

GET THE FACTS

ABOUT DISEASES THAT CAN

AFFECT YOUR PRETEEN

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As a parent, you want to do everything you can to help prevent diseases that can affect your child now or in the future. Use these resources to help spark discussion about what to prepare for when visiting the doctor's office for your child's back-to-school visit.

Prepping for back-to-school means a back-to-school visit with your child's doctor. During this health visit, you can ask about ways to help prevent diseases that can affect your preteen.



ONLINE RESOURCES

There are multiple resources that can provide accurate information on diseases that could affect your preteen. Sources include medical organizations such as the Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), and the American Medical Association (AMA).

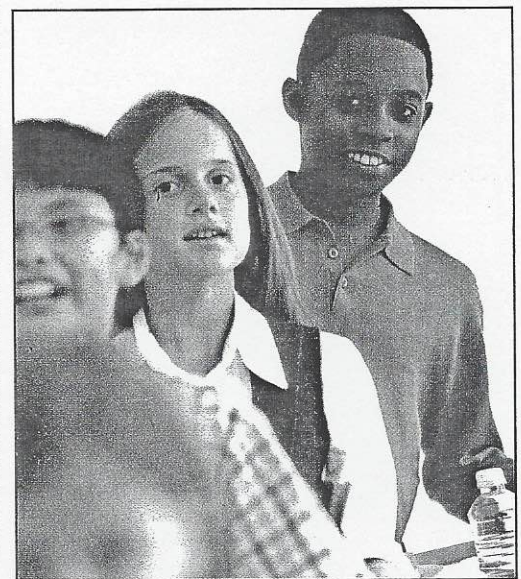
TALK TO
YOUR
CHILD'S
DOCTOR
ABOUT WAYS
TO HELP
PROTECT
YOUR CHILD
FROM
THESE
DISEASES

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC): www.cdc.gov Information on diseases that can affect preteens. Professionals and consumers can also call the CDC info contact center at 800-CDC-INFO (232-4636) for 24/7 answers to questions in English or en español.

AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP): www.aafp.org

AMERICAN ACADEMY OF PEDIATRICS (AAP): www.aap.org

AMERICAN MEDICAL ASSOCIATION (AMA): www.ama-assn.org



YOUR OPINION IS IMPORTANT
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WHAT TO KEEP AT HOME

It is a good idea to keep records of the following health information:

- Any health screening results, such as those for vision and hearing.
- Records of any major health problems (including broken bones), surgeries, or hospital stays.
- Records of hearing, vision, and dental visits.
- A list of medicines your child has used in the past or is currently taking. Include prescription and over-the-counter medicines, dietary and herbal supplements, and vitamins and minerals.
- A list of allergies, including to any foods and drugs.

IT'S ALSO A GOOD IDEA TO INCLUDE:

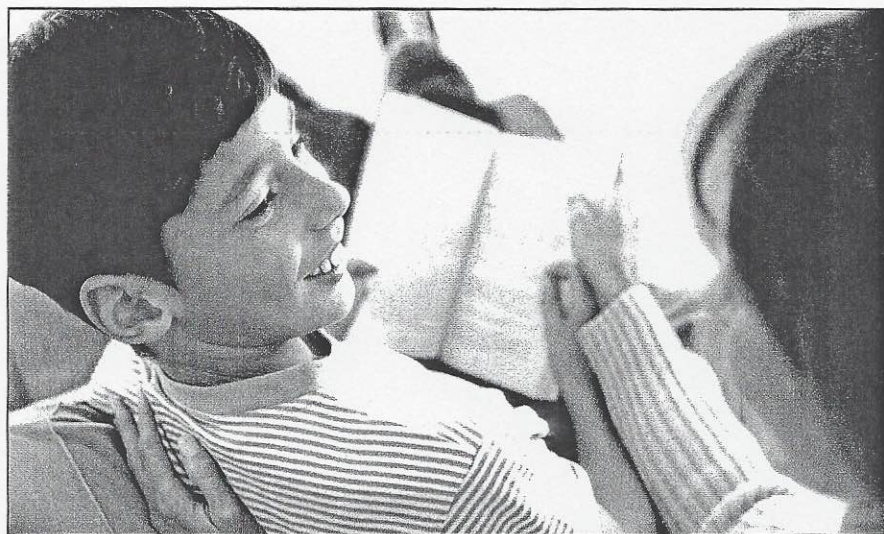
- Your pharmacy name and phone number.
- The poison control phone number.
- Records of insurance claims and payments.
- Written notes from your child's doctors or doctor visits.
- Anything else about your child's health that you think is important.

