

Tallaalka ka hor liiska hubinta

Waxa loo sheego dhaqtarkaaga ama kalkaaliyahaaga ka hor tallaalka

Liiska hubinta wuxuu ka anfacayaa dhaqtarkaaga ama kalkaaliyahaaga inay go'aan fiican ka qaataa qorshaynta tallaalkaaga iyo kan ilmahaaga.

Fadlan u sheeg dhaqtarkaaga ama kalkaaliyahaaga haddii qofka ay tahay in la tallaalo:

- Uusan fiicnayn maanta
- Uu leeyahay jirro hoos u dhigaysa difaaca jirkiisa (sida leukaemia, kansar, HIV/aydhis, SCID) ama uu qaadanayo dawooyin hoos u dhigaysa difaaca jirkiisa (sida dawooyinka afka laga qaato ee ay ka mid yihiin cortisone iyo prednisone, radiotherapy, chemotherapy)
- waa ilmo ay dhashay hooyo qaadan jirtey daawada aadka u celisa-difaaca (tus. cudurada bayolajiga ah oo wax ka baddala daroogooyinka lidka-tufta (bDMARDs)) intii uurku jirey
- Uu lahaa xasaasiyad daran (wuxuun waxay doontoba ha ahaatee)
- Uu qaatay tallaal bishii u danbeysey
- Uu qaatay duritaan lagu duray immunoglobulin, ama wax dhiig ah lagu shubay, ama dhiigoo dhan laga bedelo sanadkii la soo dhaafay
- Uu uur leeyahay
- uu qorshaynayaa inuu uur yeesho ama dhowaan dhalo oo waalid noqdo
- uu waalid yahay, ama awoowe/ayeyo ama xanaaneeye ilmo hadda dhashay
- uu qabi jiray xanuunka Guillian-Barre syndrome (xanuun qofka neerfaha ka dilaya oo baaralys ka dhigi karaya).
- uu yahay ilmo ku dhashay waqtigiisa oon la gaarin oo in ka yar 32 asbuuc uurka ku jiray, ama miisaankiisu ka yar yahay 2000 gram markuu dhashay
- uu yahay ilmo qabay xanuunka intussusception (mindhicirka oo is galay dabeedna saxaradu dhaafi weydo) ama xanuunka congenital abnormality (xanuunadadhinaan ah lagu dhasho) taasoo keeni karta in midhicirku is galo (intussusception)
- uu leeyahay jirro ku raagtay oo khatar ah
- uu yahay qof aad u dhiman
- aan lahayn beeryaro shaqaynaysa
- la noolyahay qof qaba xanuun hoos u dhigaysa difaaca jirkiisa (sida leukaemia, kansar, HIV/aydhis), ama la nool qof qaadanaya dawo hoos u dhigaysa difaaca jirkiisa (sida dawada afka laga qaato ay ka mid yihiin cortisone iyo prednisone, radiotherapy, chemotherapy)
- sheegta inuu yahay qof Aborijin ama Torres Strait Islander ah
- uu qorshaynayo safar
- uu ka shaqaynayo ama leeyahay qaab nololeed taasoo tallaaid loo baahan karo.

Ka hor intaan tallaal la samayn, dhaqtarkaagu ama kalkaaliyahaaga wuxuu ku weydiin doona:

- Ma fahamtay macluumaadka lagu siiyay ee ku saabsan tallaalka?
- Ma u baahan tahay macluumaad siyaado ah si u go'aansato inaad tallaalka wado?
- Ma wadataa adiga/ilmahaaga warqadihiisii tallaalka?

Waa muhim inaad hesho warqado qofeed ku saabsan tallaalka ama tallaalka ilmahaaga. Haddaad haysan warqado tallaal, weydii dhaqtarkaaga ama kalkaaliyahaaga si uu kuu siiyo warqado ay ku qoran yihiin tallaaladaadu. Warqadahaan ula imow dhaqtarkaaga ama kalkaalisadaada si laguugu buuxbuuxiyo mar kasta oo aad adiga iyo ilmahaagu booqataan rugta tallaalka. Ilmahaagu wuxuu uga baahan karaa warqadahan markuu galayo Childcare-ka, sanadka iskuulka ka horeeya ama iskuulkaba.

