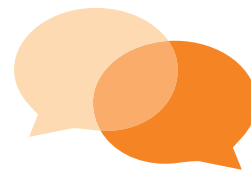
Go to school



Play



Visit vulnerable loved ones



Socialize



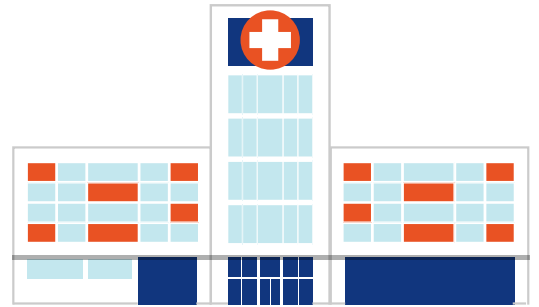
Participate in activities



INFLUENZA (FLU) VACCINE

THOUSANDS OF CHILDREN AND TEENAGERS

ARE HOSPITALIZED WITH THE **FLU** EACH YEAR.



THE VACCINE PREVENTS **SERIOUS COMPLICATIONS.**



CHILDREN UNDER AGE 5 ARE MOST AT RISK OF SERIOUS ILLNESS.

Older children can also get very sick from the flu.



2 doses: children 6 months through 8 years who are getting the flu shot for the **FIRST TIME.**



FLU VACCINES CAN'T GIVE YOU THE FLU.

Some people get flu-like symptoms shortly after they get the flu vaccine. There are a few reasons for this:

- They may have another illness, like a cold.
- They may have been exposed to influenza right before, or during the two weeks after vaccination, when the body is still learning how to protect against influenza.
- They caught a strain of flu that's not a part of the vaccine. Being vaccinated will still help prevent hospitalization and reduce severe illness.
- Flu vaccines vary in how well they work and some vaccinated people can still get sick. The flu vaccine still reduces severity of illness.

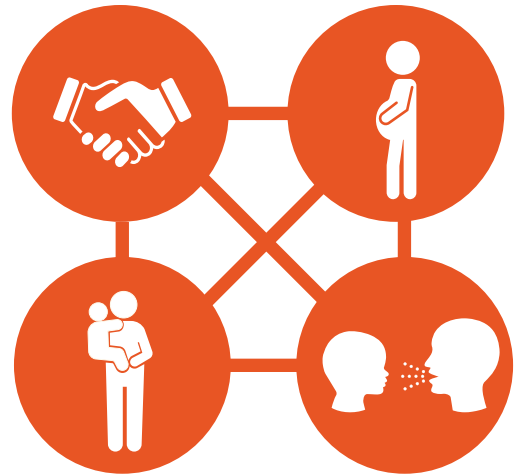


MEASLES, MUMPS, RUBELLA (MMR) VACCINE

MEASLES, MUMPS AND RUBELLA CAN ALL BE SPREAD PERSON TO PERSON.

**MEASLES AND MUMPS CAN ALSO SPREAD
THROUGH THE AIR.**

Measles is especially contagious. Even someone who enters a room where a person with measles had been 2 hours earlier can catch the disease.



MEASLES CAN BE SPREAD BY UNVACCINATED TRAVELERS



Sometimes this causes large outbreaks when people are not fully vaccinated.



RUBELLA INFECTION during pregnancy can cause miscarriage or serious birth defects.



VARICELLA (CHICKENPOX) VACCINE



CHICKENPOX IS CAUSED BY A VIRUS

OTHER SYMPTOMS OF CHICKENPOX INCLUDE



Fever



Tiredness

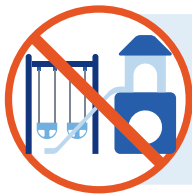


Loss of appetite



Headache

CHICKENPOX CAN LEAD TO



Children missing
a week of activities.



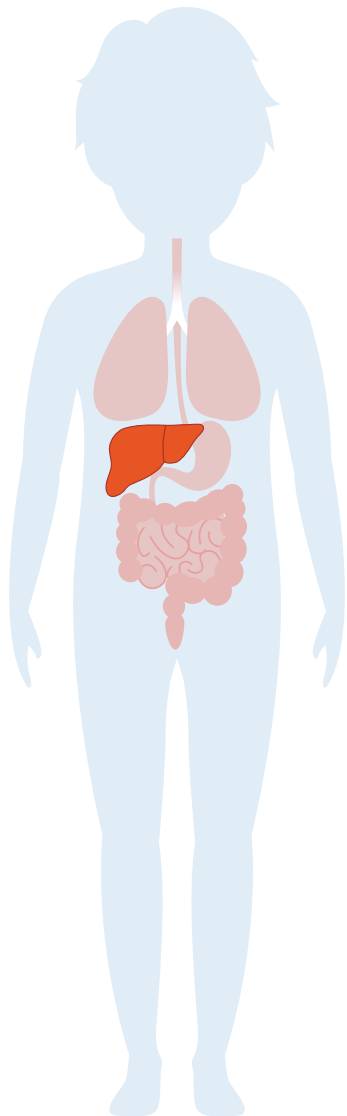
A hospital
stay.



Shingles, a disease that causes a painful rash, is caused by the same virus that causes chickenpox. It occurs later in life.

THE CHICKENPOX VACCINE **LOWERS THESE RISKS & SAVES LIVES.**

HEPATITIS A (HepA) VACCINE

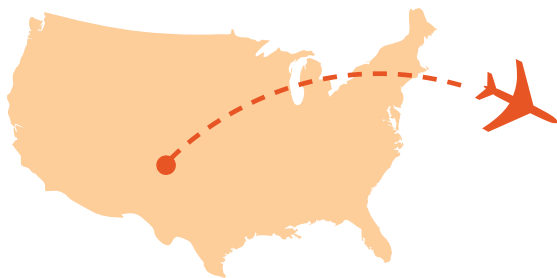


HEPATITIS A IS A SERIOUS LIVER DISEASE



HepA virus spreads through **contact** with the **stool of infected people**

- This can happen easily because of poor handwashing.
- You can also get hepatitis A from food, water or objects handled by people who are infected.

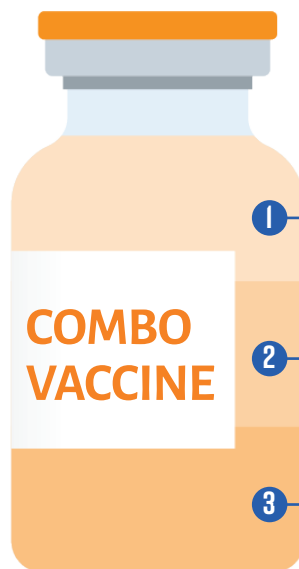


HEPATITIS A VACCINE
is recommended to all people
age 6 months and older before
international travel to areas
where HepA is common.

COMBINATION VACCINES

IMMUNITY TO MORE DISEASES THROUGH FEWER SHOTS:

For example,
DTaP + IPV + Hib = Protects against 5 DISEASES



Some vaccines are made to protect against two or more diseases in one shot instead of separate shots for each disease.

These vaccines are **not considered combination vaccines**, because they protect against diseases for which vaccines are not available individually.



Diphtheria
Pertussis
Tetanus



Measles
Mumps
Rubella

NOT AVAILABLE
as single vaccines
in the United States.

Older children and teens need vaccines too!

2025 Recommended Immunizations for Children 7–18 Years Old

Want to learn more?
Scan this QR code to find out which
vaccines your child might need. Or visit
www2.cdc.gov/vaccines/childquiz/



| 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 |
|---------------------------|---|---------|---|----------|--|----------|----------|----------|----------|---|----------|---|
| HPV | | | ALL children in age group can get the vaccine | | ALL children in age group should get the vaccine | | | | | | | |
| Tdap | | | | | ALL children in age group should get the vaccine | | | | | | | |
| Meningococcal ACWY | | | | | ALL children in age group should get the vaccine | | | | | ALL children in age group should get the vaccine | | |
| Meningococcal B | | | | | | | | | | Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child | | |
| Influenza/Flu | Every year. Two doses for some children | | Every year | | | | | | | | | |
| COVID-19 | At least 1 dose of the current COVID-19 vaccine | | | | | | | | | | | |
| Mpox | | | | | | | | | | | | SOME children in age group should get the vaccine |
| Dengue | | | ONLY if living in a place where dengue is common AND has laboratory test confirming past dengue infection | | | | | | | | | |

KEY

- ALL children in age group should get the vaccine
- SOME children in age group should get the vaccine
- ALL children in age group can get the vaccine
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection or is pregnant.
2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
3. Your child misses any vaccine recommended for their age or for babies and young children.

What diseases do these vaccines protect against?

7-18 YEARS OLD

| VACCINE-PREVENTABLE DISEASE | DISEASE COMPLICATIONS | NUMBER OF VACCINE DOSES |
|---|---|---|
| HPV (Human papillomavirus) Contagious viral infection spread by close skin-to-skin touching, including during sex | Genital warts and many types of cancers later in life, including cancers of the cervix, vagina, penis, anus, and throat | 2 or 3 doses |
| Tetanus (Lockjaw)* Infection caused by bacterial spores found in soil and dust everywhere; spores enter the body through wounds or broken skin | Seizures, broken bones, difficulty breathing, death | 1 dose at age 11-12 years Additional doses if missed childhood doses 1 dose for dirty wounds |
| Diphtheria* Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin | Swelling of the heart muscle, heart failure, coma, paralysis, death | 1 dose at age 11-12 years Additional doses if missed childhood doses |
| Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway; spread through air and direct contact | Infection of the lungs (pneumonia), death; especially dangerous for babies | 1 dose at age 11-12 years Additional doses if missed childhood doses 1 dose every pregnancy |
| Meningococcal** Contagious bacterial infection of the lining of the brain and spinal cord or the bloodstream; spread through air and direct contact | Loss of arm or leg, deafness, seizures, death | 2 doses. Additional doses may be needed depending on medical condition or vaccine used. |
| Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact | Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death | 1 dose each year 2 doses in some children aged 6 months through 8 years |
| COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact | Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death | 1 or more doses of the current COVID-19 vaccine depending on health status. For more information: www.cdc.gov/covidschedule |
| Mpox Contagious viral infection spread through close, often skin-to-skin contact, including sex; causes a painful rash, fever, headache, tiredness, cough, runny nose, sore throat, swollen lymph nodes | Infected sores, brain swelling, infection of the lungs (pneumonia), eye infection, blindness, death | 2 doses |
| Dengue Viral infection spread by bite from infected mosquito; causes 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 | 3 doses |

*Tdap protects against tetanus, diphtheria, and pertussis

**Healthy adolescents: Meningococcal ACWY vaccine (2 doses); Meningococcal B vaccine (2 doses if needed).

HELPFUL FACTS ABOUT ADOLESCENT VACCINES

Is it OK for my teen to get multiple shots in one visit?

Yes. We know vaccines are safe—including when multiple shots are given together. Researchers continue to study vaccines alongside other vaccines. Millions of preteens and teens safely receive vaccines together, and they do completely fine.



Why does my child still need a vaccine if these diseases are mostly gone?

Diseases like meningitis, tetanus, measles and polio are mostly gone now, but the bacteria and viruses that cause these diseases still exist—so they still need vaccines to protect them.



Can the shots be spread out over a longer period of time?



It's not a good idea. Here's why:

- Vaccines are recommended at specific ages because that's when they work the best.
- Delaying vaccines leaves them unprotected for a longer time.
- The American Academy of Pediatrics recommends the schedule as ideal for healthy children.

VACCINATION COSTS



You're covered.

Most vaccines are covered by health insurance or available for free through the Vaccines for Children Program. Talk with your pediatrician's practice manager about options.



[Vaccines for Children Program](#)

Make a plan

COMFORT They may feel a pinch or poke when they get the shot. Distraction, numbing or cooling the area and applying a little pressure can help before the poke. It is normal to be sore or have a fever after.

CONTROL They should sit or lie in the office for 15 minutes after a shot in case they feel faint.

CALM Some teens feel faint after shots if they feel stressed. Stress is contagious, but so is calm.



IMMUNIZATION SCHEDULE

RECOMMENDED FOR CHILDREN, TEENS, AND YOUNG ADULTS 9-18 YEARS OF AGE

| | Age 9 | Age 10 | Age 11 | Age 12 | Age 13 | Age 14 | Age 15 | Age 16 | Age 17 | Age 18 |
|--|-------|--|--------|--------|--------|--------|--------|----------------------------|--------|--------|
| Tdap (Tetanus, Diphtheria, Pertussis Vaccine) | | | ✓ | | | | | | | |
| HPV (Human Papillomavirus Vaccine) | ✓ | 2 doses recommended 3 doses if given after age 15 | | | | | | | | |
| MenACWY (Meningococcal ACWY Vaccine) | | | ✓ | | | | | ✓ | | |
| Flu Vaccine | ✓ | ← Yearly → | | | | | | | | |
| MenB (Meningococcal B Vaccine) | | | | | | | | Recommended for some teens | ✓ | |
| Dengue Vaccine | ✓ | Recommended for some children and teens | | | | | | | | |
| Pneumococcal Vaccine | ✓ | Recommended for some children and teens | | | | | | | | |
| Hib (Haemophilus Influenzae Type B Vaccine) | ✓ | Recommended for some children and teens | | | | | | | | |

These shaded circles indicate when the vaccine is recommended for children or teens unless your doctor tells you that your child or teen cannot safely receive the vaccine.

These shaded circles indicate that the vaccine is recommended for children with a health condition that puts them at high risk for serious diseases. Dengue vaccine is recommended only for eligible children in dengue-endemic areas. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Catch-up: If your teen did not get their Tdap, HPV, MenACWY or flu vaccinations at the recommended time, they should receive them now.

COVID-19 vaccination is recommended for children, teens and young adults.

The following vaccines are recommended by age 6 and also should be given if a child or teen is catching up on missed vaccines.

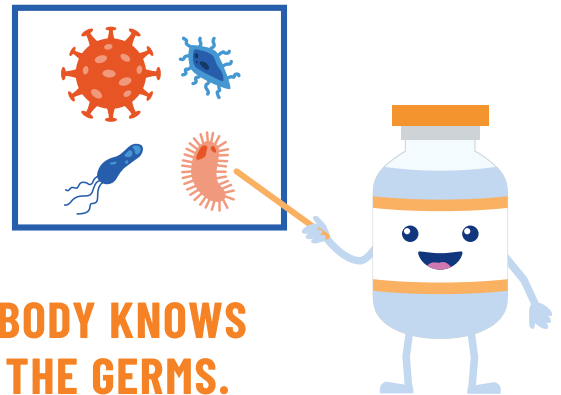
- **HepA** (Hepatitis A Vaccine)
- **HepB** (Hepatitis B Vaccine)
- **IPV** (Polio Vaccine)
- **MMR** (Measles, Mumps, Rubella Vaccine)
- **Varicella** Vaccine



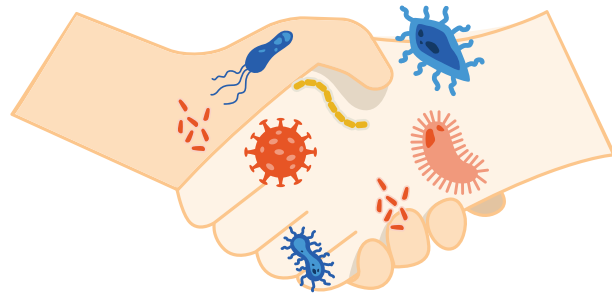
WHY VACCINATE?

PRETEENS AND TEENS NEED VACCINES TO...

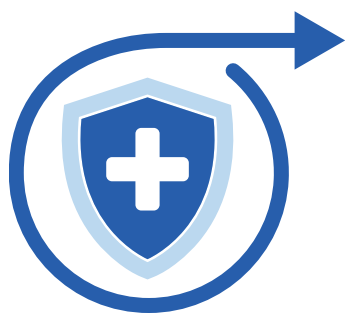
**TEACH THE IMMUNE SYSTEM HOW TO
RECOGNIZE A VIRUS OR BACTERIA SO THEIR BODY KNOWS
HOW TO RESPOND IF THEY ARE EXPOSED TO THE GERMS.**



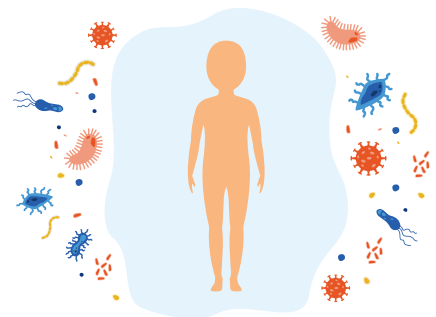
**PROTECT THEM FROM GERMS
THAT CAN SPREAD EASILY
PERSON TO PERSON.**



**HELP THE IMMUNE SYSTEM
BUILD UP ITS OWN LONG-TERM
PROTECTION TO DISEASES.**



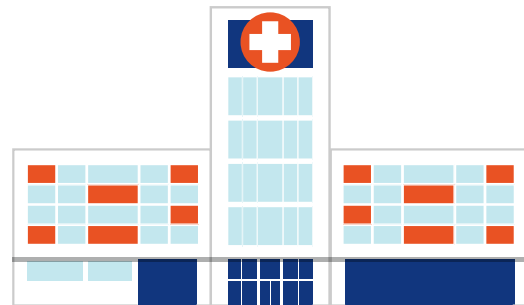
**KEEP THEM SAFE
AND HEALTHY AS
THEY GROW.**



FLU VACCINE

THOUSANDS OF CHILDREN
AND TEENAGERS

**ARE HOSPITALIZED WITH
THE FLU EACH YEAR.**



**THE VACCINE PREVENTS
SERIOUS COMPLICATIONS.**



- Many people don't realize it, but the flu can be a very serious illness.
- Even active and healthy kids and teens can become sick with flu and experience serious complications.
- Getting your child vaccinated is the best way to prevent them from severe influenza disease and is especially important for those at high risk for complications.

FLU VACCINES CAN'T GIVE YOU THE FLU.

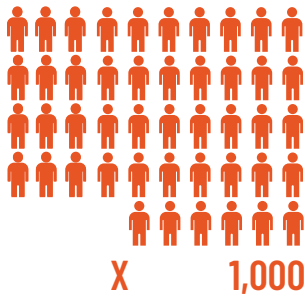
Some people get flu-like symptoms shortly after they get the flu vaccine. There are a few reasons for this:

- They may have a different virus other than flu. The flu vaccine only prevents illnesses caused by flu viruses.
- They may have been infected by a flu virus before the vaccine took effect. It takes about 2 weeks after you receive the vaccine for the body to build protection.
- They may be infected by a strain of the flu that is different from those in this year's vaccine.
- Flu vaccines vary in how well they work and some vaccinated individuals can still get sick. But the flu vaccine still reduces severity of illness.