ASK YOUR FAMILY DOCTOR ABOUT DISEASES THAT CAN AFFECT YOUR CHILD.

GOOD TO KNOW, GOOD TO SHARE: FACTS ABOUT DISEASES

HUMAN PAPILLOMAVIRUS (HPV)

HPV is a virus that will infect an estimated 75% to 80% of males and females in their lifetime. For most, HPV clears on its own. But there's no way to predict who will or won't clear the virus. For those who don't clear certain types, HPV could cause cervical cancer in females. Other types could cause genital warts in both males and females. Each day in the United States, another 33 women are diagnosed with cervical cancer (over 12,000 women per year), and it is estimated that each minute there is a new case of genital warts in men and women.



MENINGOCOCCAL DISEASE

(MENINGITIS)

Meningitis is a very serious infection of the lining around the brain and spinal cord. Infection can be spread from person to person by close contact. It is characterized by fever, headache, and stiff neck. Meningitis can be caused by either a viral or bacterial infection—and knowing the difference can lead to different treatment approaches. Complications can lead to a loss of limbs, brain damage, kidney disease, hearing loss, and other potentially serious consequences.

PERTUSSIS (WHOOPIING COUGH)

Whooping cough is a highly contagious respiratory tract infection spread by coughing and sneezing. Symptoms can include violent coughing, difficulty breathing, and vomiting. In the last 30 years, cases of pertussis have been on the rise in the United States, especially among teens, preteens, and infants younger than 6 months of age. Pertussis in preteens or teens can range from mild to severe. About 1 in 5 infants with pertussis gets pneumonia. The infection often causes a lengthy illness that can lead to repeated doctor visits and missed school.

DIPHThERIA

Diphtheria is caused by bacteria that may affect the breathing system. It may also begin as a skin infection. It is spread by sneezing and coughing. Symptoms usually start 2 to 5 days after coming into contact with the bacteria and may include bluish skin, chills, sore throat, fever, and painful swallowing. Diphtheria may be mild or

HPV CAN AFFECT BOTH MALES AND FEMALES.

severe, and complications may include difficulty breathing, temporary paralysis, heart damage, kidney damage, and coma.

INFLUENZA (FLU)

The flu is a contagious disease caused by a virus that is spread from infected people who cough and sneeze. It can also be spread by touching an object that has the flu virus on it and then touching your eyes, nose, or mouth. Flu symptoms include fever, cough, sore throat, runny nose, body aches, and feeling tired. The flu can range from mild to severe and can sometimes lead to potentially serious consequences.

TETANUS (LOCKJAW)

Tetanus is a disease of the nervous system caused by bacteria that enter the body through a cut or wound. It is not spread from person to person. Symptoms are painful muscle spasms, stiffness in the neck or stomach area, lockjaw, and difficulty swallowing. Tetanus can lead to broken bones and changes in heart rhythms. Treatment for tetanus may include lengthy hospital stays.

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School and Illness: Should your child stay Home?

Parents often have trouble knowing whether their child is too ill to go to school. The following guidelines will help you decide.

Your child is too ill to go to school if he or she has ANY of the following symptoms:

- Severe cold or cough
- Vomiting or diarrhea
- Temperature above 100 degrees
- Pain from earache, headache, sore throat, or stomach
- Yellow or green drainage from eyes
- Undetermined rashes
- Shortness of breath or wheezing during normal activity
- Live head lice or nits

Returning to school before complete recovery may mean spreading the illness to others and a longer recovery for your child. Any questions that you have regarding your child's illness should be directed to your family physician.

