

## PRE-VACCINATION CHECKLIST

The following information is needed to assess whether a person/child can be vaccinated and, if so, which vaccines they may require.

### PLEASE TELL THE IMMUNISATION PROVIDER IF THE PERSON TO BE VACCINATED:

- is unwell today;
- has a disease which lowers immunity (eg. leukaemia, cancer, HIV/AIDS) or is having treatment which lowers immunity (eg. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy);
- has had a severe reaction following any vaccine;
- has *any* severe allergies (to anything);
- has had any vaccine within the last month;
- has had an injection of immunoglobulin, received any blood products or a whole blood transfusion within the last 12 months;
- is pregnant;
- has a past history of Guillain-Barré Syndrome;
- was a preterm infant;
- has a chronic illness;
- has a bleeding disorder.

### A DIFFERENT VACCINATION SCHEDULE MAY BE RECOMMENDED IF THE PERSON TO BE VACCINATED:

- identifies as an Aboriginal or Torres Strait Islander person;
- does not have a functioning spleen;
- is planning a pregnancy or anticipating parenthood;
- is a parent, grandparent or carer of a newborn;
- lives with someone who has a disease which lowers immunity, or lives with someone who is having treatment which lowers immunity.

### BEFORE ANY VACCINATION TAKES PLACE, THE IMMUNISATION PROVIDER WILL ASK YOU:

- Do you understand the information provided to you about immunisation?
- Do you need more information to decide whether to proceed?
- Did you bring your/your child's vaccination record with you?

It is important for you to receive a personal record of your or your child's injections. If you do not have a record, ask your immunisation provider to give you one. Bring this record with you every time you or your child visit for vaccination. Make sure your doctor/nurse records all vaccinations on it. You may be asked to show this record to your child's childcare, preschool or school.

**FOR FURTHER INFORMATION CONTACT THE TASMANIAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC AND ENVIRONMENTAL HEALTH SERVICE  
FREE CALL 1800 671 738**