HUMAN PAPILLOMAVIRUS VACCINE

HPV IS MORE COMMON THAN YOU THINK

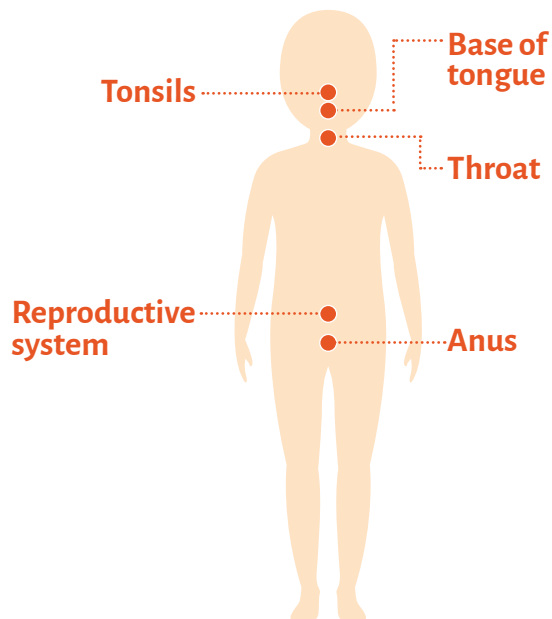


EACH YEAR MORE THAN **46,000** PEOPLE ARE DIAGNOSED WITH HPV-RELATED CANCERS

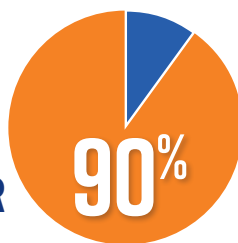


[Here's Why Your Preteen Needs the HPV Vaccine](#)

HPV CAN CAUSE CANCERS IN THE:



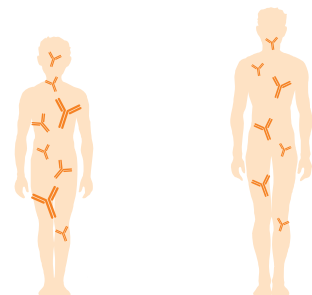
HPV VACCINE PROTECTS AGAINST OVER



OF THE CANCERS CAUSED BY THE VIRUS.

VACCINATING KIDS AT AGES 9–12 YEARS IS MOST EFFECTIVE
PRE-TEENS PRODUCE MORE ANTIBODIES AFTER HPV VACCINATION.

MORE ANTIBODIES EQUALS MORE PROTECTION.



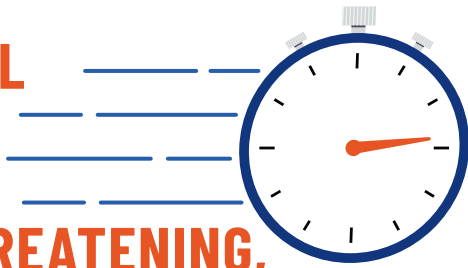
YOUNGER TEENS NEED 2 DOSES

OLDER TEENS NEED 3 DOSES



MENINGOCOCCAL VACCINES

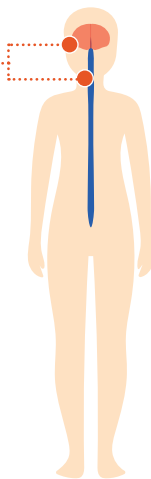
MENINGOCOCCAL DISEASE ACTS FAST AND IS LIFE-THREATENING, SO PRETEENS AND TEENS NEED VACCINES AND BOOSTERS ON TIME TO STAY PROTECTED.



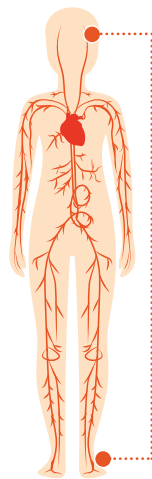
16 TO 23
YEAR OLDS ARE AT THE
GREATEST RISK

MENINGOCOCCAL BACTERIA CAN CAUSE INFECTIONS LIKE:

Meningitis
An infection of the lining of the brain and spinal cord



Bacteremia or septicemia
Bloodstream infections



THERE ARE VACCINES AVAILABLE TO HELP PROTECT YOUR CHILD.

ALL PEOPLE NEED:
MENACWY VACCINE

ONE DOSE

at ages 11–12

BOOSTER

at age 16

SOME ALSO NEED:
MENB VACCINE

MORE THAN ONE DOSE

at ages 10–18
(if high risk)

OR

at ages 16–18
(if eligible)



TETANUS, DIPHTHERIA, PERTUSSIS VACCINE

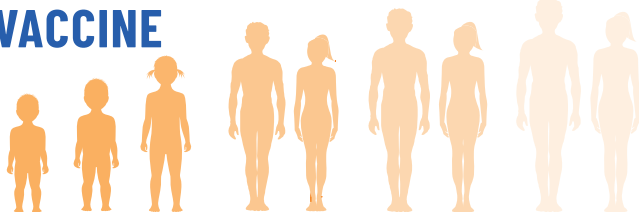
TETANUS, DIPHTHERIA, AND PERTUSSIS

Babies and younger children are vaccinated against these diseases with the DTaP vaccine, but immunity decreases over time. A booster shot called Tdap (tetanus, diphtheria, acellular pertussis) vaccine helps protect older children and teens from the same diseases.

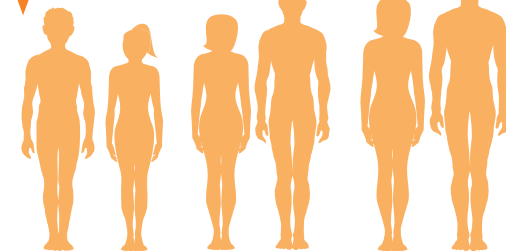
DTaP VACCINE



AGES 0-10



Tdap VACCINE



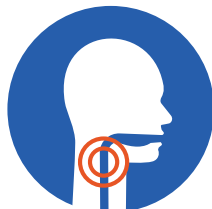
AGES 11-12



TETANUS

Lockjaw

- Severe muscle stiffness
- Difficulty in opening mouth, swallowing, and breathing
- Death



DIPHTHERIA

Serious Throat Infection

- Breathing problems
- Paralysis
- Heart failure
- Death

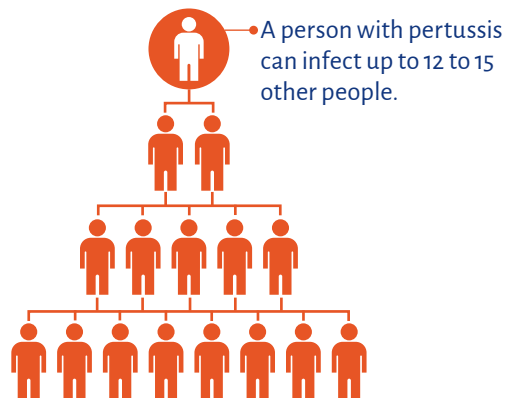


PERTUSSIS

Whooping Cough

- Severe coughing
- Difficulty breathing
- Death

PERTUSSIS IS HIGHLY CONTAGIOUS



DENGUE VACCINE

EACH YEAR
UP TO **400 MILLION**
PEOPLE AROUND THE
WORLD ARE INFECTED

DENGUE DISEASE IS COMMON IN:



DENGUE VIRUS IS SPREAD THROUGH MOSQUITO BITES

- Dengue can cause sudden fever with nausea, vomiting, a rash, and eye, muscle, joint, or bone aches and pains.
- Preteens and teens are at higher risk of serious illness and hospitalization. People who had dengue before are at more risk of severe dengue if they are infected again. It is a medical emergency and requires immediate care. In rare cases, dengue can be deadly.

**DENGUE
VACCINE**
WHO CAN GET IT?

9 TO 16
YEAR OLDS WHO:

- ✓ **have laboratory evidence of previous dengue infection.** Kids with no evidence of previous dengue infection cannot get the vaccine.
- ✓ **currently live where dengue is common** (including Puerto Rico, American Samoa, the U.S. Virgin Islands, and the freely associated states).

The vaccine is not recommended for visitors to these areas.



**THREE DOSES
ARE NEEDED**

DOSE 1

DOSE 2

given 6 months
after the first

DOSE 3

given 6 months
after the second



Protect Your Preteen/Teen with Vaccines

Protect them from serious diseases including HPV cancers, meningitis, tetanus, whooping cough, flu, and COVID-19.



AGES 9 - 10

- HPV dose 1 (human papillomavirus)
- HPV dose 2 (6 - 12 months after dose 1)

AGES 11 - 12

- Meningitis dose 1 (MenACWY)
- Tdap (tetanus, diphtheria, pertussis)
- HPV (if 2 doses haven't been given)

AGE 16

- Meningitis dose 2 (MenACWY)
- Meningitis B series (MenB)

YEARLY

- Flu (seasonal influenza)

Preteens and teens should stay up-to-date with COVID-19 vaccine to help protect them from COVID-19.

You need vaccines throughout your life!

2025 Recommended Immunizations for Adults Aged 19 Years and Older




Want to learn more?
Scan this QR code to find out which
vaccines you may need. Or visit:
www2.cdc.gov/nip/adultimmsched/



Staying **up to date** on your vaccines is one of the best things you can do to protect your health.

If you are pregnant or have a medical condition that puts you at higher risk for infections, talk to your health care provider about which vaccines are right for you.

KEY

-  ALL adults in age group should get the vaccine.
-  SOME adults in age group should get the vaccine.
-  Adults should talk to their health care provider to decide if this vaccine is right for them.

| VACCINE | 19–26 YEARS | 27–49 YEARS | 50–64 YEARS | 65+ YEARS |
|----------------------|---|----------------|-----------------------------|---------------------------|
| COVID-19 | Aged 64 and younger: At least 1 dose of the current COVID-19 vaccine. | | | 65+: At least 2 doses. |
| Influenza/Flu | Every Year | | | |
| RSV | If pregnant during RSV season | | If aged 60 through 74 years | If aged 75 years or older |
| Tdap/Td | Tdap every pregnancy. Td/Tdap every 10 years for all adults. | | | |
| MMR | If aged 68 years or younger | | | |
| Chickenpox | If U.S. born and aged 45 years or younger | | | |
| Shingles | Aged 60 and older | | | |
| HPV | Aged 27–45 years | | | |
| Pneumococcal | Aged 65 and older | | | |
| Hepatitis A | Aged 19 years and older | | | |
| Hepatitis B | Through 59 years | | | |
| Meningococcal | Aged 16–23 years | | | |
| Hib | Aged 19 years and older | | | |
| Mpox | Aged 18 years and older | | | |

What diseases do these vaccines protect against?

ADULTS AGED 19 YEARS AND OLDER

| VACCINE-PREVENTABLE DISEASE | DISEASE COMPLICATIONS | NUMBER OF VACCINE DOSES |
|--|---|--|
| COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu | Pneumonia, blood clots, liver, heart, or kidney damage, long COVID, death | 1 or more doses of the current COVID-19 vaccine depending on age or health status. For more information: www.cdc.gov/covidschedule |
| Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs | Pneumonia, sinus and ear infections, worsening of underlying health conditions like heart and lung disease, death | 1 dose each year |
| RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs | Pneumonia, inflammation of the small airways in the lung; especially dangerous for infants, young children, and older adults | 1 dose |
| Tetanus (Lockjaw)* Infection caused by bacterial spores found in soil and dust everywhere; spores enter the body through wounds or broken skin | Sudden, involuntary muscle spasms, jaw cramping, seizures, broken bones, difficulty breathing, death | 3 doses if not already vaccinated 1 booster every 10 years 1 dose for dirty wounds |
| Diphtheria* Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin | Thick, gray, build up in throat or nose makes breathing and swallowing difficult, heart failure, brain injury, coma, death | 3 doses if not already vaccinated 1 booster every 10 years |
| Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway | Severe coughing fits, life-threatening pause in breathing, pneumonia, death; especially dangerous for babies | 3 doses if not already vaccinated 1 dose every pregnancy |
| Measles (Rubeola)† Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash | Brain swelling, pneumonia, death | 1 or 2 doses |
| Mumps† Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw | Brain swelling, painful and swollen testicles or ovaries, deafness, death | 1 or 2 doses |
| Rubella (German Measles)† Contagious viral infection that causes low-grade fever, sore throat, and rash | Very dangerous in pregnant women; can cause miscarriage or stillbirth, premature delivery, severe birth defects | 1 or 2 doses |
| Chickenpox (Varicella) Contagious viral infection that causes fever, headache, and an itchy, blistering rash | Infected sores, brain swelling, pneumonia, death | 2 doses |
| Shingles (Zoster) Caused by the chickenpox virus, which hides in the body and sometimes reactivates later in life | Severe blistering rash on one side of the face or body; long-term nerve pain, hearing damage, blindness, death | 2 doses |
| HPV (Human papillomavirus) Contagious viral infection spread by sexual contact; sometimes causes genital warts | Many types of cancers including cancers of the cervix, vagina, penis, anus, and throat | 2 or 3 doses |
| Pneumococcal Bacterial infections of ears, sinuses, lungs, or bloodstream | Depends on the part of the body infected, but can include pneumonia, blood poisoning, infection of the lining of the brain and spinal cord, death | 1 or 2 doses |
| Hepatitis A Contagious viral infection of the liver spread by contaminated food or drink or close contact with an infected person | Liver failure, yellow skin or eyes, stomach pain, vomiting, fever, diarrhea, fatigue, death | 2, 3, or 4 doses depending on vaccine used |
| Hepatitis B Contagious viral infection of the liver spread through contact with infected body fluids such as blood or semen | Liver failure, yellow skin or eyes, stomach pain, vomiting, fever, diarrhea, fatigue, death | 2, 3, or 4 doses depending on vaccine used |
| Meningococcal Bacterial infection of the lining of the brain and spinal cord or the bloodstream | Fever, headache, stiff neck, light sensitivity, confusion, loss of arm or leg, deafness, seizures, death | 1 or more doses depending on vaccine used, medical condition, where patient lives or works |
| Hib (Haemophilus influenzae type b) Bacterial infection that can attack the lungs, brain and spinal cord, or bloodstream | Brain damage, hearing loss, loss of arm or leg, death | 1 or 3 doses depending on medical condition |
| Mpox Contagious viral infection spread by sexual contact; causes a painful rash, fever, headache, tiredness, cough, runny nose, sore throat, swollen lymph nodes | Infected sores, brain swelling, pneumonia, eye infection, blindness, death | 2 doses |

***Tdap** protects against tetanus, diphtheria, and pertussis

***Td** protects against tetanus and diphtheria

†**MMR** protects against measles, mumps, and rubella

HPV* Vaccine

A Guide for Adults
Ages 18–26 Years

* human papillomavirus



HPV is a very common virus that can lead to:

- ▶ Cancers of the back of the throat, including the base of the tongue and tonsils
- ▶ Cancer of the cervix
- ▶ Cancer of the penis, vagina, vulva, or anus
- ▶ Genital warts

HPV vaccine can prevent these!

Do I really need HPV vaccine? **Yes!**

You should get HPV vaccine because it can prevent some types of cancer and genital warts.

Do I need it if I haven't had sex yet? **Yes!**

- You don't have to have sex to catch HPV, but sex increases your risk.
- You can get HPV by skin-to-skin intimate contact.
- People can get and spread HPV without knowing it.
- It's best to get vaccinated before you ever have sex.

Should I get HPV vaccine if I've already had sex? **Yes!**

You still need to get vaccinated even if you have had sex. The vaccine provides protection against many HPV types.

Why do I need more than 1 shot?

You need a series of HPV shots to be fully protected.

I didn't get the vaccine at age 11 or 12. Should I get it now? **Yes!**

HPV vaccination is recommended for people ages 9 through 26. Even though it is ideal to get HPV vaccine at age 11–12, it is still highly effective in teens and young adults.

Is HPV vaccine safe? **Yes!**

- Millions of doses of HPV vaccine have been given without any problem.
- You may get a sore arm.
- Occasionally, a few people faint, so sit for 15 minutes after getting the vaccine.

Make sure you get **all** your HPV shots. Complete your series!

When Should I Get HPV Vaccine?

Make sure your healthcare provider reviews with you when you should be vaccinated.

| AGE AT FIRST DOSE | DOSE #2 | DOSE #3 |
|-----------------------------|---------------------------|---------------------------------|
| 9 years until 15th birthday | 6–12 months after dose #1 | Not needed |
| 15 years or older | 1–2 months after dose #1 | At least 4 months after dose #2 |

NOTE: If you have problems with your immune system, you will need to receive 3 doses of HPV vaccine.

For more information on vaccines for teens and young adults, visit www.vaccineinformation.org/teens or www.vaccineinformation.org/adults

Adapted with permission from the Academic Pediatric Association



MEDIA USE

- The 5 Cs of Media Use
 - 0-18 Months
 - 2-4 Years
 - 5-10 Years
 - 10-14 Years
 - 15-17 Years
- Parent Tips and Screen Time Chart



The 5 Cs of Media Use



INFANCY: 0–18 MONTHS

From birth to 18 months, infants are building secure relationships with parents and caregivers, understanding and expressing early language, and quickly learning to move their bodies so they can explore the world and the objects around them. Emotionally, infants learn to self-soothe, fall asleep without depending on being held, enjoy playing back and forth with others, and learn new things. These are important tasks that media shouldn't crowd out.

ASK YOURSELF THE 5 Cs

WHAT YOU CAN DO

Child

Who is your child and how do they react to media?

Each infant is unique—how fussy they get with changes to their routine, or how easily they self-soothe. This influences their relationship with you and with media. From a young age, try to be aware of their emotional and learning capabilities so you are aware of how they may react to certain types of media.

Content

What is worth their attention?

FaceTime, Skype, or other video chats can be beneficial to help build relationships between your child and other loved ones.

Infants can't otherwise learn much from screens at this age, so media such as cartoons or nursery rhyme videos are not recommended. If you do put on any media for your infant, brief use of educational programs like PBS KIDS or Sesame Street, which are created with an understanding of child development, are a good place to start. Avoid: Prolonged TV or YouTube viewing.

Calm

How do they calm their emotions to go to sleep?

Fussy babies are more likely to be given media such as TV or videos to calm down, but this gets in the way of helping babies learn to self-soothe. Self-soothing is an important tool—it is the ability to calm down by themselves. Try to **not** get in the habit of using media to stop your baby from crying, to get them to sleep, or to distract them while eating so screens do not become the sole source of comfort or calmness. Find other ways to help infants calm down at [HealthyChildren.org](https://www.healthychildren.org) or [ZeroToThree.org](https://www.zerotothree.org). Every caregiver questions their abilities during tough times, but these can be great opportunities to build confidence in your parenting!

Crowding Out

What does media get in the way of?

Screen media—whether in the background, on a parent's mobile device, or on a tablet in front of a baby—displaces the important building blocks of brain development. This includes speaking to your baby or others around them, back-and-forth play, singing, reading together, or building predictable daily routines that help your child feel safe and secure. Be mindful of how you use your smartphone or TV around your child and give yourself screen-free times, too, to focus on your own well-being and your baby.