A contagious disease is one that can be spread by close contact with a person or object.

Examples of contagious diseases are:

chickenpox, influenza (high fever & cough), vomiting or diarrhea, colds, strep throat, and pinkeye. A disease is most often contagious 24 hours before the child shows signs of illness.

When Can My Child Return To School?

Children who have chickenpox should not return to school until all the lesions are dried and crusted.

Children with strep throat and bacterial "pink eye" must be on antibiotic treatment for 24 hours before returning to school.

REMEMBER: Antibiotics should be taken as prescribed and given the amount of days written on the bottle.

When your child has been fever free for 24 hours (below 100 degrees without fever reducing medicine), is feeling better, and has no other symptoms, he may return to school.

Children with undetermined rashes should be seen by your family physician and a note by the physician, stating the child is not contagious, should be brought to school.

A highly communicable disease can cause a "domino effect" set of illnesses with absenteeism spreading over weeks or even months.

A sick child in school affects the well being of all students in the classroom as well as those riding the bus!

Good handwashing practices help fight the spread of germs.

What Happens If Your Child Becomes Sick At School?

GENERAL PROCEDURES:

Immediate care is provided in the clinic and, based on symptoms, it will be determined if the child should go home.

If necessary, a parent/guardian is called and is requested to transport the child home. All effort **SHOULD** be made to pick up the child within 1 hour.

The school only provides temporary care of an ill child. Medications are not given unless a parent and physician- signed school form, along with the medication, is on file in the nurse's office.

REMEMBER: School is a child's work. It is important for normal development. If your child is absent often, it may be harder to keep up with the class. It is important that your child does not miss more than a few days of school a year due to illness.

Ask your doctor if you are not sure about keeping your child at home.

HEALTHY FAMILIES EQUAL HEALTHY SCHOOLS!

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	← 2 nd dose →															
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →			5 th dose					
<i>Haemophilus influenzae</i> type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 4				← 3 rd or 4 th dose → See footnote 4								
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →								
Inactivated poliovirus ⁶ (IPV; <18 yrs)			1 st dose	2 nd dose													4 th dose
Influenza ⁷ (IV)																	Annual vaccination (IV) 1 or 2 doses
Measles, mumps, rubella ⁸ (MMR)																	Annual vaccination (IV) 1 dose only
Varicella ⁹ (VAR)																	See footnote 8
Hepatitis A ¹⁰ (HepA)																	← 1 st dose →
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)																	← 2 nd dose →
Tetanus, diphtheria, & acellular pertussis ¹³ (Tdap; ≥7 yrs)																	See footnote 11
Human papillomavirus ¹⁴ (HPV)																	See footnote 14
Meningococcal B ¹²																	See footnote 12
Pneumococcal polysaccharide ⁵ (PPSV23)																	See footnote 5

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
 No recommendation

NOTE: The above recommendations must be read along with the footnotes of this schedule.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus ²	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks ² Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ¹
<i>Haemophilus influenzae</i> type b ⁴	6 weeks	4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks ⁴ if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks and age 12 through 59 months (as final dose) ⁴ • if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR • if current age is 12 through 59 months and first dose was administered before the 1 st birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 st birthday. No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate ⁵	6 weeks	4 weeks if first dose administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus ⁶	6 weeks	4 weeks ⁶	4 weeks ⁶ if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months ⁶ (minimum age 4 years for final dose).	
Measles, mumps, rubella ⁸	12 months	4 weeks			
Varicella ⁹	12 months	3 months			
Hepatitis A ¹⁰	12 months	6 months			
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks ¹¹	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks ¹¹			
Tetanus, diphtheria, and acellular pertussis ¹³	7 years ¹³	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus ¹⁴	9 years		Routine dosing intervals are recommended ¹⁴		
Hepatitis A ¹⁰	N/A	6 months			
Hepatitis B ¹	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus ⁶	N/A	4 weeks	6 months ⁶ A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella ⁸	N/A	4 weeks			
Varicella ⁹	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			