Pre-immunisation checklist

health

What to tell your doctor or nurse before immunisation

This checklist helps your doctor or nurse decide the best immunisation schedule for you or your child.

Please tell your doctor or nurse if the person about to be immunised:

- is unwell today
- has had a severe reaction following any vaccine
- has any severe allergies (to anything)
- has had any vaccine in the last month
- has had an injection of immunoglobulin, or received any blood products, or a whole blood transfusion within the past year
- is pregnant
- is planning a pregnancy or anticipating parenthood
- is a parent, grandparent or carer of a newborn
- has a past history of Guillian-Barré syndrome
- is a preterm baby born at less than 32 weeks gestation, or weighing less than 2000 g at birth
- baby has had intussusception
- has a chronic illness
- has a bleeding disorder
- does not have a functioning spleen
- has a disease which lowers immunity (such as leukaemia, cancer, HIV/AIDS) or is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- lives with someone who has a disease which lowers immunity (such as leukaemia, cancer, HIV/AIDS), or lives with someone who is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- identifies as an Aboriginal and/or Torres Strait Islander person.

Before any immunisation takes place, your doctor or nurse will ask you:

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

It is important for you to receive a personal record of your or your child's immunisation/s. If you don't have a record, ask your doctor or nurse to give you one. Bring this record with you for your doctor or nurse to complete every time you or your child visit for immunisation. Your child may need this record to enter childcare, preschool or school.

For further information contact your doctor or local council.

Material adapted from National Immunisation Program.

www.health.vic.gov.au/immunisation

immunisation for life

State Government Victoria

Department of Health

Comparison of effects of vaccines and diseases

Disease	Effects of the disease	Side effects of vaccination
Diphtheria – contagious bacteria spread by droplets; causes severe throat and breathing difficulties.	About 1 in 15 patients dies. The bacteria release a toxin, which can produce nerve paralysis and heart failure.	DTPa vaccine – about 1 in 10 have local inflammation or fever. Serious adverse events are very rare, and much less common than with DTPw.
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 to 1 in 100 will have pain and fever.
Hib – contagious bacteria spread by droplets; causes meningitis, epiglottitis (respiratory obstruction), septicaemia, osteomyelitis.	About 1 in 20 meningitis patients dies and 1 in 4 survivors has permanent brain or nerve damage. About 1 in 100 epiglottitis patients dies.	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 cervical cancers worldwide have been associated with HPV16 and 1 in 10 with HPV18.	About 1 in 10 will have pain and swelling at the site of injection and very occasionally headache, fever and nausea.
Influenza – contagious virus spread by droplets; causes fever, muscle and joint pains, pneumonia.	Causes increased hospitalisation in the very young and the elderly. High risk groups include people with chronic illness and pregnant women.	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 25 children with measles develops pneumonia and 1 in 2,000 develops encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 dies and 4 have permanent brain damage. About 1 in 25,000 develops SSPE (brain degeneration), which is always fatal.	About 1 in 10 have discomfort, local inflammation or fever. About 1 in 100 develops a rash, which is non-infectious. 1 in 1 million recipients may develop encephalitis (inflammation of the brain).
Meningococcal infections – bacteria spread by respiratory droplets. Causes sepsis (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 have severe skin scarring or loss of limbs, and 1 in 30 has severe brain damage.	Polysaccharide vaccine: Local reactions common. Mild fever, headache, malaise in 1 in 30. Conjugate vaccine: About 1 in 10 has local inflammation, fever, irritability, decreased appetite or headaches.
Mumps – contagious virus spread by saliva; causes swollen neck and salivary glands, fever.	1 in 200 children develops 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 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 vaccine (see diphtheria).
Pneumococcal infections – bacteria spread by droplets; causes fever, pneumonia, septicaemia, meningitis.	About 1 in 10 meningitis patients dies.	Polysaccharide vaccine: Less than 1 in 20 has pain or local reaction. Conjugate vaccine: About 1 in 10 has local reaction or fever.
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 dies and 1 in 2 patients who survive is permanently paralysed.	IPV: Local redness (1 in 3), pain (1 in 7) and swelling (1 in 10) 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. A bowel blockage called intussusception can rarely occur. There is a small increased risk of this condition of about two cases for every 100,000 infants vaccinated.
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 3,000 develops thrombocytopenia (bruising or bleeding); 1 in 6,000 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 have discomfort, local inflammation, or fever. About 1 in 20 has swollen glands, stiff neck, or joint pains. About 1 in 100 have 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 1 in 10 patients dies. The risk is greatest for the very young or old.	As for DTPa vaccine (see diphtheria).
Varicella (chickenpox) – caused by highly contagious virus; causes low-grade fever and vesicular rash. Reactivation of the virus later in life causes herpes zoster (shingles).	1 in 5,000 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 hundred recipients.

If you would like to receive this publication in an accessible format, please email: immunisation@health.vic.gov.au
Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.
Printed on sustainable paper by Print Dynamics, 25 Lionel Rd, Mt Waverley 3149. March 2011. PH001 (1008048)