Communication

How can you talk about media to raise a media savvy, responsible child?

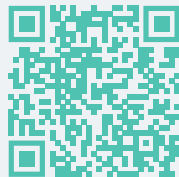
Infants may not be able to talk yet, but they are always watching and listening to you. If media is on in your home, watch together and talk about what you are seeing. Use it as a launching pad for teaching or playing. Songs and stories in your own voice are going to make more of a positive impact on your child than any video or cartoon.

Family Media Plan

Parents of infants might find the Family Media Plan useful as you think about setting up boundaries around your own media consumption, and as your child watches and potentially mimics your behavior. At this stage, managing media use well is important for interacting with your infant and getting enough sleep. A pediatrician or therapist can help you find ways other than media to help calm your child down.



Make a Media Plan
for the whole family
(parents too!).



About Us

The American Academy of Pediatrics (AAP) Center of Excellence on Social Media and Youth Mental Health is dedicated to creating a healthy digital ecosystem for children and adolescents. Social media use starts during childhood and can play a significant role in the relationships and experiences that affect children and teens' growth, development, and mental health. The Center provides resources and tools for parents, clinicians, teachers, and youth to learn how to better navigate social media and the online world. Visit aap.org/SocialMedia for more information and resources.

We're here to help.

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The 5 Cs were inspired and built upon the work of journalist & author of books about media and children, [Lisa Guernsey](#). The Three Cs were first described in the book *Into the Minds of Babes* (2007) and then *Screen Time* (2012) and *Tap, Click, Read: Growing Readers in a World of Screens* (2015).

Funding for the Center of Excellence was made possible by Grant No. SM087180 from [SAMHSA](#) of the US Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, SAMHSA/HHS or the US Government.



The 5 Cs of Media Use



TODDLERS AND PRESCHOOLERS: 2 TO 4 YEARS

From ages 2 to 4 years, toddlers are learning A LOT, becoming more talkative, wanting to master new things by themselves, and can finally understand some educational content on media. This is also a time of big emotions and learning how to manage them. These are the important developmental tasks that media shouldn't crowd out.

ASK YOURSELF THE 5 Cs

WHAT YOU CAN DO

Child

Who is your child, how do they react to media, and what are their motivations for using it?

At this age, you start to see differences in toddlers' personalities—some being very impulsive and curious—others being shy and slow to warm up. Some toddlers are obsessed with media and demand it frequently, others have an easier time letting it go. Knowing how your child reacts to media helps you develop healthy boundaries around it.

Content

What is worth their attention?

Research shows that educational programs like PBS KIDS shows, Sesame Street, Blue's Clues, or Daniel Tiger's Neighborhood can teach toddlers facts, healthy behaviors, and how to manage emotions. Try to work these high-quality shows into your child's viewing. Although your toddler may like media such as YouTube with cartoons or influencers, try to keep that to a minimum—it may have a lot of marketing or poor role modeling. If your child watches YouTube, make a playlist of high-quality videos for them. Remember to turn off autoplay (so the algorithm doesn't decide what they watch next!) AVOID: Apps/video games with aggressive content or in-app purchases.

Calm

How do they calm emotions or go to sleep?

Hello, big tantrums! This is a crucial age for helping young children know their emotions and figure out how to manage them! The best way to do this is to: 1) try to stay calm yourself, 2) label what emotion you think they're feeling ("It's okay to feel sad/angry/frustrated"), and 3) help them calm down. It can be hard, but these are great opportunities for learning, so try not to distract them with a device any time they're upset or bored. Keep screens for regular times of day or when you're on a long car/bus/plane ride. Set calming bedtime routines that involve reading and snuggling. Point out to your child when you are doing 'calm' activities—role modeling really matters.

Crowding Out

What does media get in the way of?

At this age, screens may crowd out playing, moving their body, running around outside, exploring nature, looking at books, and chatting with siblings and parents. All of these activities teach social and brain skills that help set toddlers up for success in preschool and kindergarten. Set aside a little time each day to play, read, or get outside with your young child. AVOID: Letting your child have open-access to a tablet or phone.

Communication

How can you talk about media to raise a smart and responsible child?

Toddlers and preschoolers understand a lot more of our language, so this is a good time to talk to them about what they see in videos, 'good' and 'bad' behavior in characters, or advertisements. If your child is watching something interesting, talk about it. Do something related to the show or movie with your child.

Family Media Plan

As parents of toddlers and preschoolers, the Family Media Plan serves as a valuable resource as you evaluate the quality of content consumed by your child. Key considerations at this stage include fostering diverse interests beyond media, finding calming techniques without relying on media, and ensuring that content stays positive and educational for your children.



Make a Media Plan
for the whole family
(parents too!).



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The 5 Cs of Media Use



SCHOOL-AGED CHILDREN: 5 TO 10 YEARS

Congrats! Your child is out of the big-emotions early childhood phase and now is starting to be more of a rule-based thinker. They can probably talk more about their feelings, are learning to read and pay attention to schoolwork, and are building friendships. These are the important developmental tasks that media shouldn't crowd out. Despite their growing maturity, kids are not ready for social media accounts at this age.

ASK YOURSELF THE 5 Cs

WHAT YOU CAN DO

Child

Who is your child, how do they react to media, and what are their motivations for using it?

Children's unique strengths and challenges start to become clear in elementary school. They may struggle with attention (like ADHD), social skills (like autism), reading or other academics (like learning disabilities), or managing their mood (like anxiety or depression). They are also likely to show interest or skills in activities. You may be learning that they are great artists, dancers, are good with animals or science facts. It's important to carve out time to build upon these strengths and interests.

Content

What is worth their attention?

Many kids start to love video games and YouTube at this age but can easily access content that is age-inappropriate (e.g., violent, sexual, or rude). Read reviews on [Common Sense Media](#) to find out what shows, games, and movies are the right fit for their maturity level. Family settings or parental controls, although not 100% effective, can be used for filtering content on devices your child uses. Watch shows and play video games together to see if you like the messages and behaviors they convey—if not, find alternatives. AVOID: 'Teen' video games which have more gore and sexual content.

Calm

How do they calm down emotions or go to sleep?

Many school-aged children like to use media for a mental break at the end of a school day. Be sure that this break doesn't get in the way of homework and other activities, such as meals together. Put devices away at bedtime so that kids can settle their brains and bodies to sleep. Teach them techniques such as deep breathing and listening to quiet music to help calm their brains.

Crowding Out

What does media get in the way of?

Video games and online videos can have designs that promote extended use – for hours at a time. Talk with your kids about balancing time on screens so that there is enough time to sleep, read, draw, do homework, hangout, play sports with other kids, and chat with family. Parents can role model putting phones down at bedtime, dinnertime, and on car rides. AVOID: Letting screens be your child's go-to whenever they get bored, get frustrated with homework, or other challenging tasks.

Communication

How can you talk about media to raise a smart and responsible child?

This is a great time for conversations about media, since kids have a burst of understanding of things like advertising, privacy, and concepts like right vs. wrong. By regularly having open-minded talks about media, you build critical thinking skills and can be the "voice in your child's head" when they become more independent in the teen years. Let your child know that they can talk to you about anything negative or creepy they see online. If they've gotten a phone and have started texting friends, check in about how those interactions are going.

Family Media Plan

At this age, the Family Media Plan can be particularly beneficial as children are still young and receptive to setting up and adhering to rules. While devising a plan together as a family, it is essential to have ongoing conversations about media, keep limits so that kids can get their schoolwork and other activities done, and check what they are playing/watching. Although children in this age group are not yet ready for social media accounts, kid-friendly messaging apps might be a workable alternative for your family.



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The 5 Cs of Media Use



YOUNG TEENS: 10-14 YEARS

The early tween and teen years are a time of growing independence, changing bodies, exploring identity, and building a solid sense of self. During this phase, adolescents begin to place increased importance on relationships with peers, which can feel to parents like they are losing connection. Puberty brings changing bodies and strong emotions, comparisons with other kids, and trying to figure out who they are and where they fit. A central question for the early adolescent age range is “Am I normal?” This phase of development is also one in which adolescents can feel that they are “on stage” and that everyone is looking at them, so small social missteps either online or offline can feel devastating to them. It’s an important time to establish regular conversations about their digital lives – who they are and what they interact with online.

ASK YOURSELF THE 5 Cs

WHAT YOU CAN DO

Child

Who is your child, how do they react to media, and what are their motivations for using it?

To understand your child’s unique digital life, and how they are navigating their experiences, listening is crucial. This means being present with your child and being available in moments they are ready to share. This may mean putting away your own phone—even in brief moments like car rides. This gives you insight into how they are coping with school, friends, mood, bullying, or are stressed about world news. Understand that comparison in media is a developmentally normal activity, reassure your child that everyone’s body and journey through puberty is unique, and that there is no single ideal body type online or offline.

Content

What is worth their attention?

Use **Common Sense Media** to check ratings and reviews of video games, movies, apps, and TV and pick ones with positive social and identity messages. In this age range, you may want to ask your child to be part of this process. Social media accounts technically can’t be created until kids are 13, so encourage kids not to lie about their age; help them find alternates like messaging apps (e.g., iMessage, Messenger Kids, Kinzoo). For young teens using social media, talk about the fact that inappropriate content might be recommended to them or appear in their feeds, and help them recognize false or mean videos, or idealized body images. In this time of growing exploration and independence, youth may feel more emboldened to explore dangerous or inappropriate content. Questions like “Have you seen anything lately that seemed weird or scary?” may lead your child to open up.

Calm

How do they calm down emotions or go to sleep?

The early teens years often include a wide range of emotions. Because devices and video games are such an easy distraction, many teens say they use them to escape negative feelings. Support your child in exploring other healthy coping strategies (like talking to trusted friends/family, mind-body exercises, deep breathing, taking a walk, creating art or music, playing with pets.) If you are concerned about how they are coping, talk to your child’s pediatrician about finding a therapist. **AVOID:** Having phones and gaming devices in the bedroom at night, which are consistently linked with poor sleep.

Crowding Out

What does media get in the way of?

If your child has a phone, teach them to set “do-not-disturb” or “focus mode” during school, homework, and bedtimes so they are in control of when devices grab their attention. Set device-free times such as car rides and mealtimes, so that your teen has your full attention. Sleep is critical during the early teen years, ensure your child’s media use doesn’t disrupt or disturb sleep. Be aware of problematic media use, which occurs when media use is compulsive, interferes with friendships, or leads to frequent arguments.

Communication

How can you talk about media to raise a smart and responsible child?

Early teens often fear that sharing challenging situations involving media with their parents will lead their parents to take their devices away. Listen and provide support when kids are distressed due to small social missteps. Start conversations with open-minded questions (What’s this like for you? What do you think of...?) and put them at ease by talking about your own stresses with social media. Have check-ins with your child about how they are feeling navigating their peer relationships online and offline. Do they feel safe? Supported? What has been enjoyable? What has been challenging? How are they navigating using technology for connection and communication?

Family Media Plan

During this stage, it’s essential to involve your child in choosing and implementing rules to empower their sense of ownership. Parents can support tweens and teens by reviewing the Family Media Plan, and including their input on what rules the family will focus on.



Make a Media Plan for the whole family (parents too!).



About Us

The American Academy of Pediatrics (AAP) Center of Excellence on Social Media and Youth Mental Health is dedicated to creating a healthy digital ecosystem for children and adolescents. Social media use starts during childhood and can play a significant role in the relationships and experiences that affect children and teens’ growth, development, and mental health. The Center provides resources and tools for parents, clinicians, teachers, and youth to learn how to better navigate social media and the online world. Visit aap.org/SocialMedia for more information and resources.

We're here to help.

Explore our Q&A portal for answers to your questions about social media and youth mental health.



The 5 Cs were inspired and built upon the work of journalist & author of books about media and children, [Lisa Guernsey](#). The Three Cs were first described in the book *Into the Minds of Babes* (2007) and then *Screen Time* (2012) and *Tap, Click, Read: Growing Readers in a World of Screens* (2015).

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The 5 Cs of Media Use



OLDER TEENS: 15-17 YEARS

The older teen years are a time of increasing independence, building a sense of self, and intense peer group involvement. Media use can be one way that teens explore themselves and others as a healthy and normal part of adolescent development, communication, and peer relationships. This can also be a time in which peer relationships endure rocky times and challenging situations, some of which can be amplified by communicating online. Teens often want to feel a sense of power and control at this age, which can lead to more arguments with caregivers. However, they still need you to be a reliable, consistent, and understanding presence in their lives. For some teens, this phase is when they start to have more realistic visions of their future, which can lead to feeling nervous, excited or disappointed about their future options, sometimes all in the same day! Monitor media use, enjoy movies and shows together, have open-minded and caring conversations, and check in on device and/or social media habits. Give increasing independence as teens show responsibility.

ASK YOURSELF THE 5 Cs WHAT YOU CAN DO

Child

Who is your child, how do they react to media, and what are their motivations for using it?

Make sure your teen knows that you want to understand them. Parents can support their teens by checking in on how they are feeling, how things are going with friends, and whether they want to share any challenges or successes. If your child shares a recent conflict with friends, listen and ask questions to support them, such as "How did you feel?" or "What did you learn from that?". Avoid overly simplistic solutions, such as "Well let's take your phone away then". If your child made a mistake in a situation, help them understand that you support them, that everyone makes mistakes, and it is a valuable learning opportunity. Support their personal reflections about their online and offline relationships and experiences.

Content

What is worth their attention?

The teen years are also a time in which youth have more choices and independence around the media content they choose. Teens may get exposed to content that is quite different than what they had seen as a child, and they may be unsure of how to think about it. On social media, content by other users is generally unrated/unreviewed, so it can range from silly to dangerous. Social media algorithms (programmed rules that decide how content is sorted and recommended to users) decide what shows up in feeds, for better or worse. Help your child process and think through experiences with outrageous, false, or mean videos. As teens are becoming more independent, help them develop digital literacy skills, talk about viral challenges and other more risky behaviors. Encourage them to have more control over the content that they see on their feeds by managing their algorithms using the "I'm not interested" button, word-based content filters, and/or turning off algorithm recommended content.

Calm

How do they calm down emotions or go to sleep?

Parents can support their children by helping them to develop healthy calming strategies like talking to trusted friends/family, mind-body exercises, immersing themselves in experiences that they find helpful and thought-expanding (reading or music or art), taking a walk, creating their own content, playing with pets, or engaging in volunteer work to help others. If teens have depression or anxiety symptoms and struggle to use coping strategies, consider therapy. AVOID: Having phones and gaming devices in the bedroom at night, which is consistently linked with poor sleep. This can be challenging for older teens, so a harm reduction approach (such as plugging the phone in across the room if they use it as an alarm) may be helpful.

Crowding Out

What does media get in the way of?

Phone and social media use can interrupt times when teens want to concentrate, such as during class or homework. Talk through strategies such as using “do-not-disturb” or “focus mode” during these times so they are in control of when devices grab their attention. Checking back with your teen to see how those strategies are working helps this become an ongoing conversation and support rather than a one-time effort. Suggest device-free times during car rides and mealtimes, so that your teen has your full attention. Adequate sleep can be challenging for teens; help your child build a sleep routine and plan for how to ensure media doesn’t delay or interrupt sleep. Be aware of problematic media use, which occurs when media use is compulsive, interferes with friendships, or leads to frequent arguments.

Communication

How can you talk about media to raise a smart and responsible child?

Start conversations with open-minded questions (What’s this like for you? What do you think of...?) and put them at ease by talking about your own stresses with social media. For older teens, consider asking for feedback on how you as a parent are managing your device use when around the family to make it an open sharing opportunity. Watch shows and movies together—these can be great conversation starters for topics like substance use, romantic relationships, or other challenging topics. Parents can support teens by reviewing the [Family Media Plan](#), and including teen input on what rules the family will focus on. Ensure that adults follow the rules as well, as teens at this phase are fine-tuned to recognize adults who fall into the ‘Do as I say not as I do’ rule making approach.

Family Media Plan

Teens will be closely watching parents during this time to see if they follow the rules. Parents should try to avoid ‘do what I say, not what I do’ mentality. Welcome the input of your teen in developing the Family Media Plan and setting up rules to focus on as a family.



Make a Media Plan for the whole family (parents too!).



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parent tips

We Can! Screen Time Chart

Fill out the **We Can!** Screen Time Chart to see how much time your family spends in front of a screen. Keep one chart for each person.



Be sure to include time spent with cell phones and other hand-held video or gaming devices.

Post the chart where it's easy for everyone to see and use. Good places are near the family TV, by the computer, or on the refrigerator.

If screen time for each person is less than 2 hours a day, you're doing great! If it's 2 hours or more, then it's time to move more. Find ideas to get your family moving in the **We Can!** Family Guide. Take a look at:

- **We Can!** Parent Tips: Help Your Kids Reduce Screen Time and Move More
- **We Can!** Parent Tips: Be Active and Have Fun

You can print more screen time charts from the **We Can!** Web site at <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/screen-time-log.pdf>.

How to fill in the **We Can!** Screen Time Chart

To fill in your family's screen time chart— For each day, write the hours spent for each type of screen.

- Then add the hours for each day. Write the total in the "Daily Total" column.

See the sample chart below.

We Can! Screen Time Chart — Sample Chart

Name: Billy

Dates: 6/4 – 6/10

| | TV | Video Games | Hand-held Devices | Computer | Daily Total |
|-----------|---------|-------------|-------------------|----------|-------------|
| Monday | 2 hours | 1 hour | | 1 hour | 4 hours |
| Tuesday | 3 hours | 1 ½ hours | | 1 hour | 5 ½ hours |
| Wednesday | 1 hours | 1 hour | 2 ½ hours | ½ hour | 5 ½ hours |
| Thursday | 4 hours | | | 1 hour | 5 hours |
| Friday | 4 hours | 1 hour | | | 5 hours |
| Saturday | 3 hours | 2 hours | 2 hours | 1 hour | 8 hours |
| Sunday | 2 hours | 1 hour | 2 hours | 2 hours | 7 hours |

We Can! Screen Time Chart

Name:

Dates:

| | TV | Video Games | Hand-held Devices | Computer | Daily Total |
|-----------|----|-------------|-------------------|----------|-------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

We Can! is a program from the National Institutes of Health that offers resources for parents, caregivers and communities to help children 8-13 years old stay at a healthy weight through eating right, increasing physical activity, and reducing screen time.

To learn more, go to <http://wecan.nhlbi.nih.gov> or call 1-866-35-WE CAN.

We Can! Ways to Enhance Children's Activity & Nutrition, **We Can!**, and the **We Can!** logos are registered trademarks of the U.S. Department of Health & Human Services (DHHS).