## COMPARISON OF EFFECTS OF VACCINES AND DISEASES

DISEASE	EFFECTS OF DISEASE	SIDE EFFECTS OF VACCINATION
Diphtheria - contagious bacteria spread by droplets; causes severe throat and breathing difficulties.	About 1 in 15 patients die. The bacteria release a toxin, which can produce nerve paralysis and heart failure.	DTPa/dTpa vaccine - about 1 in 10 has local inflammation or fever. Booster doses of DTPa may occasionally be associated with extensive circumferential swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.
Hepatitis B - virus spread mainly by blood, sexual contact or from mother to newborn baby; causes acute hepatitis or chronic carriage.	About 1 in 4 chronic carriers will develop cirrhosis or liver cancer.	About 1 in 15 will have injection site pain and 1 in 100 will have fever. Anaphylaxis occurs in about 1 in 600 000.
Hib - contagious bacteria spread by respiratory droplets; causes meningitis, epiglottitis (respiratory obstruction), septicaemia, osteomyelitis.	About 1 in 20 meningitis patients die and 1 in 4 survivors have permanent brain or nerve damage. About 1 in 100 epiglottitis patients die.	About 1 in 20 has discomfort or local inflammation. About 1 in 50 has fever.
Human papillomavirus (HPV) – virus spread mainly via sexual contact	About 1 in 2 of cervical cancers worldwide have been associated with HPV16 and 1 in 10 with HPV18.	About 8 in 10 will have pain and 2 in 10 will have swelling at the site of injection and very occasionally headache, fever and nausea.
Influenza - contagious virus spread by respiratory droplets; causes fever, muscle and joint pains, pneumonia.	Causes increased hospitalisation in the elderly. High-risk groups include the elderly, diabetics and alcoholics.	About 1 in 10 have local reactions. Guillain-Barré syndrome occurs in about 1 in 1 million.
Measles - highly infectious virus spread by droplets; causes fever, cough, rash.	1 in 15 children with measles develops pneumonia and 1 in 1000 develops encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 dies and 4 have permanent brain damage. About 1 in 100 000 develops SSPE (brain degeneration), which is always fatal.	About 1 in 10 has discomfort, local inflammation or fever. About 1 in 20 develops a rash, which is non-infectious. Fewer than 1 in 1 million recipients may develop encephalitis (inflammation of the brain).
Meningococcal infections - bacteria spread by respiratory droplets. Causes septicaemia (infection of the blood stream) and meningitis (infection of the tissues surrounding the brain).	About 1 in 10 patients die. Of those that survive, 1 in 30 has severe skin scarring or loss of limbs, and 1 in 30 has severe brain damage.	Conjugate vaccine: About 1 in 10 has local inflammation, fever, irritability, anorexia or headaches.
Mumps - contagious virus spread by saliva; causes swollen neck and salivary glands, fever.	1 in 200 children develop encephalitis. 1 in 5 males past puberty develop inflammation of the testes. Occasionally mumps causes infertility or deafness.	1 in 100 vaccine recipients may develop swelling of the salivary glands. 1 in 3 million recipients develop mild encephalitis.
Pertussis - contagious bacteria spread by respiratory droplets; causes whooping cough and vomiting, lasting up to 3 months.	About 1 in 200 whooping cough patients under the age of 6 months dies from pneumonia or brain damage.	As for DTPa/dTpa vaccine (see diphtheria).
Pneumococcal infections - bacteria spread by respiratory droplets; causes septicaemia, meningitis and occasionally other infections.	About 1 in 10 meningitis patients die.	7vPCV - About 1 in 10 has local reaction or fever. 23vPPV – about 1 in 2 has a local reaction.
Polio - contagious virus spread by faeces and saliva; causes fever, headache, vomiting and may progress to paralysis.	While many infections cause no symptoms, about 1 in 20 hospitalised patients die and 1 in 2 patients who survive is permanently paralysed.	Local redness, pain and swelling at the site of injection are common. Up to 1 in 10 has fever, crying, and decreased appetite.
Rotavirus - virus spread by faecal-oral route; causes gastroenteritis which can be severe.	In children <5 years of age, rotavirus infections in Australia account for approximately 10 000 hospitalisations every year, approximately 115 000 children visit a GP and approximately 22 000 children require an Emergency Department visit. Illness may range from mild, watery diarrhoea of limited duration to severe dehydrating diarrhoea and fever which can result in death.	1–3 in a hundred vaccine recipients may develop diarrhoea or vomiting in the week following vaccine administration.
Rubella - contagious virus spread by droplets; causes fever, rash, swollen glands, but causes severe malformations to babies of infected pregnant women.	About 5 in 10 patients develop a rash and painful swollen glands; 5 in 10 adolescents and adults have painful joints; 1 in 3000 develops thrombocytopenia (bruising or bleeding); 1 in 6000 develops inflammation of the brain; 9 in 10 babies infected during the first 10 weeks after conception will have a major congenital abnormality (such as deafness, blindness, or heart defects).	About 1 in 10 has discomfort, local inflammation, or fever. About 1 in 20 has swollen glands, stiff neck, or joint pains. About 1 in 20 has a rash, which is non-infectious. Thrombocytopenia (bruising or bleeding) occurs after a first dose of MMR at a rate of 1 in 30 500.
Tetanus - caused by toxin of bacteria in soil; causes painful muscle spasms, convulsions, lockjaw.	About 3 in 100 patients die. The risk is greatest for the very young or old.	As for DTPa vaccine (see diphtheria).
Varicella (chickenpox) - highly contagious virus; causes low-grade fever and vesicular rash. Reactivation of the virus later in life causes herpes zoster (shingles).	1 in 100 000 patients develop encephalitis (brain inflammation). About 3 in 100 000 patients die. Infection during pregnancy can result in congenital malformations in the baby. Onset of infection in the mother from 5 days before to 2 days after delivery results in severe infection in the newborn baby in up to one-third of cases.	About 1 in 5 has a local reaction or fever. A mild varicella-like rash may develop in 3 – 5 per 100 recipients.