HEALTHY HABITS

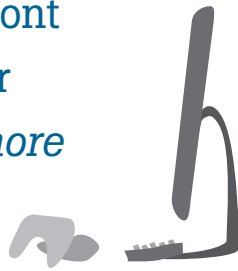
- Physical Activity
- Nutrition
- Saving Money While Shopping for Healthy Foods
- Dental Health
- Look Before Your Lock
- Car Seat Basics



parent tips

Help Your Kids Reduce Screen Time and Move More

Here are some tips to help your children spend less time in front of a TV, computer, or video games—and *more* time being active.



Get started:

- First, track your family's screen time.
- Use the **We Can!** Screen Time Chart to write down all of your family's screen time. Screen time is any seated time in front of:
 - > The TV or a DVD.
 - > Video games.
 - > Cell phones and other hand-held video devices.
 - > Computer or Internet (except for schoolwork).
- Then, track your family's physical activity.

Share goals and set limits:

- The goal for screen time is no more than 2 hours each day.
- Try to be more active over time. The goal for physical activity for children is at least 60 minutes each day.

My goal:

- I will limit my children to no more than _____ hours of screen time each day.

Suggest active fun instead of screen time:

- Don't let watching TV or playing video games get to be a habit for your family.
- Give your family ideas for other activities, like:
 - > Playing outside with friends.
 - > Learning an active hobby.

My goals:

- I will suggest that my children do these activities instead of screen time:

- I will give my family the following ideas for things to do instead of screen time:

Make mealtime family time:

- Turn off the TV during family meals, instead talk with your children. (You could talk about a new physical activity to try!)
- Try to have family meals at least two or three times a week. Families who eat together tend to eat healthier.

My goal:

- My family will eat together _____ times each week.

Be a good role model:

- Studies show that children and teens really listen to their parents.
- Children follow their parents' actions. If you reduce your screen time and move more, your children will too.

My goals:

- I will do _____ instead of screen time.
- I will be active _____ minutes a day for _____ days per week.

The link between TV and food choices:

- Many ads on TV are for foods like sugar-sweetened cereal, candy, and fast food.
- Ads may use cartoon or movie characters to make those foods look "fun" or "exciting."
- Children who watch a lot of television may make less healthy food choices.



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parent tips

Eat Healthy, Move More Chart

Trying something new can be hard. This chart will help you track your Eat Healthy, Move More tip each week.



How to use the Eat Healthy, Move More Chart

- Each week, fill in the date.
- Fill in the tip you want to try for the week.
- At the end of the week, write down how you did with the tip.
- Put this chart on the refrigerator so your family can see what you're doing to eat healthy and move more.
- Print more Eat Healthy, Move More charts on the **We Can!** Web site at <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tracking-sheet.pdf>.

Example Chart

| Date | Eat Healthy Tip | Move More Tip | My Successes |
|-----------------|--|----------------------------------|---|
| Week of June 13 | Order salad instead of fries. Get dressing on the side. | | Ordered salad. |
| Week of June 20 | | Take a family walk after dinner. | Walked to the park on Tuesday and Friday. |
| Week of June 27 | Drink water, fat-free or low-fat milk instead of regular soda or other sweetened drinks. | | Instead of buying whole milk, I bought my family fat-free milk. |

~ There are many ways you and your family can get healthy together. ~

CHOOSE YOUR FAMILY'S HEALTHY ADVENTURE!

1 in 3
children in America
is overweight or obese.

Fill half of your family's plates with fruits and vegetables.



Limit kids' screen time to no more than 2 hours a day.



When your family is active, be sure it's for at least 10 minutes at a stretch.



Replace sugar-sweetened drinks with water or fat-free milk.



Ask your kids what physical activities would tempt them away from the TV or other forms of media.



Make a list before grocery shopping.



Try a new fruit or vegetable with dinner each week.



Eat together as a family as often as possible.



Help your kids be physically active for at least 60 minutes each day.



SMALL STEPS CAN MAKE A BIG DIFFERENCE!
Go to www.NIH.gov/WeCan for more tips!



U R What U Eat

Food supplies the nutrients needed to fuel your body so you can perform your best. Go, Slow, Whoa is a simple way to recognize foods that are the smartest choices.




- **“Go”** Foods: Eat almost anytime (Most often) — they are lowest in fat, added sugar, and calories
- **“Slow”** Foods: Eat sometimes (Less often) — they are higher in fat, added sugar, and/or calories
- **“Whoa”** Foods: Eat once in a while (Least often) — they are very high in fat and/or added sugar, and are much higher in calories

| Food Groups | GO | SLOW | WHOA |
|--|----|------|------|
| Fruits Whole fruits (fresh, frozen, canned, dried) are smart choices. You need 2 cups of fruit a day. 1 cup is about the size of a baseball. | | | |
| Vegetables Adding fat (butter, oils, and sauces) to vegetables turns them from Go foods to Slow or Whoa foods. You need 2 ½ cups of vegetables a day. Dark green and orange vegetables are smart choices. | | | |
| Grains Try to make at least half of your servings whole grain choices and low in sugar. An ounce of a grain product is 1 slice of bread, 1 cup of dry cereal, or ½ cup of cooked rice or pasta. You need about 6 ounces a day. | | | |
| Milk Milk products are high in vitamins and minerals. Fat-free and low-fat milk and milk products are smart choices. About 3 cups are needed each day; 1 cup of milk, 1 cup of yogurt or 1 ½ ounces of natural cheese count as 1 cup. | | | |
| Meats & Beans Eating 5 ½ oz. a day will give you the protein, vitamins and minerals you need. Limit meats with added fat. Smart choices include beans (¼ cup cooked), nuts (½ oz.) and lean meats (1 oz.) baked or broiled. | | | |

The amounts of foods recommended per food group are based on a 2,000-calorie diet, the approximate number of calories for most active boys and girls ages 9-13. U.S. Department of Agriculture, Center for Nutrition Policy and Promotion.







Sweets and Snacks

The foods below are snack-type foods. The "Slow" and "Whoa" foods are higher in fat, added sugar, and/or calories and need to be limited so you do not eat more calories than your body needs. Remember, if you eat sweets and snacks, eat small amounts.

| GO | SLOW | WHOA |
|--|--|---|
|  <p>For "Go" snacks, select foods from the "Go" column in the food groups section.</p> |  |  |

Combining Food Groups

Foods we eat are usually a mixture of ingredients from the different food groups. A food can turn from a "Go" into a "Whoa" based on the ingredients used. The examples below contain ingredients from the milk products, grains, vegetables and meat groups – some "Go," some "Slow," and some "Whoa." Foods served in restaurants often use "Whoa" ingredients.

| Combined Foods | GO | SLOW | WHOA |
|----------------|--|---|--|
| Pizza |  English muffin pizza with low-fat cheese (using ½ English muffin) |  Regular or classic veggie pizza: 1 slice from a medium pizza |  Deep dish pepperoni pizza: 1 slice from a medium pizza |
| Pasta |  Pasta with tomato sauce and vegetables – 1 cup |  Macaroni and cheese – 1 cup |  Pasta with sausage – 1 cup |

Move More

To keep at a healthy weight, energy in (foods you eat) must balance with energy out (how much you move). Try to get 60 minutes of physical activity every day. Move more, take the stairs, play ball, bike, swim, walk, and find active games you enjoy. Have fun!

For more information, visit the *We Can!*™ Web site at <http://wecan.nhlbi.nih.gov>. *We Can!* is a national education program promoting healthy weight for children from the National Institutes of Health.

The GO, SLOW, WHOA concept adapted from CATCH®: Coordinated Approach to Child Health, 4th Grade Curriculum, copyright © 2002 by The Regents of the University of California and FlagHouse, Inc. CATCH is a registered trademark of The Regents of the University of California, and licensed by FlagHouse, Inc.

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parent tips

At the Store – Save Money and Shop Healthy

Try some of these tips to save money and eat better!



Use ads or the store's bonus or discount card.

- Weekly ads may offer discounts on healthy foods, like fruits and vegetables.
- Store cards can save extra money.
- You may need the card to get sale prices.
- Store brands are usually cheaper.

Read and compare the Nutrition Facts label on packaged foods.

- Look at the serving size and how many servings are in the package.
- Check the nutrients in each serving and choose products with lower numbers for calories, saturated and trans fats, sodium, and sugars.
- Compare brands and package size to find the best buy.

Buy fruits and vegetables in season.

- In-season fruits and vegetables may cost less.
- Shop at local farmers markets when you can.
- If your favorite fruits and vegetables are not in season, buy canned without added sodium (salt) or frozen without added fat.

Stock up and save.

- Buy the biggest size of canned, frozen, or packaged foods to save money.
- When on sale, buy lean meat, and fat-free or low-fat milk, cheese, and yogurt.
- Buy a whole chicken and cut it up. Pre-cut chicken costs more. Take off the skin before cooking.
- Buy milk in a gallon or half-gallon, instead of smaller sizes, to save money.

If you shop with your children, make it a time to learn.

- Teach your kids to look for healthy choices.
- Let your children pick out their favorite fruits or vegetables.
- If your kids ask for high-sugar or high-fat foods, be strong, say no, and tell them why. They learn to make good choices from you!

Need help getting started?
Turn this page over
for a sample grocery list!



Use this chart as a guide to help you and your family make smart food choices. Post it on your refrigerator at home or take it with you to the store when you shop. Check out the *Go, Slow, and Whoa Foods Chart* on the **We Can!** Web site to compare these to other foods: http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/downloads/tip_grocery.pdf.

Before shopping, check off which types of items you need:

- Fruits:** Fresh, frozen, or canned in its own juice.
- Vegetables:** Fresh, frozen without added fat, or canned without added sodium (salt).
- Meats:** Skinless chicken breasts or lean meats.
- Milk products:** Fat-free or low-fat milk, cheese, or yogurt.
- Grains:** Whole-grain breads and low-sugar or sugar-free whole-grain cereals.

Then, make your shopping list below:

Fruits

Vegetables

Meat, Poultry, Fish, Eggs, Beans and Nuts

Breads, Rice, Cereal, Pasta

Milk and Milk Products

Other



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Foods for Healthy

SUMMER SMILES!

Summer foods are super tasty, but many summer foods can hurt your teeth!

Here are some foods to watch out for while you enjoy the fireworks!

- ★ Corn on the cob can get stuck between your teeth and under your gums. Be sure to floss after you eat it!
- ★ Barbecue sauce is full of sugar that can cause cavities!
- ★ Sugary frozen treats, like ice cream, snowcones, and popsicles, can cause cavities. Brush or rinse with water after you eat them.
- ★ Snack foods like crackers, chips, and popcorn stick like paste to your teeth. They feed the bad bacteria that cause cavities.
- ★ Soda, iced tea, juice, and other sweet drinks have sugars and acids that hurt your teeth and gums! Save these to drink with meals. Don't sip on them all day!



Here is how to keep a healthy summer smile:

- ★ Watermelon, carrots, and other crunchy fruits and veggies scrape gunk off of your teeth. They also contain vitamins that keep your teeth healthy!
- ★ Drink water instead of sugary drinks.
- ★ Wear a mouthguard while playing sports, skateboarding, or riding a bike.
- ★ Brush your teeth every day, even if you are staying home!

POP QUIZ!

Cover the top half of this sheet. Answer these questions to see what you learned:

| | |
|-----------------------|--|
| | 1. What can you do to remove corn from between your teeth? |
| | 2. Do you still need to brush your teeth if you are not going anywhere? |
| <input type="radio"/> | 3. Why are sugary, frozen treats bad for your teeth? |
| | 4. What should you do after you have sweet treats or sugary drinks? |
| | 5. What should you eat to keep a healthy summer smile? |
| | |
| | Find more fun dental health activities at AmericasToothFairy.org/resources |





ARTICLE:

americastoothfairy.org/news/8-tips-and-tricks-to-make-brushing-teeth-fun

8 Tips and Tricks to Make Brushing Teeth Fun

Brushing teeth is one of the most important habits we can develop to maintain good oral health, but helping kids understand why it's important can be a chore. By brushing for two minutes, two times every day, we can prevent cavities, gum disease, bad breath, and even heart disease. Make teeth brushing a part of your child's daily routine and take the time to do it properly to enjoy a healthy, happy smile for years to come.

Incorporate some simple and creative ideas into your oral hygiene routine to make brushing teeth a positive experience for kids and even adults! Here are a few ways to make brushing fun for kids:

1. Brush together.

Brushing your teeth with your child can make the experience more enjoyable, sets a good example, and creates a sense of bonding. You can even have a "brushing party" and dance to toothbrushing songs together!



Visit [YouTube.com](https://www.youtube.com) to see a few of our favorites that will make sure your child brushes for a full two minutes:

- The Toothbrushing Song (Queensland Health)
- The Tooth Brushing Song (Danny Go!)
- The Two Minute Brushing Song (Trueocity)
- Brush Your Teeth (Finny the Shark)
- The Tooth Brushing Song (Hey Duggee)
- Tooth Bugs Go Away (The Singing Walrus)
- Brush to the Beat (Disney Junior)
- Time to Brush Our Teeth (Codey and the Cloud)



2. Make it a game.

Turn brushing teeth into a game by setting a timer for 2 minutes and challenging your child to brush every side of each tooth, and their tongue by the time the timer goes off (but NOT before!)

3. Choose a special toothbrush.

Let your child pick out their own toothbrush with their favorite character. Then when it's time to brush they can also dress like the character on their toothbrush. For example, if your child chooses a princess or superhero character toothbrush they can put on a princess crown or a superhero cape when it's time to brush their teeth.

Toothbrush Toys (toothbrushtoy.com) has fun character toothbrushes with soft, replaceable brush heads and fun storybooks to read before bed or brushing. Plus, each purchase supports the mission of America's Tooth Fairy!

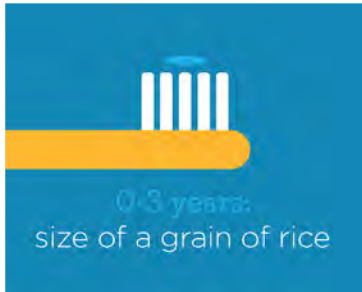
At what age should kids start brushing?

Parents should begin brushing their child's teeth as soon as the first tooth emerges. Kids should only brush their teeth independently when they can brush without swallowing the toothpaste.

4. Use kid-friendly toothpaste.

For some kids, the strong flavors of adults toothpastes are just too much. Look for toothpaste that comes in flavors and textures that kids love. You can also try using a “squirt” toothpaste that comes in a tube with a fun dispenser.

How much toothpaste should your child use?



5. Make up a song or rhyme about brushing.

Make brushing teeth a fun experience by singing a song or telling a story while you brush your teeth. You can even create your own two-minute “brushing rhyme” or make up a fun story about your child’s toothbrush character.

6. Make your child the “brushing police.”

Kids love to be in charge! Set an alarm for any time between dinner and bed time. When the alarm goes off it is the job of the “brushing police” to make sure everyone (that means you, Mom and Dad) brushes their teeth for two minutes. Then the “brushing police” must inspect everyone’s mouths to be sure they’ve done a good job.

7. Offer incentives to form healthy habits.

Visit AmericasToothFairy.org to download our free brushing charts (or brushing and flossing

charts for kids whose teeth touch each other) and hang them in your child’s bedroom. Have them track their progress as they brush each day. Give them a special reward each week they don’t miss brushing.

The incentives don’t have to cost a lot. They can include choosing small toys from a treat box, choosing a movie to watch or game to play as a family, or extra time to play video games.

It takes 60 days to form a new habit so find the incentives that motivate your child to help them stick with it!

8. Be positive and patient.

Above all, be positive and patient with your child while they brush their teeth. Encourage them and praise them for doing a good job. This can help build confidence and make the experience more enjoyable.

By incorporating these simple and creative ideas into your daily oral hygiene routine, you can make brushing teeth a fun and enjoyable experience for kids (and even adults!)

Remember, brushing teeth is an important part of taking care of our overall health, so let’s make it something to look forward to!

For tips to help your child maintain a healthy smile throughout their childhood and links to other educational resources, visit the link at the top of this article.

Want more great oral health tips and resources?

Get a smile in your inbox! Sign up for one of our fun and informative, quarterly newsletters at AmericasToothFairy.org.



As a resource provider, America’s ToothFairy increases access to oral health care by supporting nonprofit clinics and community partners delivering education, prevention and treatment services for underserved children. We work to ensure all children can access dental care and learn about oral health. Learn more at AmericasToothFairy.org. Copyright 2024.

Look Before You Lock

Create a routine! Check off the tasks you will try today.



Make it a routine to open the back door of your car every time you park.



After you correctly buckle a child in a car seat or booster seat, put something you need at your destination in the back seat so you will open the back door. This could be something as simple as a cellphone, employee badge, handbag, or other item you need to keep with you.



Ask your babysitter or child care provider to contact you if your child hasn't arrived as scheduled.



Keep a stuffed animal in the child's car seat. Place it on the front passenger seat as a reminder when the child is in the back seat.



Set the alarm on your cellphone or computer calendar as a reminder to drop your child off at child care. Remember to make the alarm song/sound different from all other alert sounds on your device.



If you have a change in routine, such as your spouse or parent dropping your child off at child care instead of you, make sure you and the other person communicate to confirm the drop-off was made.



Consider technology that alerts drivers to check the back seat. (Vehicle and child restraint manufacturers have been working on various evolving alert systems and some technologies are available now!)

Always Remember

Rolling windows down or parking in the shade does little to change the interior temperature of the vehicle. Never leave anyone, including children, vulnerable adults, and pets, in a vehicle unattended for any length of time.



Michigan Office of Highway Safety Planning, P.O. Box 30634, Lansing, MI 48909 • Michigan.gov/ohsp

This material was developed through a project funded by the Michigan Office of Highway Safety Planning and the U.S. Department of Transportation.

Common car seat mistakes and how to avoid them

**More than 70 percent of car seats are not installed properly.
Most common errors are easy to fix with just a few adjustments.**

THE HARNESS STRAPS ARE NOT TIGHT ENOUGH.

Harness straps should fit snug to the child's body and should pass the "pinch test," meaning you should not be able to pinch any excess strap material.

THE CAR SEAT ISN'T INSTALLED TIGHT ENOUGH.

Car seats, whether installed with the seat belt or LATCH system, should not move more than one inch from side to side when tested at the point where the car seat attaches to the vehicle.

MOVING CHILDREN TO THE NEXT STEP TOO SOON.

Children must stay in their car seats until they outgrow the height or weight limit of the seat before moving to the next step, such as rear-facing to forward-facing.

THE CHEST CLIP IS TOO LOW.

The chest clip should be secured at the child's armpits to ensure harness straps remain in the correct position.

PUTTING KIDS IN THE FRONT SEAT TOO EARLY.

Children are safest when riding in the back seat of the vehicle until they reach 13 years old. The force of an air bag may be dangerous for children under the age of 13. Buckling up in the back seat decreases the risk of death by one-third.



TIPS FOR BUYING CAR SEATS

You should never purchase or borrow a used car seat that:

- Has been involved in a crash
- Has been recalled
- Has no date of manufacture and/or model number
- Has expired (typically after six years)
- Is damaged or missing parts

Car seats should not be purchased at garage sales or second-hand stores since the history of the seat is unknown.

MICHIGAN SEAT BELTS AND CHILD RESTRAINTS

- Children younger than age 4 must ride in a car seat in the rear seat, if the vehicle has a rear seat. If all available rear seats are occupied by children under 4, then a child under 4 may ride in a car seat in the front seat. A child in a rear-facing car seat may only ride in the front seat if the airbag is turned off.
- Children must ride in a rear-facing car seat until they are 2 years old or when they reach the height or weight limit of the car seat per the manufacturer.
- Children must ride in a forward-facing car seat until they are 5 years old or when they reach the height or weight limit of the car seat per the manufacturer.
- All children must be buckled in a car seat or booster seat until they are 8 years old or 4'9".
- It is recommended that children 8 and older be placed in an age- and weight-appropriate child safety seat if the vehicle's seat belt does not fit properly. All children under the age of 13 are safest when wearing a seat belt and riding in the rear seat of a vehicle.
- Drivers, front-seat passengers regardless of age, and all passengers ages 8 through 15 are required to wear properly adjusted seat belts.

Children should never ride on a lap, in a portable crib, or in any other device not approved for use in the vehicle.

MICHIGAN



Office of Highway Safety Planning

P.O. Box 30634 • Lansing, MI 48909 • 517-284-3332 • Michigan.gov/carseats

This material was developed through a project funded by the Michigan Office of Highway Safety Planning and the U.S. Department of Transportation.

Car Seat Basics

Motor vehicle crashes are the leading cause of death for young children, and properly restrained children have a more than 50 percent chance of surviving a crash. When driving with children, always use the appropriate car seat or seat belt.

The 4 Steps for Keeping a Child Riding Safely

STEP 1 REAR-FACING



All infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by the seat's manufacturer.

STEP 2 FORWARD-FACING



All children who have outgrown the rear-facing weight or height limit for their car safety seat should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by the seat's manufacturer.

STEP 3 BOOSTER SEATS



All children whose weight or height is above the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle's lap/shoulder belt fits properly, typically when the child reaches 4'9" tall at 8–12 years old.

STEP 4 SEAT BELTS



When children are old enough and tall enough to use the vehicle's seat belt alone, always use lap and shoulder belts for optimal protection.

ALL CHILDREN YOUNGER THAN 13 YEARS OLD ARE SAFEST WHEN RESTRAINED IN THE REAR SEAT OF VEHICLES.

Source: American Academy of Pediatrics, Policy Statement, 2018

To learn more or locate a certified child safety technician, visit NHTSA.gov.

LEAD POISONING AND SCREENING

- Universal Blood Lead Testing Law in Michigan
- How to Prevent Lead Poisoning in Children
- Lead Exposure Can Cause Lifelong Health Problems
- Lead-free for a Bright Future: Get Tested Today!
- Universal Blood Lead Testing: Q&A for Parents, Caregivers, and the Public



Universal Blood Lead Testing in Michigan



Michigan Law Updates

Beginning April 30, 2025, Michigan law requires blood lead testing for young children.

All children must be tested at ages **12 months and 24 months**.

Children must be tested between **24 months and 72 months**, if their record does not show they were tested previously.

Children must also be tested at **age 4** if they live in geographic areas identified by MDHHS as **high-risk** for lead poisoning.



Scan the QR code or visit Michigan.gov/MiLeadSafe for a complete list of high-risk areas, questions and answers, and to view the law and rules.

Children under 72 months should be tested an **additional time** if they live in a home built before 1978 or in a home where other children with elevated blood lead levels live.

If a child is determined by a parent or physician to be at high risk for lead poisoning, the child must receive a test **within three months** of that determination.

By law, parents can choose not to have their child's blood tested for lead.

Lead exposure can harm anyone, and is particularly harmful to younger children. Exposure to lead can cause problems with:



Learning.



Growth rates.



Behavior.



Development of the nervous system.



Speech.



Hearing.



For questions about blood lead testing, call the MDHHS Childhood Lead Poisoning Prevention Program at 517-335-8885 or email them at MDHHS-CLPPP@michigan.gov.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.



HOW TO PREVENT LEAD POISONING IN CHILDREN



Know the common sources of lead like soil, water, and old paint

Take steps to prevent lead exposure



Get your child tested for lead

Ensure your products are lead-free through testing and material certification



Wash hands regularly, clean surfaces to reduce dust, and eat a balanced diet



To learn more visit [cdc.gov/lead](https://www.cdc.gov/lead)

Lead Exposure Can Cause Lifelong Health Problems



Lead exposure harms several body systems including the brain, nervous system, and reproductive system and it can result in



Developmental and growth delays



Hearing and speech problems



Difficulty learning and paying attention



Serious illness and death

Talk to your healthcare provider about a blood lead test if you or your child may have been exposed to lead. Get tested!

Lead-free for a Bright Future: Get Tested Today!



Why should I test my child for lead?

Children younger than 6 years are more likely to be exposed due to their hand-to-mouth behavior. **Many children ingest lead dust by putting objects such as toys and dirt in their mouths.** Use soap and water to wash children's hands and toys often, especially before they eat and sleep.

How do I get tested?



Lead exposure can cause learning and developmental delays, behavioral problems, and serious health issues. **Visit your doctor's office or local clinic and ask for a blood lead test.** Early detection helps protect your child's health.



Talk to your healthcare provider about a blood lead test if you or your child may have been exposed to lead. Get tested!



Universal Blood Lead Testing: Questions and Answers for Parents, Caregivers and the Public

In October 2023, Michigan passed a law that requires all children to be tested for lead in blood at 12 months and 24 months of age and at other ages depending on certain risk factors. The Michigan Department of Health and Human Services (MDHHS) was required to develop administrative rules for implementation of the law. These rules went into effect April 30, 2025.

The following questions and answers provide information about the laws.

What is a blood lead test and what does it measure?

- A blood lead test measures the amount of lead in a person's blood. Visit [Blood Lead Testing](#) to learn about the different types of tests and what it means to have an elevated blood lead level.

What is universal blood lead testing?

- Universal blood lead testing means testing all children at certain ages.

What is required under Michigan's new universal blood lead testing laws?

- It is the physician's responsibility to test or order the test.
- Michigan children must be tested at 12 months and 24 months of age or by 72 months of age (age 6) if there is no record of a previous test.
- Children must also be tested as follows:
 - Between 48 months and 60 months of age (age 4) if they live in one of the 82 cities and townships designated by MDHHS as high risk. Visit [Additional Blood Lead Testing for High-Risk Jurisdictions](#) to view the complete list.
 - At least once between their most recent test and age 72 months if they are at high risk because they live in a home that either:

- Was built before 1978, or
 - Where other children with elevated blood lead levels live.
- Within three months of when a physician or parent determines that they are at high risk. Risk factors to consider are described at [MDHHS Quick Reference Guide for Providers](#).
- Testing requirements do not apply if the parent/guardian objects to the test.

The law specifies the required ages for testing in months of age. Does testing have to take place at exactly these months to comply with the law?

- Annual well-child visits do not always happen exactly on a child’s birth month; therefore, a blood lead test could be done at or **around** specified months.
- Talk with your child’s primary healthcare provider about getting a blood lead test for your child.

How can children who do not currently have a healthcare provider receive blood lead testing?

- If you do not have a healthcare provider, [contact your local health department](#) to discuss their available services for blood lead testing.

Will health insurers cover the costs of the blood lead tests under these new mandates?

- Blood lead testing is a preventive health service under the federal Affordable Care Act (ACA), meaning it must be covered without additional copayment or coinsurance charges. Most private insurers are covered by the ACA.

What are the reasons for requiring universal testing?

- Children and fetuses are most at risk of health effects from lead exposure. There is no known safe level of lead in a child’s blood. Lead exposure can come from many sources including paint in homes built before 1978, dust, soil, drinking water from older plumbing, jobs or hobbies that involve lead and some imported goods. Universal testing aims to identify all children with elevated blood lead levels as early as possible as children begin to explore their environment. It is important to find and fix lead hazards in a child’s environment to prevent lead exposure. MDHHS recommends that Michigan households use a certified lead-reducing drinking water filter if your home has or if you are uncertain if it has lead or galvanized plumbing, a lead service line carrying water from the street to their residence, or old faucets and fittings that were sold before 2014. Learn more about the health effects of lead exposure by visiting [Lead and Your Health](#).
- Professionals in child lead poisoning prevention agree that the targeted testing approach (see below) does not achieve this goal. Other states have already moved from targeted testing policies to mandated universal testing for similar reasons.

Why should children be tested at 12 months and 24 months of age, or between 24 months and 72 months (age 6) if not tested previously?

- Testing at 12 months and 24 months helps identify early exposure. Blood lead levels peak around 24 months when children become more mobile, use hand-to-mouth movements and explore their environments, all of which put them a greater risk of lead exposure.
 - Testing at these ages allows for early detection of lead exposure and intervention.
 - The catch-up provision of testing by age 6, if not tested previously, helps ensure that children with elevated blood lead levels can be identified.

How will the change to universal blood lead testing impact the number of children who have blood lead tests?

- The universal blood lead testing approach will increase the number of children tested and, therefore, identify more children with lead exposure.

Where can the public go to learn more about blood lead testing, risk factors for lead exposure and lead exposure prevention?

- Visit [Michigan.gov/MiLeadSafe](https://www.michigan.gov/MiLeadSafe).

Where can the public read the two laws related to universal blood lead testing of children and the administrative rules that provide additional details about the requirements?

- [Public Act 146 of 2023](#) amends Part 54A of the Public Health Code by adding a new subsection, [MCL 333.5474d](#), that requires a physician to test or order a blood lead test at age 12 months and 24 months and under several other circumstances and to make an entry of the testing on the minor's certificate of immunization.
- [Public Act 145 of 2023](#) amends MCL 333.9206 by adding a requirement for the entry of the blood lead test on a minor's certificate of immunization in subsection [9206\(1\)](#).
- Administrative rules are posted at [R 330-301-304](#).

For more information about the universal blood lead testing requirements, contact the MDHHS Childhood Lead Poisoning Prevention Program at 517-335-8885 or MDHHS-CLPPP@michigan.gov.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

DEVELOPMENT

- Milestones
- Grandparents' Roles
- Playtime Activities
- Talk, Read, and Sing Together Ever Day!
 - Tips for Families of Infants
 - Tips for Families of Toddlers
 - Tips for Families of Preschoolers
- Talking is Teaching: Talk, Read, Sing Indoor Activities Kit
- Milestone Tracker





TALK, READ, AND SING TOGETHER EVERY DAY! IT'S NEVER TOO EARLY TO HELP YOUR CHILD LEARN.

Learn more about your baby by watching for developmental milestones. Smiling, cooing, and babbling are just a few. Your baby will show you many more milestones in how he plays, learns, speaks, acts, and moves! Look for your child's milestones regularly and share his progress with the doctor at every well-child visit.

TIP: Respond to your baby's first smiles, gurgles, and coos — she's talking to you and wants you to talk, too!

BIRTH TO 2 MONTHS

- Coos, makes gurgling sounds
- Turns head toward sounds



4 MONTHS

- Begins to babble
- Babbles with expression and copies sounds he hears



TIP: Hold and talk to your baby; smile and be cheerful while you do.

6 MONTHS

- Responds to sounds by making sounds
- Responds to own name
- Begins to say consonant sounds (jabbering with "m," "b")



TIP: Read books to your baby every day. Praise him when he babbles and "reads" too.

9 MONTHS
• Understands "no"
• Makes a lot of different sounds like "mamamama" and "bababababa"

2 YEARS

- Points to things or pictures when named
- Says sentences with 2 to 4 words
- Follows simple instructions

18 MONTHS

- Says several single words
- Points to show someone what he wants

12 MONTHS

- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Tries to say words you say

TIP: When you read with your child, have her turn the pages. Take turns labeling pictures with your child.



TIP: Describe what your baby is looking at; for example, "red, round ball."



3 YEARS

- Follows instructions with 2 or 3 steps
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

4 YEARS

- Tells stories
- Can say first and last name
- Knows some basic rules of grammar, such as correctly using "he" or "she"

5 YEARS

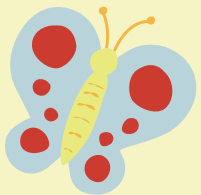
- Speaks very clearly
- Says name and address
- Uses future tense; for example, "Grandma will be here."

YOU CAN HELP YOUR CHILD'S LANGUAGE SKILLS BY TALKING, READING, AND SINGING WITH HIM OR HER EVERY DAY. IT'S EASY TO DO AND CAN MAKE A BIG DIFFERENCE IN HOW YOUR CHILD LEARNS AND GROWS!



IT'S NEVER TOO EARLY TO START TALKING, READING, AND SINGING WITH YOUR BABY.

TALKING BACK AND FORTH WITH YOUR BABY BY RESPONDING TO HER SMILES, COOS, AND BABBLING HELPS YOUR BABY LEARN LANGUAGE.



LEARNING LANGUAGE HELPS YOUR BABY LEARN LOTS OF OTHER IMPORTANT SKILLS.

Go to [cdc.gov/ActEarly](https://www.cdc.gov/ActEarly) to find:

- Free **milestone checklists** to help you learn more about how your baby is developing
- Tips for **How to Help Your Child** and **How to Talk with the Doctor** if you ever become concerned about your baby's development
- A free children's book, **Amazing Me: It's Busy Being 3!**, for order or download
- More of the Too Small to Fail **Talking is Teaching Materials**

Remember, every child develops at his or her own pace, but if you are ever worried about your child's development, don't wait! Acting early can make a big difference. Remember, you know your child best. Talk with your child's doctor if you have concerns. Get tips to help you prepare at [cdc.gov/Concerned](https://www.cdc.gov/Concerned).



LET'S TALK ABOUT GRANDPARENTS!



As a grandparent, you play a truly special role in the lives of your grandchildren and family members.

When you share rich conversations and stories with your grandchildren, you are helping to support their early brain and language development. Here are some fun ideas for ways you can bond with your grandchildren—simply by talking, reading, and singing together (in person or over the phone).

- **Celebrate your family history.** Cuddle up at home and share a story about a cultural family tradition. Talk together about why it's important to you.
- **Share a memory.** Tell your grandson about a favorite childhood memory. Ask your grandchild to share one of his favorite memories, too.
- **Empower your grandchild.** Explain a time when you were a child and it may have been difficult to learn how to do something new. What or who helped you learn to get better? You might ask, "What can grandma/grandpa do to help you learn something new?"
- **Read a favorite book.** Ask your grandchild to select a book that he loves and why it is special to him. Read it out loud together!
- **Sing and dance together.** Sing a favorite song and dance and teach the words and moves to your grandchild. Singing can introduce young children to new vocabulary words.
- **Draw together.** Draw a picture of a special day from your childhood. Describe why it was special and how it made you feel. Encourage your grandchild do the same.
- **Learn new words together.** Teach your grandchild a word or phrase in the language you speak at home. By helping your grandchild build her vocabulary, her young mind will be ready to learn even more!



FOR MORE TIPS AND
INFORMATION, PLEASE VISIT
TALKINGISTEACHING.ORG.





PLAYTIME ACTIVITIES SHEET

For curious, young minds, playing is learning. Playtime is fundamental to your child's early development, helping hone her cognitive, social, and emotional skills. Opportunities to play are everywhere! Here are a few ideas to integrate play into your daily routine with your toddler:



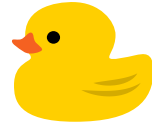
While getting ready in the morning, let your child explore your closet (or theirs!).

Playing dress up, or even exploring the different colors and textures of the fabrics in your closet, can be exciting.



Involve your toddler in meal preparation.

Give your child kid-friendly pots, pans, and other kitchen props so he can play chef while you make dinner. Describe spices and vegetables to your child and encourage him to smell, touch, and even taste the ingredients you're using.



Sing a song about toes, fingers, and noses during bath time.

It can be repetitive and simple, like "wash your toes, wash your nose." Couple singing with a game where your child pours water on the body parts mentioned in the song.



Turn reading time into playtime.

Have your child look at the pictures and tell the story. Act out the stories together as you read aloud or have her retell the story using her favorite toys.



Go on a scavenger hunt while out on a walk.

Help your child look for birds, benches, trees, bushes, and other common outdoor features. Encourage your child to explore the texture of leaves, rocks, and gravel. Describe the shapes and colors of the things you see.



Play a game of "I-Spy" while shopping together.

Choose a color and/or shape and challenge your child to point out as many objects that fall into that category as he can. Build your child's vocabulary by describing any unfamiliar or new objects that he encounters.



Every moment together is an opportunity for role play--all it takes is imagination. While waiting at the doctor's office, your child can play the doctor and you can introduce yourself as the patient. Pretend you have a stomachache or a headache and ask your child for a cure. You can encourage your child's role play in many other settings like restaurants, grocery stores, and subways.



TALK, READ AND SING TOGETHER EVERY DAY!

TIPS FOR FAMILIES

When you talk, read and sing with your child – even before they can use words – you’re helping them learn. And making them happier too! Research shows that talking, reading and singing with your child every day from birth helps build their brains as well as important language, math, reading and social skills for use in school and beyond. Talk, read and sing with your child in the language you are most comfortable using.

You probably naturally talk to your baby about the events of the day. Keep doing it, and do it more! The more words and conversations you share together, the better prepared they will be to learn. You are your baby’s first teacher!

For children with disabilities or delays, communicate with your service providers and keep each other informed about the strategies you are using to enhance their language environment.

TIPS FOR INFANTS

TALK

- Your touch and voice help your baby learn. Listen to the fun sounds your baby makes and repeat them. When they coo, coo back. Hold their hand gently and when they smile, smile back. Your loving touch combined with this back-and-forth “baby language” are the first steps in talking.
- Everywhere you go, talk about what you see and what your baby is looking at: “Wow, I see the four dogs, too!” “I love that red truck you’re playing with. It goes beep beep!”
- Play “Peek-a-boo” while getting your baby dressed. Ask, “Where’s (baby’s name)?” when you pull a shirt over your baby’s head. Then say, “There you are!”
- As you feed your baby, use words to describe what foods taste, feel, and look like. “This yogurt is smooth.” “That yellow banana is sweet!”
- Looking into your baby’s eyes, holding your baby’s hand, and talking to your baby in a high voice are all ways that you can help your child grow up to be a confident, loving adult.

READ

- Read a book or tell a story to your baby every day – in whatever language you feel most comfortable – beginning at birth.
- Cuddle with your baby as you share a book. It doesn’t matter how young your child is; even newborn babies are learning when their parents read with them.
- Point to the book’s pictures: “Look, the train goes choo-choo!” Using words to describe what you see builds language.

SING

- Hold your baby close during bedtime and sing a favorite song again and again. Singing the same song can help your baby feel calm and safe.
- Sing silly songs about your day to help get your baby’s attention during diaper changing.
- Your baby loves to hear your voice even if you think you can’t sing! The sound of your voice is comforting to your baby.

TIPS FOR TODDLERS

TALK

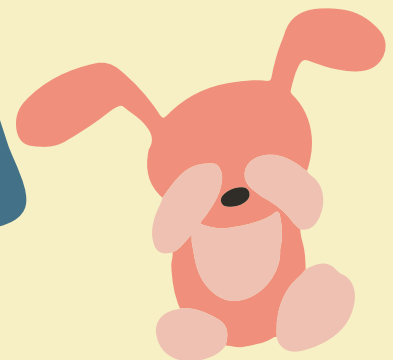
- Everywhere you go, talk about what you see. A stop sign, a traffic light, or a tree might seem boring to you, but it's a whole new world to your child, so teach them about it!
- Young children learn best during playful, everyday activities. Play "I-Spy" in the grocery store together. Choose a color and encourage your child to point out objects that match the color.
- Try some early math activities: point out shapes on your child's plate or around the kitchen. Ask your child, "How many sides does a square have?" "How about a triangle?"
- Play games during bath time to help your child learn new words. Take turns dropping toys in the water. Say, "Watch it sink!" or "It floats!"

READ

- You can inspire a love of books and words in your young child by reading or telling a story together every day.
- Point to the pictures, letters, and numbers in books. Ask open-ended questions as you share the book together. "What do you see? How does he feel? What would you do if you were her? What's your favorite page?"
- Let your child turn the book's pages. It's OK if they skip pages, or like a few pages better than others. You just want your child to get used to touching books.

SING

- Sing during everyday activities like driving in the car, or during bath time. It can be repetitive and simple, like "Wash your toes, wash your nose!"
- Singing songs that have basic counting or rhyming patterns also helps children learn basic math skills. "One, two, buckle my shoe. Three, four, open the door."
- Your toddler loves to get positive attention from you. Singing is a great way for you and your toddler to share an activity together.



You can find more tips like these—as well as videos, information, and more—on Too Small to Fail's website, www.talkingisteaching.org.

Every child develops at his or her own pace, but if you are ever worried about your child's development, don't wait! Acting early can make a big difference. Remember, you know your child best. Talk with your child's doctor if you have concerns. Get tips to help you prepare at cdc.gov/Concerned.

For more information on developmental and behavioral screening, visit [Birth to Five: Watch Me Thrive!](#)



TALKING IS
TEACHING.



When you talk, read, and sing with your child, you're strengthening your bond with her and helping her learn. Research shows that talking, reading, and singing with your child every day from birth builds her brain as well as important language, math, reading and social-emotional skills.

You probably naturally talk to your child about the things you do and see each day. We encourage you to keep doing it, and do it more—in whatever language you feel comfortable speaking at home. The more conversations, songs, and stories you share during your everyday moments together, the more you are preparing your child to succeed—in school and in life!

TIPS FOR PRESCHOOLERS

TALK

- **Tune in and listen to your child.** What are they noticing, pointing to, or asking questions about? Use these moments to spark fun conversations with your child. For example, "I see the shiny yellow bus, too. Who do you think is on the bus?"
- **Share back-and-forth conversations.** When talking together, try to take turns listening and speaking. When you keep the conversation going for as long as possible, you're helping your child develop language skills and also showing her that her words are important to you.
- **Use new and interesting words.** Young children can learn new and big words if you clearly show and explain what they mean. For example, when you see something very big, you might say, "That is an enormous building!" or "I spy a gigantic truck!"
- **Talk together in your home language.** Using your home language provides great benefits to your child's brain development. It's also a wonderful way for you to pass on your family's rich heritage. The easiest, most important way to do this is by speaking together in your home language every day. Enjoy sharing fun stories, poems, rhymes, and songs from your own childhood.



USE THE WORD
"ENORMOUS"
INSTEAD OF "BIG!"

READ

- **Cuddle up and read together every day.** It's never too early to inspire a love of reading, so try to make reading a part of your daily routine like nap time or bedtime. Your child loves the feeling of being close to you and sharing a story together. If you don't feel comfortable reading, feel free to make up your own story about the pictures you see in the book or about your day together.
- **Read anywhere you are.** Pack a book in your bag so you can read it together wherever you are like the bus, store or park. You can even point to and read words that are all around you—on street signs, in stores, and around the neighborhood.
- **Make book reading fun and exciting.** Try to ask "Who? What? When? Where? Why?" questions along the way to encourage your child to talk about what's happening in the story. You can also use different voices and gestures to act out the characters or story.
- **Allow children to read the same books over and over.** It's natural for children to want to keep reading the same books. Sometimes they have a favorite book, sometimes it is comforting and familiar for them to hear over and over, and sometimes the story relates to an experience they're having. Each time, try to point out new words, ideas, or pictures and talk about them together.

TIPS FOR PRESCHOOLERS (CONTINUED)

SING

- **Choose fun songs to sing together.** Try to choose songs you and your child can enjoy singing together. Songs with rhymes and repeating words can help make it easier for children to remember the lyrics. Encourage your preschoolers to fill in the last word to a song. For example, “Old MacDonald had a... FARM!”
- **Make up fun songs throughout the day.** Use your daily moments like washing clothes, cooking, or cleaning to come up with fun words to sing out loud together. You can replace words to familiar songs like “Twinkle Twinkle Little Star” with phrases to describe the things you’re doing together.
- **Sing songs that connect to your culture or background.** Singing songs from your own childhood or culture can help your child learn new words while keeping them connected to your family’s heritage. You can also have fun adding traditional dances while you sing together.
- **Use hand and body movements.** Creating fun movements to go along with the lyrics can help children get excited about a song while learning new words and concepts. You can even encourage your preschooler to make up some silly moves!



You can find more tips like these—as well as videos, information, and more—on our website,

TALKINGISTEACHING.ORG

TALKING IS TEACHING: TALK, READ, SING
INDOOR ACTIVITIES KIT



HI PARENTS AND CAREGIVERS,



Are you inside with the kids today?
Someone's sick? Raining outside?
Something else keeping you inside?

This booklet provides 10 ways you can talk, read, sing, and play your way through the day—just with things you might already have indoors.

Pick and choose the ideas that work best for your child's age and interests. And follow your child's lead on other ways they want to play!

LOOK OUT FOR THE "LET'S TALK!" SUGGESTIONS ON EACH PAGE FOR WORDS AND PHRASES YOU CAN USE TO BUILD YOUR CHILD'S VOCABULARY, TOO.



For more ideas, please visit www.TalkingisTeaching.org.

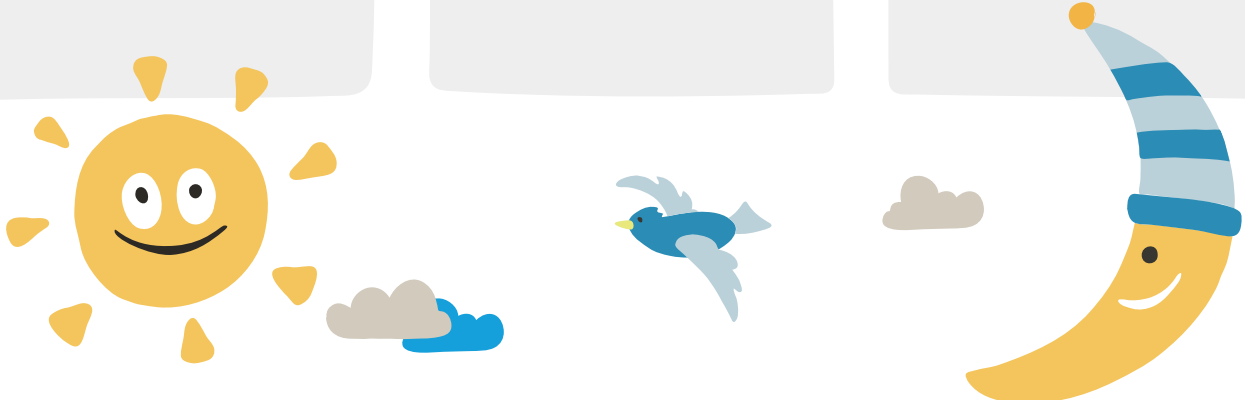
Check out our Instagram page @2smalltofail. Share your indoor activity photos and ideas using #HomeWithKids.



OUR INDOOR SCHEDULE: PLANNING AHEAD

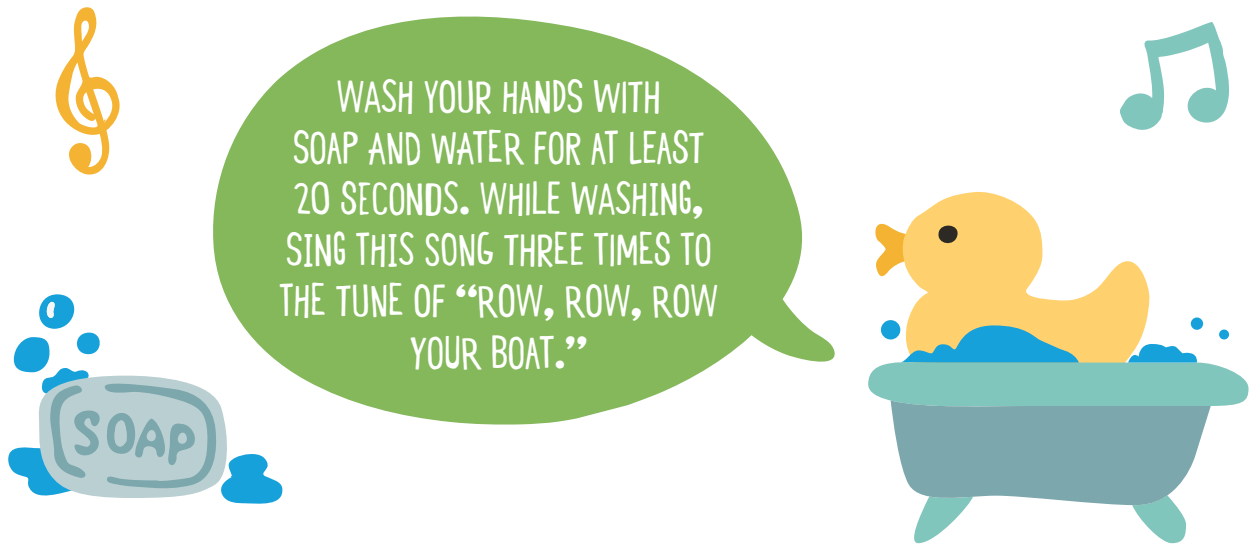
Planning for the day can make it easier to create a routine for your child. It can also build excitement for all the fun activities ahead! Use this chart to write down your schedule with activities in this booklet. Depending on your child's age, you can also talk about and create your plan together!

| MORNING | AFTERNOON | EVENING |
|---------|-----------|---------|
| | | |



LET'S WASH OUR HANDS!

It's important to stay clean and wash our hands often throughout the day, especially before eating, and after playing and using the bathroom. Here's a way to make handwashing fun through singing!



WASH YOUR HANDS WITH SOAP AND WATER FOR AT LEAST 20 SECONDS. WHILE WASHING, SING THIS SONG THREE TIMES TO THE TUNE OF "ROW, ROW, ROW YOUR BOAT."

WASH, WASH, WASH YOUR HANDS
WASH THEM EVERY DAY
SCRUB IN AND OUT AND ALL AROUND
KEEP DIRTY GERMS AWAY!



LET'S TALK!

Scrub the top of our hands, under fingernails, the inside of our palms, and in between our fingers.

Let's lather our hands by rubbing them together with soap and water!

Let's scrub our hands and make lots of bubbles!

LET'S USE OUR IMAGINATION!



MAKE A FORT

Use chairs and a big bedsheet or blanket to make a fort. Let your child fill it with favorite toys and pretend you're on a camping trip, in a cave, or in a secret hideout!



NOT JUST A BOX

Use all those extra cardboard boxes (and some strong tape) to build just about anything. Can you build a castle? A rocket ship? A boat? What else?



DRESS-UP TIME

Pick out some costumes or different-sized clothes from the closet. Imagine you're a superhero going on an adventure together!

LET'S TALK!

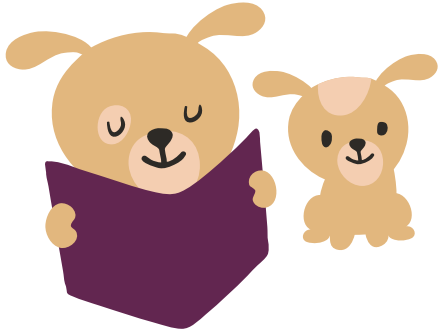
Let's build something tall. How about something humongous?

Let's pretend we are going to...

Let's imagine we're superheroes. Who are we going to save today?

READ TOGETHER ANYTIME!

Reading together is a wonderful way to bond, learn new words, and bring your child's imagination to life. Cuddle up and enjoy a book during any part of the day together!



ENJOY BOOKS TOGETHER

Allow your child to pick a favorite book to read. It's okay for them to choose the same book over and over again—this helps them learn and build their vocabulary!

WHO, WHAT, WHEN, WHERE, WHY

Between pages, pause often to ask a lot of open-ended questions.



LET'S ACT OUT A STORY

After reading a book together, have fun acting out the story. Talk together about which character you each want to be, what's happening in the story, and where you are!

LET'S TALK!

Let's pick a book to read.
Why did you pick this book?

Who is this character?
Why does she look happy?
Where are they?

Let's make up a story!

CREATE KITCHEN CHEMISTRY!

LET'S TALK ABOUT FOOD

As you prepare a snack or meal together, talk about the colors, tastes, textures, and smells of the foods you eat. What happens when you mix ingredients together?

HOMEMADE PLAY DOUGH

With your child, mix 1 cup flour, 1 cup salt, 1 cup water, and 1 tablespoon of oil (canola or vegetable). Stir over medium heat. When it starts to stick together, your homemade play dough is ready!

LET'S GET COOKING

Find a recipe online to bake cookies, bread, or muffins. Work together to measure, count, and mix ingredients.



LET'S TALK!

What does the food taste like? Smell like? What color is it? Is it crunchy? Smooth? Sour? Creamy?

How does the play dough feel? Is it squishy? Is it soft?

Let's count the eggs. One, two, three!

SHARE KINDNESS!

We can spread kindness from wherever we are! Use some of these activities to encourage your child to show appreciation and care for others.



CARING NOTES

Provide paper and crayons/markers to draw a picture or write a letter to someone your child cares about. This could be a friend, family member, or a teacher.

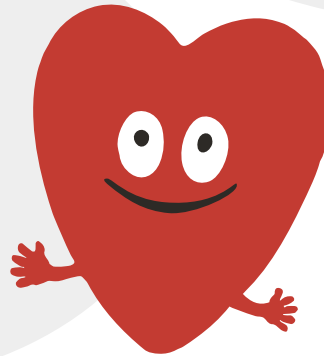


PROMOTE POSITIVITY

Write and color kind messages on sheets of paper and tape them on your windows or doors. Brighten up the days of those who walk by!

COMPLIMENT GAME

Sit in a circle with your family. Go around and take turns using words to say something nice about the person next to you. Make sure to say thank you!



LET'S TALK!

Who do you care about?
Let's write or draw something nice to send to them.

What pictures can we draw to make other people feel happy?

Let's share compliments!
I love how you are so...

LET'S MAKE MUSIC!

We can make music anytime, anywhere by using toilet paper rolls to kitchen utensils! Have fun singing with your child, too! Visit www.talkingisteaching.org/spotify to access our free family-friendly playlists.



ROCKIN' FAMILY KITCHEN BAND

Use plastic containers and wooden spoons to make music. Put on a concert with your child as the lead drummer. Using paper and markers/crayons, your child can also make "tickets" to the show!

MAKE YOUR OWN RAIN STICK

Use tape to shut one end of a paper towel tube. Fill it with a pinch of rice or beans and tape the other end. Decorate it with pictures or stickers. Shake, twirl, and dance!



YOU SING, I SING

Make up lyrics or sounds ("shalala", "badaba") and sing them in any melody. Take turns copying each other's sounds!

LET'S TALK!

Can you drum fast? Can you drum slowly?

Let's make a loud sound!
Now, a quiet sound.

What's your favorite song to sing?

BE A HANDY HELPER!

Here are some fun ways you can encourage your child to be handy helpers at home!

CLEAN UP GAME

Pretend you are vacuum cleaners that need to pick up toys, clothing, or other things. Put on a timer and make a game out of putting the items away. On your mark...get set...GO!



FAMILY BINGO

Create a bingo card of chores (clear the table, make your bed, put toys and clothes away, sweep the floor...). When your child gets BINGO (3 in a row), he or she "wins" the game!

SHARING IS CARING

Together, go through your closet or bins for clothes and toys that are no longer used. Name each item as you fill a bag to donate to a local shelter or share with friends.



LET'S TALK!

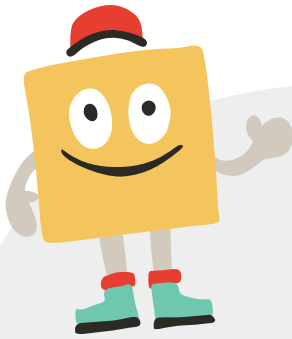
Let's look for toys and put them where they belong!

Let's play BINGO! How many more chores until we win? One? Two? Three?

Sharing is caring! What can we find to share with others?

GO ON A SCAVENGER HUNT!

There's so much to see and find—right at home. Here are ways to turn each room of the house into a fun adventure land!



SHAPE ADVENTURE

Have fun looking for shapes all around the house.

Take turns naming different shapes and finding objects that match them.



LETTER AND NUMBER HUNT

Write letters and numbers on small pieces of paper. Say a letter or number out loud and have your child search around for it!

I SPY WITH MY LITTLE EYE

Take pictures of small areas in your home, like the corner of your shower curtain. Show these pictures to your child, and have them look for where the pictures were taken!



LET'S TALK!

Let's talk about shapes! A circle is round. A square has four equal sides.

What sound does each letter make?

I spy a square-shaped window. What do you spy?

ENJOY WATER PLAY!

Playing with water can be both fun and calming for your child. It's also a great way to keep your child engaged for a good chunk of time!

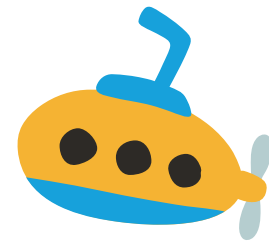


SPLISH, SPLASH, LET'S TAKE A BATH

Let your child enjoy a fun bubble bath with toys and bubble wands. Use words like nose, hair, and ear as you place bubbles on each of these parts.

FLOAT OR SINK EXPERIMENT

Place different objects in the bath or a big container of water. Ask your child to predict whether he or she thinks it will float or sink.



BATH TIME FOR OUR TOYS

Give your child a sponge or a cleaning brush to clean her toys with soap and water in the bath or a big bowl. Use words to describe each part of the toy as they scrub.

LET'S TALK!

I see bubbles on your nose, your ears, and now your hair!

Let's predict. Will this float or sink? Why do you think so?

Which of our toys need a bath today?

LET'S GET MOVING!

When you're stuck indoors, moving and dancing can help get everyone's wiggles out. It's also a great way to keep our bodies healthy and strong!

FAMILY DANCE PARTY

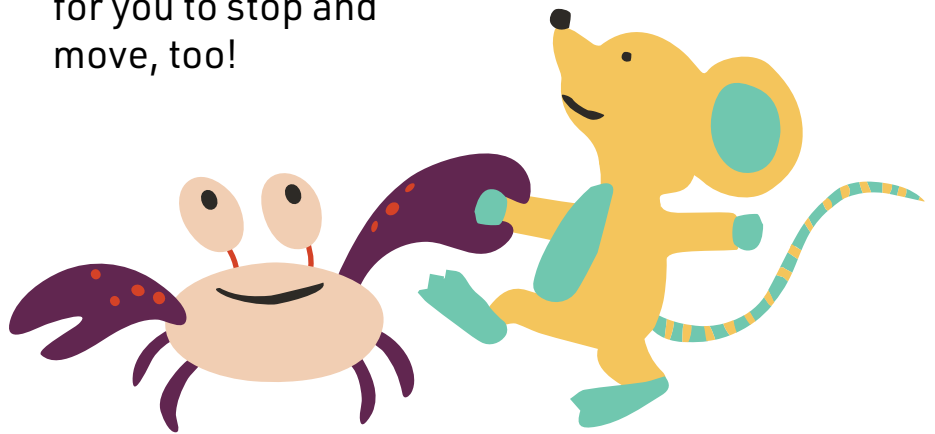
Turn on some music and have fun dancing together. You can even dance from room-to-room in a conga line. Stop the music every once in a while to play "Freeze Dance!"

RED LIGHT, GREEN LIGHT

Find an open area. When you say "green light," your child has to run fast, then stop when you say "red light." Allow your child to say "red light, green light" for you to stop and move, too!

ANIMAL MOVES AND GROOVES

Take turns pretending to move like different animals and guess which animals they are!

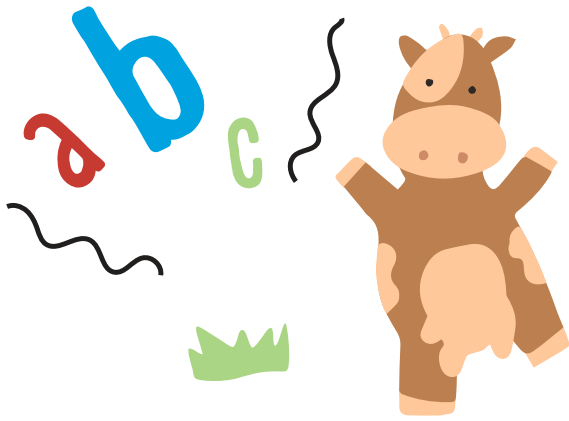


LET'S TALK!

Let's twist, turn, jump, wave, and wiggle all around!

Let's run super fast! Let's move super sloooooowly.

Can you slither like a snake? Hop like a bunny? Leap like a frog?



TALKING IS TEACHING

Children develop language, math, social skills, and more through a language-rich environment. Talk, read, and sing every day!



LET'S SING ABOUT
NAPTIME

Sing soft and soothing lullabies.



LET'S TALK ABOUT
COLORS

Encourage creativity! Get out the paints, clay, and paper. Learning is messy but fun. Ask questions like, "Tell me about your picture."




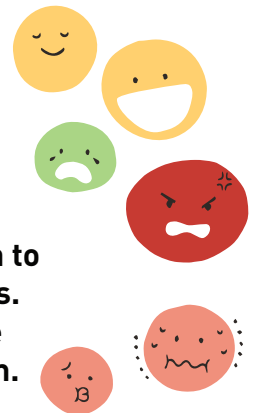
LET'S
READ BOOKS

Read with the children every day! Mix up new books with favorites each week.



LET'S TALK ABOUT
FEELINGS

Encourage children to express themselves. Make faces and use words to label them.

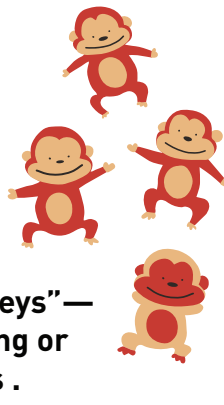


LET'S SING ABOUT
NUMBERS



5
LITTLE
MONKEYS...

Sing songs—like "Five Little Monkeys"—with basic counting or rhyming patterns.



MEAL TIME IS TALK TIME

FAMILY CONVERSATION TIPS



Good nutrition combined with language-rich activities like talking, reading and singing supports children’s early brain and language development. When you talk with your children about nutritious foods, you’re helping to build both their vocabulary and healthy eating habits!

Here are some tips on how to make the most of everyday moments—like grocery shopping and meal time—by talking, reading, and singing about healthy foods throughout the day:

TALK ABOUT HEALTHY FOODS

Share fun conversations during meal and snack time.

- Use words like “sweet, creamy, crunchy” to describe how food feels, tastes and smells.
- Count or compare the different shapes and sizes of food. Ask, “How many strawberries are on your plate?” or “Which apple is bigger? Biggest?” This supports your child’s early math skills.
- Where does food come from? Talk about how different types of food, like bananas or apples, grow.
- Make up fun food rhymes like *banana, zanana, fanana!*

READ TOGETHER EVERY DAY

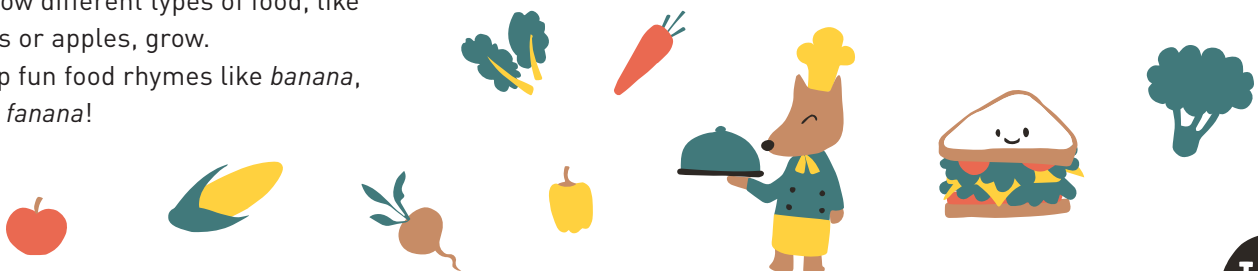
It’s never too early to read with your baby.

- Read words you see around you at the grocery store or farmer’s market.
- Read books about food on the way to and from grocery shopping.
- At bedtime, cuddle and read books related to your culture and the food you eat.

SING FUN FOOD SONGS

Singing can help get your child excited about healthy foods.

- Have a fun, healthy food sing-along with your baby! You can sing songs like “Fruit Salad” or “Apples and Bananas.”
- While cooking with your child, make up a fun song about the ingredients you’re using to cook.
- Sing about the benefits of eating fruits and vegetable. For example, “Carrots are good for your eyes!”



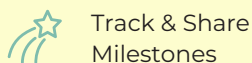
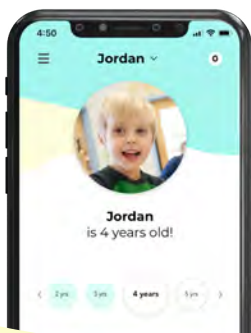
FOR MORE TIPS AND INFORMATION, VISIT [TALKINGISTEACHING.ORG](https://talkingisteaching.org).



Help your child grow and thrive

Your child's early years are so very important. Tracking how your little one plays, learns, speaks, acts, and moves helps you support their development.

Download CDC's free *Milestone Tracker* app to find fun and easy activities for each age.



Track & Share Milestones

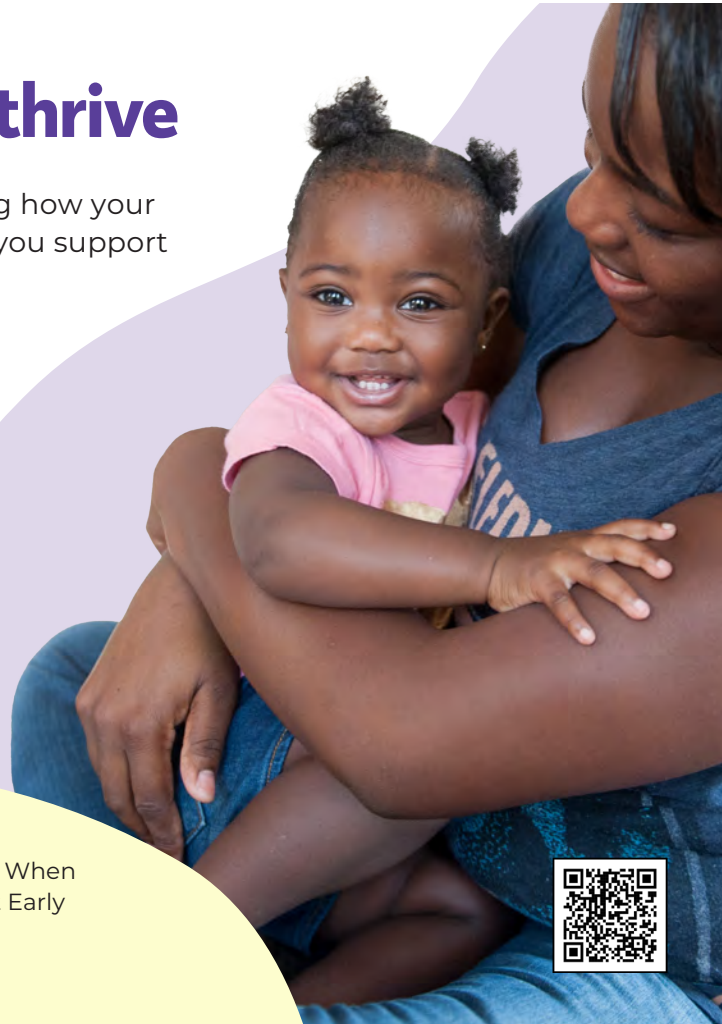


Get Tips & Activities



Learn When to Act Early

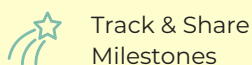
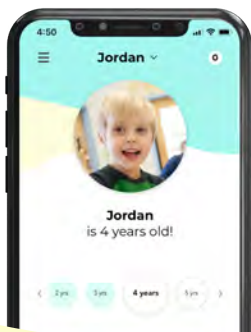
Learn more at cdc.gov/MilestoneTracker



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Get Tips & Activities



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TOBACCO, VAPING, AND E-CIGARETTES

- E-Cigarettes and Youth: What Parents Need to Know
- Quitting Tobacco
- Secondhand Smoke and Aerosol
- Flavored Tobacco



E-cigarettes and Youth: What Parents Need to Know



WHAT ARE E-CIGARETTES?

Electronic cigarettes (e-cigarettes) are battery-powered devices that deliver nicotine, flavorings, and other ingredients to the user. Using e-cigarettes is sometimes called “vaping.” E-cigarettes do not create harmless “water vapor” – they create an aerosol that can contain harmful chemicals.

HOW MANY YOUTH ARE USING E-CIGARETTES?

- E-cigarettes have been the most commonly used tobacco product among U.S. youth since 2014.
- In 2020, CDC and FDA data showed that at least 3.6 million U.S. youth, including about 1 in 5 high school students and about 1 in 20 middle school students, used e-cigarettes in the past 30 days.

WHAT ARE THE RISKS FOR YOUTH?

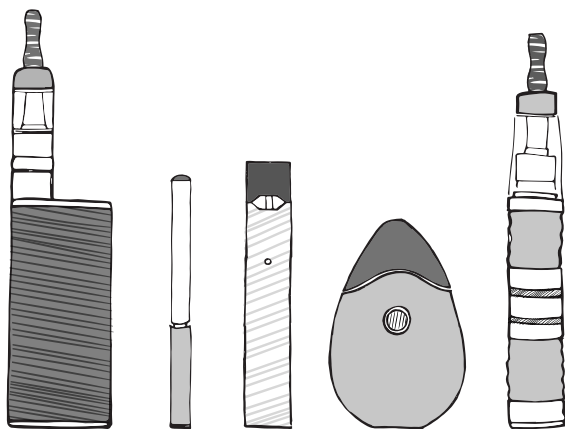
- Most e-cigarettes contain nicotine, which is highly addictive. Nicotine exposure during adolescence can:
 - » Harm brain development, which continues until about age 25.
 - » Impact learning, memory, and attention.
 - » Increase risk for future addiction to other drugs.
- Young people who use e-cigarettes may be more likely to go on to use regular cigarettes.
- Many e-cigarettes come in kid-friendly flavors – including mango, fruit, and crème – which make e-cigarettes more appealing to young people.
- E-cigarette aerosol is not harmless. It can contain harmful substances, including:
 - » Nicotine
 - » Cancer-causing chemicals
 - » Volatile organic compounds
 - » Ultrafine particles
 - » Flavorings that have been linked to lung disease
 - » Heavy metals such as nickel, tin, and lead





WHAT DO E-CIGARETTES LOOK LIKE?

- E-cigarettes come in many shapes and sizes. Some look like regular cigarettes, cigars, or pipes. Larger e-cigarettes such as tank systems – or “mods” – do not look like other tobacco products.
- Some e-cigarettes look like other items commonly used by youth, such as pens and other everyday items. New e-cigarettes shaped like USB flash drives are popular among youth, including JUUL and the PAX Era, which looks like JUUL and delivers marijuana.



WHAT CAN YOU DO AS A PARENT OR CAREGIVER?

As a parent or caregiver, you have an important role in protecting children from e-cigarettes.

- » Talk to your child or teen about why e-cigarettes are harmful for them. It’s never too late.
- » Set a good example by being tobacco-free.
- » Learn about the different shapes and types of e-cigarettes and the risks of e-cigarette use for young people at [CDC.gov/e-cigarettes](https://www.cdc.gov/e-cigarettes).

ABOUT USB FLASH DRIVE-SHAPED E-CIGARETTES

As a parent or caregiver, you may have heard about the use of USB flash drive-shaped e-cigarettes, including JUUL (pronounced “jewel”). JUUL is the top-selling e-cigarette brand in the United States.

JUUL is being used by students in schools, including in classrooms and bathrooms. JUUL’s nicotine liquid refills are called “pods.” According to the manufacturer, a single JUUL pod can contain as much nicotine as a pack of 20 regular cigarettes.

JUUL delivers nicotine in a new form called “nicotine salts,” which can make it less harsh on the throat and easier to use by youth. JUUL also comes in flavors that can appeal to youth.



E-CIGARETTES

Among youth who vape, **87.6%** used a flavored e-cigarette in the past month.

87.6%



In 2024, **5.9%** of **middle and high school** students reported current e-cigarette use.



43.1%



Formaldehyde and **acrolein**, which can cause **DNA damage** and lead to **cancer**, are present in e-cigarette aerosols.



43.1% of 15- to 20-year-olds

who vaped in 2022 got e-cigarettes from retail sources despite not being old enough to purchase them.

Young people who had ever used e-cigarettes had **7x higher odds of becoming smokers** one year later compared with those who had never vaped.

7x

Disposable e-cigarettes increased nearly **3x** in nicotine strength, **5x** in e-liquid capacity, and dropped in price by nearly **70%** between 2017 and 2022.



70%

COST



3x 5x

NICOTINE STRENGTH

E-LIQUID CAPACITY



QUITTING TOBACCO

Quitting tobacco in all its forms has **enormous health benefits.**



Benefits of quitting:



20 minutes: heart and blood pressure decrease



1 year: risk of **coronary heart disease** and **heart attack** is reduced



10 years:

risk of **dying from lung cancer** is **50% less likely** compared with a current smoker's risk



2 weeks: circulation and lung functionality improve



5 years:

risk of **mouth, throat, esophagus, and bladder cancer** are **decreased by half** and risk of cervical cancer and stroke decline to that of a nonsmoker



Nearly **70%** of smokers say they want to quit.

Of young tobacco users in 2021, **60% tried to quit using all tobacco products in the last year.**

For current users of e-cigarettes, the most popular tobacco product among youth, **more than half (54.2%) reported they intend to quit vaping** and one-third reported a past-year quit-vaping attempt.



Counseling and medication can **triple** a smoker's chance of quitting.

SECONDHAND SMOKE AND AEROSOL

SECONDHAND SMOKE

SECONDHAND SMOKE

presents a major health risk to nonsmokers and is known to cause cancer in humans and animals.



SECONDHAND SMOKE

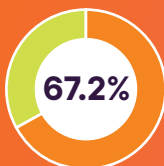
causes the **premature death of 41,000 adults** and more than **400 infants** each year – and deaths caused by secondhand smoke have a disproportionate impact on Black Americans and Hispanic/Latino Americans.



SECONDHAND

SMOKE

67.2% of youth who live with a smoker have been exposed to secondhand smoke.



SECONDHAND AEROSOL

SECONDHAND AEROSOL

from e-cigarettes is a known source of secondhand exposure to nicotine and can also contain **aldehydes and heavy metals**, which are also found in cigarette smoke.



48.4%

SECONDHAND AEROSOL

In 2019, less than half of working adults (48.4%) reported that their employer had a formal policy addressing vaping in the workplace.



WHAT YOU NEED TO KNOW ABOUT **FLAVORED TOBACCO**



HAVE YOU EVER WONDERED WHY THERE AREN'T FLAVORED CIGARETTES?

Scientists have known for a long time that flavors make it easier and more appealing to start using tobacco. That's why in 2009, the federal government banned the sale of flavored cigarettes (except for menthol).

However, other flavored tobacco products are still on the market. These products include cigars, cigarillos (little cigars), smokeless tobacco, hookah, and vapes.

The number of youth using flavored tobacco products has **increased dramatically in recent years.**

3 OUT OF **4**

KIDS WHO HAVE USED TOBACCO STARTED WITH A **FLAVORED PRODUCT**



MOST YOUTH SAY THEY USE TOBACCO BECAUSE

"IT COMES IN FLAVORS I LIKE."

THE TOBACCO INDUSTRY LOVES FLAVORS

- Flavors mask the harsh taste of tobacco which makes it easier for kids to smoke.
- Flavored products are seen as safer than unflavored products. Many kids don't even realize these products contain high levels of nicotine.

MANY TOBACCO PRODUCTS COME IN KID-FRIENDLY FLAVORS LIKE **CARAMEL, BUBBLE GUM, WILD BERRY, AND MINT.**



LOW PRICES ON FLAVORS

A 2009 federal law requires cigarettes to be sold in minimum packs of 20. However little cigars and cigarillos, which aren't included in the law, are often sold as singles or in small packs for less than \$1. This makes them very affordable for kids.



TEEN VAPING ON THE RISE

A 2018 study found a 78% increase in vape use among high school students and a 48% increase among middle school students over the previous year. This coincides with a recent explosion of nicotine e-liquid flavor options.



WHAT CAN BE DONE?

A growing number of communities have:

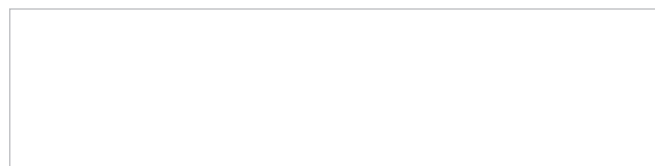
- Restricted the sales of flavored tobacco products (including menthol)
- Restricted the sales of vape products
- Limited the sale of tobacco products near schools
- Made tobacco less affordable for young people by setting minimum price and pack size requirements for all products

OUR KIDS DESERVE BETTER

Limiting access to flavored tobacco will help protect our youth from a lifetime of addiction.

LEARN MORE

Visit www.flavorshookkids.org or contact us:



Sources

Villanti, AC, et al. Association of Flavored Tobacco Use with Tobacco Initiation and Subsequent Use Among US Youth and Adults, 2013-2015. *JAMA Network Open*, 2.10 (2019): e1913804.

Villanti, AC, et al. Flavored Tobacco Product Use in Youth and Adults: Findings from the PATH Study (2013-2014). *American Journal of Preventive Medicine*, 53.2 (2017): 139-51.

Kowitz, SD, et al. Perceptions and Experiences with Flavored Non-menthol Tobacco Products: A Systematic Review of Qualitative Studies. *International Journal of Environmental Research and Public Health*, 12.4 (2017): 338.

Boykan, R, et al. Self-reported Use of Tobacco, E-cigarettes, and Marijuana Versus Urinary Biomarkers. *Pediatrics*, 144.6 (2019): e20183531

Cullen KA, et al. Notes from the Field: Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students — United States, 2011–2018. *MMWR*. 67(2018): 1276–1277

SEXUAL HEALTH

- Yes Means Test
- STIs in Michigan
- STI Prevention for Young Adults
- PrEP - Pre-Exposure Prophylaxis



YES MEANS TEST™

Why Get Tested?

You can pick up an STD, like chlamydia, no matter how you're hooking up. Yup, vaginal, oral or anal sex can spread STDs. Getting tested is a part of staying healthy.



**SEXUALLY ACTIVE PEOPLE
GET AN STD BY AGE 25**

Statistically, that's you or one of your friends. It's more common than you'd think.

Ready to say YES to TEST?

Yes or no, sex is our choice. But, the facts are clear.

YES to sex? #YESmeansTEST

When:

Where:

YESmeansTEST.org |

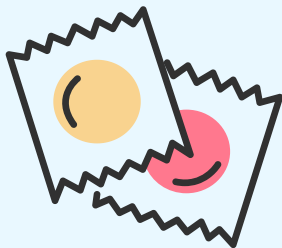
 **asha**
AMERICAN SEXUAL HEALTH ASSOCIATION

What are STIs?

Sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs), are passed to another person during vaginal, anal and oral sex. All STIs can be treated and most STIs can be cured.

How do I prevent STIs?

- Use **barrier protection (like condoms)** the correct way every time you have sex.
- **Get tested** before having sex with a new partner and **ask your partner about their STI status.**
- **Limit** your number of sex partners to reduce your likelihood of exposure.



What's next?

- **Knowledge is power:** Many STIs have no symptoms. The only way to know your status is to get tested. Scan the QR code to find a nearby testing location.
- **Consider your partner(s):** Encourage them to get tested and if you have an STI, ask your provider about medications for your partner(s) (Expedited Partner Therapy or EPT).



[Gettested.cdc.gov](https://www.gettested.cdc.gov)

STIs in Michigan

Find more information here:



Michigan.gov/HIVSTI





IF I HAVE QUESTIONS, WHO CAN ANSWER THEM?

If you have questions, contact your local health department (LHD). LHDs provide free, confidential STI testing and prevention services. Scan the QR code below to locate your local health department.



Michigan.gov/LHDMAP

SOME OF THE MOST COMMON STIS ARE:

- Gonorrhea.
- Chlamydia.
- Syphilis.
- Human Papillomavirus (HPV).
- Trichomoniasis.
- Human Immunodeficiency Virus (HIV).
- Genital Herpes.

MICHIGAN.GOV/HIVSTI

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The images used in this brochure are for illustrative purposes only. The persons depicted in these images are models.

MDHHS-Pub-1679 (5-25)

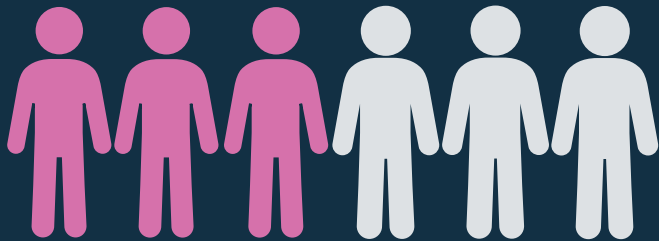
STI PREVENTION FOR YOUNG ADULTS



WHAT ARE STIS?

Sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs), are passed from one person to another during vaginal, anal and oral sex. They are common and many people do not realize when they have been infected with an STI. All STIs can be treated and most STIs can be cured. Left untreated, STIs can lead to serious health problems so it is very important to get tested and treated if you think you have been exposed.

**15-24
YEAR OLDS
ACCOUNT FOR
HALF OF
ALL STI
DIAGNOSES.**



HOW TO PREVENT STIs

The only certain way to avoid STIs is to not do anything that involves body fluids or skin-to-skin contact with another person. There are ways to protect yourself from STIs if you decide to have sex.

BARRIER PROTECTION

Using barrier protection, such as internal and external condoms or dental dams every time you have sex is the best way to prevent getting or spreading STIs. Sex barriers protect you and your partners by preventing contact with body fluids that can carry infections.

Be sure to follow the instructions on the box for how to properly use the protection. Keep in mind that condoms made of lambskin or other animal membranes **DO NOT** protect against STIs. Only synthetic condoms (latex or plastic) prevent the spread of infections.

LIMIT YOUR SEX PARTNERS

It's best to have sex with one person who agrees to only have sex with you. If you are not in a monogamous relationship, make sure you know all of your sexual partners' current STI status.

GET TESTED

Getting tested helps prevent the spread of STIs and helps keep you healthy. Always get tested before having sex with a new partner and ask your partner about their STI status. In Michigan, young people have a right to confidential visits with a health care provider for sexual health care. Talk to your provider or visit your local health department to learn about options.

DOXY PEP

Doxycycline post-exposure prophylaxis, or doxy PEP for short, is a strategy using doxycycline to help prevent syphilis, chlamydia and gonorrhea. Doxy PEP must be taken within 72 hours after sex. Talk to your provider to see if doxy PEP is right for you.

KNOW THE SYMPTOMS

Most infections have no signs or symptoms. The signs and symptoms will also depend on which STI you have. Common symptoms are:

- Sores on the mouth, genitals, rectal areas, hands, feet or torso.
- Burning or pain during urination or sex.
- Discharge from the penis or vagina.
- Swelling of the glands in your groin.

You are able to spread STIs to partners even when you do not have symptoms. The only way to know for sure if you have an STI is to get tested.

If you think PrEP is the right step...

Talk to your health care provider!

"I would like to talk about getting on PrEP for HIV prevention."

Things to consider when you talk to your health care provider about PrEP:

- Know why PrEP is a good option for you.
- Prepare questions you may have about PrEP.
- Be open and honest.

If your health care provider is uncomfortable prescribing PrEP, you have other options:

- Ask your provider to consult with the MDHHS Henry Ford HIV Consultation Line at 313-575-0332.
- Request a referral to another health care provider with more knowledge of PrEP.
- Locate another health care provider by visiting [Michigan.gov/MIPrEP](https://www.michigan.gov/MIPrEP) or scanning the code.



You can also reach out to your local health department or HIV community-based organization to get connected to PrEP.

Resources

For more information on PrEP, visit Michigan.gov/MIPrEP or scan the QR code.



For questions, call the Michigan HIV/STI Hotline or chat online: 800-872-2437
[misexualhealthinfo.com](https://www.misexualhealthinfo.com)

CDC PrEP: [CDC.gov/HIV/Prevention/PrEP.html](https://www.CDC.gov/HIV/Prevention/PrEP.html)

PrEP Payment Assistance Resources

Gilead Advancing Access Program:
[Gileadadvancingaccess.com](https://www.Gileadadvancingaccess.com)

ViiV Connect for Apretude:
[ViiVconnect.com/for-providers/financial-support](https://www.ViiVconnect.com/for-providers/financial-support)

For additional resources, call 211 or visit [mi211.org/HIV-STI-Services](https://www.mi211.org/HIV-STI-Services).



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PrEP

Pre-Exposure Prophylaxis



What is PrEP?

Pre-exposure prophylaxis (PrEP) is medication that can help prevent HIV. PrEP can be taken as a daily pill or bi-monthly injection. Taking PrEP as prescribed can reduce the chances of getting HIV by up to **99%** for sexual encounters and **74%** for people who share needles or other injection equipment.

There is no evidence that PrEP will interfere with hormone therapy. PrEP does not treat or cure HIV, and it does not protect against sexually transmitted infections (STIs). Discuss your particular concerns with your health care provider.



Things to note

- Only start, stop or restart PrEP with the guidance of a health care provider.
- Do not share PrEP with someone who has not been prescribed PrEP.
- Speak with your health care provider if you feel PrEP is no longer the right choice for you.

Who should consider taking PrEP?

PrEP might be right for you if you relate to any of the following:



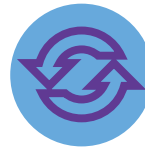
Inconsistent condom use during sex.

Had a sexually transmitted infection in the past six months.



Have sex without a condom with someone whose HIV status is unknown or who is living with HIV and has not been undetectable for six months.

Share needles or other injection equipment.



Exchange sex for money, drugs, housing or other things.

Have sex with someone who may have multiple sexual partners.



PrEP Resource Finder

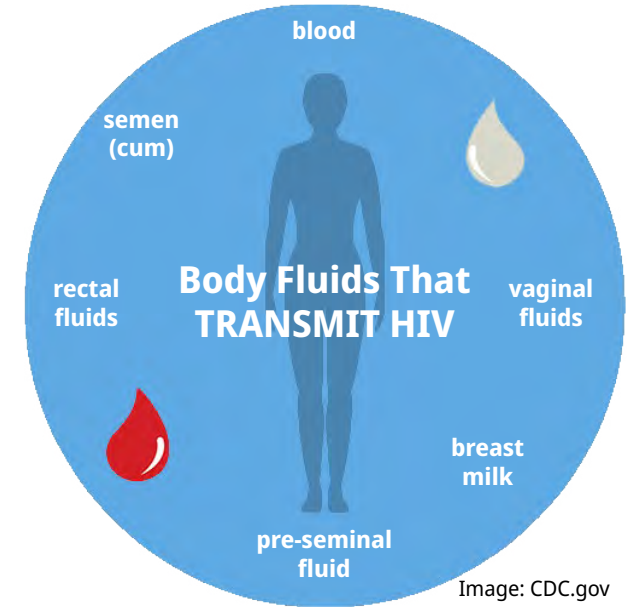
If you want to learn more about PrEP or are ready to take the next steps, you can use our resource finder to get a list of services and providers.



[Bit.ly/4IR28bv](https://bit.ly/4IR28bv)

About HIV

Human immunodeficiency virus (HIV) damages the body's immune system. If left untreated, HIV reduces the body's ability to fight off illnesses.



How is HIV spread?

- By having vaginal or anal sex without using protection like condoms or medicine to treat or prevent HIV.
- By sharing needles or other injection equipment.
- From birthing woman to child during pregnancy, delivery and breastfeeding.

You **cannot** get HIV by donating blood or through casual contact like hugging or shaking hands.

**ADDITIONAL
RESOURCE
LINKS FOR
PARENTS
AND PATIENTS**





Additional Resource Links for Parents and Patients

Developmental Screening and Milestones

- Learn the signs of developmental delay – Milestones by age: [CDC's Developmental Milestones | CDC](#)
- Talking is Teaching – Resources and materials on early math, literacy, parenting, science, social emotional development: [Resources for Parents & Caregivers - Talking Is Teaching](#)

Immunizations

Infants and Children:

- Vaccine-preventable diseases info, importance and 'how vaccines work', and more: [Immunization Resources for Infants & Children | Vaccine Information](#)
- Child and Teen Vaccine-Preventable Diseases eBook (PDF also available): [VYF Vaccine-Preventable Diseases eBook-UpdatedMarch2024.pdf](#)

Preteens:

- Vaccines, vaccine-preventable diseases info, importance and 'how vaccines work', and more: [Immunization Resources for Preteens | Vaccine Information](#)
- Child and Teen Vaccine-Preventable Diseases eBook (PDF also available): [VYF Vaccine-PreventableDiseases eBook-UpdatedMarch2024.pdf](#)

Teens:

- Vaccines, vaccine-preventable diseases info, importance and 'how vaccines work', and more: [Immunization Resources for Teens | Vaccine Information](#)
- Child and Teen Vaccine-Preventable Diseases eBook (PDF also available): [VYF Vaccine-PreventableDiseases eBook-UpdatedMarch2024.pdf](#)

Adults/Young Adults

- Vaccines, vaccine-preventable diseases info, importance and 'how vaccines work', and more: [Immunization Resources for Adults | Vaccine Information](#)
- Child and Teen Vaccine-Preventable Diseases eBook (PDF also available): [VYF Vaccine-PreventableDiseases eBook-UpdatedMarch2024.pdf](#)

Lead Poisoning

- Michigan Lead Safe (Mi Lead Safe) Program – information on lead safety and awareness: [Mi Lead Safe](#)
- Application for Home Lead Services, Michigan: [Apply for Home Lead Services](#)

Media Use

- Parental controls and social media monitoring:
 - iPhone/iPad: [Use parental controls on your child's iPhone or iPad - Apple Support](#)
 - Android/Google Family Link: [How to set up parental controls on Google Play - Google Play Help](#)
 - Facebook: [How To Set Up Facebook Parental Controls | Bark](#)
 - Instagram: [Help Center](#) and [Instagram Parental Controls - Screen Time](#)
 - Snapchat: [Parents - Family Center](#) and [How to Set Up Snapchat Parental Controls | Bark](#)
- Screen time and young children: [Screen-Time-and-Young-Children.pdf](#)
- Create a Family Media Plan (American Academy of Pediatrics/Healthy Children.org): [AAP Media Plan](#)
 - Plan includes:
 - List of media priorities to choose from
 - Practical tips to help make the plan work
 - Why it's important
 - The ability to print or share your finished plan
 - Option to save your plan and return as often as you'd like to make changes
- Appropriate media use, media and age-appropriate recommendations, education and more: [Common Sense Media: Age-Based Media Reviews for Families | Common Sense Media](#)
- The 5 C's of Media Guidance: [Kids & Screen Time: How to Use the 5 C's of Media Guidance - HealthyChildren.org](#)



Additional Resource Links for Parents and Patients

Mental and Behavioral Health – Parents of all ages

- Parents' Medication Guides – mental disorders in children and adolescents: [Parents' Medication Guides](#)
- Apps, videos, books, and more information for youth and parents/guardians on Depression and Cognitive Behavior Therapy: [Resources for Youth](#)
- **Podcasts for parents, kids, tweens, and teens:**
 - Pediatric Meltdown: [Welcome to the Pediatrician Podcast Pediatric Meltdown](#)
 - Podcast list by age with reviews, recommendations, and warnings of heavy/mature topics, language, etc.: [Best Mental Health and Wellness Podcasts for Kids, Tweens, and Teens | Common Sense Media](#)

Youth Behavioral Health:

- What to Look for and When to Act: [What to Look For and When to Act | National Alliance on Mental Illness \(NAMI\)](#)
- Finding Mental Health Care for Your Child: [Finding Mental Health Care for Your Child | National Alliance on Mental Illness \(NAMI\)](#)
- Getting support in school: [Getting Your Child Mental Health Support and Accommodations in School | National Alliance on Mental Illness \(NAMI\)](#)
- Child in mental health crisis? What you should do: [What to Do If Your Child Is in Crisis | National Alliance on Mental Illness \(NAMI\)](#)
- Exploring feelings and talking about mental health with your child (**FREE** coloring and activity book – “Meet Little Monster”): [How to Talk to Your Child About Their Mental Health | National Alliance on Mental Illness \(NAMI\)](#)

Teen Behavioral Health:

- When to ask for help: [Finding Help | National Alliance on Mental Illness \(NAMI\)](#)
- Talking with friends about mental health: [How to Talk to My Friends | National Alliance on Mental Illness \(NAMI\)](#)
- Talking with parents/guardians about mental health: [How to Talk to My Parents or Guardian | National Alliance on Mental Illness \(NAMI\)](#)
- Social media and mental health: [Social Media and Mental Health | National Alliance on Mental Illness \(NAMI\)](#)
- Handling challenges at school: [Your Mental Health and School | National Alliance on Mental Illness \(NAMI\)](#)

Young adult behavioral health:

- Do I have a mental health condition? [Do I Have a Mental Health Condition? | National Alliance on Mental Illness \(NAMI\)](#)
- How to find help: [How to Seek Help | National Alliance on Mental Illness \(NAMI\)](#)
- College and your mental health: [Mental Health in College | National Alliance on Mental Illness \(NAMI\)](#)
- Deciding when to share details of your mental health: [How to Disclose Your Mental Health Condition | National Alliance on Mental Illness \(NAMI\)](#)

Tobacco and Vaping

- Quit support, addiction prevention and education, and more: [Truth Initiative: freedom from nicotine addiction](#)
- Information and resources on E-cigs, Second and thirdhand smoke, quit help, and more: [Tobacco](#)

Well Care Visits, Healthy Eating, Physical Activity

- Healthy Habits/fun activities – fortune tellers: [Fortune Teller | MaineHealth Let's Go! | MaineHealth](#)
- 5-2-1-0 Every Day – Daily routine of healthy eating and active living: [More Healthy. More Happy. | MaineHealth](#)
- 5-2-1-0 Tips and resources on healthy habits (ages 2-18): [Children & Youth \(2-18\) | MaineHealth](#)