Macluumaad intaas ka badan la xiriir dhaqtarkaaga ama madexda xaafada.

Qoraaladan waxa laga soo minguuriyay The Australian Immunisation Handbook qormada 10aad 2013 (la-cusboonaysiiyey Juun 2015) www.health.vic.gov.au/immunisation

Si aad u heshid dokumentigaan si qaab sahlan fadlan email soo qor: immunisation@health.vic.gov.au

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Isu-dhigida waxyeelada xanuunadan iyo tallaalka faaiidadiisa dhibta la socota.

Jirro	Saamaynta xanuunta	Dhib-daweedka (side effect) tallaalka
Diphtheria – waa bakteeriya ku faafta neefsashada candhuufta yaryar ee raacda; waxayna sababta in cunaha iyo hawo-qaadashadu inay ku dhibto.	Todobadii qofba waxaa u dhintay hal qof qiyaastii. Bakteeriyadu waxay sii daysa sun, taasoo sababi karta neerfaha oo baarlays noqda iyo wadnaahood istaaga.	Qiyaastii tobankii hal ka mid ah ayaa yeesha barar, guduudasho ama xanuun meesha la duray, ama qandho (DPTa/dTpa vaccine). Tallaalka caawiye DTPa waxa laga yaabaa inuwa la socdo barar aad u badan oo afarta cagood ah, laakiin tan waxay iska dhamaataa si dhamaaystiran muddo dhowr maalmood gudahood ah. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay. (booster dose of DTPa macnaheedu waa tallaalka yar kii hore oo loogu talagalay inuu kor u qaado tayada tallaalka weyn)
Hepatitis A – waa fayras ku faafa is taabasho ama isticmaalka biyo/cunno ku wasakhooba saxaro gaartay ama taabasho qalabka saxarada ee qof qaba xanuunka hepatitis A.	Ugu yaraan 10kii qofba ee waaweynba 7 ka mid waxa ku dhaca jaundice (kaasoo jirka iyo indhaha ka dhigaya jaalo). Qandho, cunnada kaa jaraya, lalabyo, matag, beer-xanuun iyo daal/tabar-darro.	Qiyaastii shantiiba hal ayaa yeesha meesha oo bararta, guduudata ama xanuun meesha la duray. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Hepatitis B – fayras badanaa ku fida dhiiga, isu galmood ama hooyada oo u gudbisa ilmaha; waxuuna sababaa xanuun daran oo beerka ah ama xanuun qaadiid koroonik ah (ku raagay oo dawada aan ku dhimanayn) qofkaas waxa la dhehaa “carrier” ama (xanuun side).	Qiyaastii 4tii qofba 1 qof oo ah kuwo xanuunku soo dilooday wuxuu ku noqdaa cirrhosis(waa marka beereku cinjir camal noqdo) ama kansarka beerka.	Labaatankiiba ha lqof ayaa yeesha barar, guduudasho ama xanuun meesha la duray iyo boqolkiiba labo waxay yeelanayaa qandho. Xasaasiyad culus waxay timaadaa halkii malyan bah al mar. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Hib – waa bakteeriya ku fida neefsashada calyada yaryar ee la socota; keenana xanuunka meningitis (xanuun ku dhaca xuubka ku dahaaran maskaxda), epiglottitis (xanuun neefsashada celinaya), septicaemia (xanuun dhiigga raacaya) iyo septic arthritis (xanuun iskalada lafaha gala).	Qiyaastii hal qof labaatankiiba ee meningitis qaba way u dhintaan isla markaas qiyaastii hal qof afartii ka badbaadaba waxa qaadaan dhaawac maxkaxda ama neerfaha ah oo joogto ah. Epiglottitis (cadka hurguriga cad ka celiya in cunadu gasho oo jirada) waa mid degdeg iyo goor walba halis ah haddaan la dabiibin.	Qiyaastii labaatankiiba ba ah ayaa yeeshay inay bararaan, guduudasho ama xanuun meesha la duray. Kontiiba hal baa qandho heshaa. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Human Papillomavirus (HPV) – waa fayras ku fida badanaa isu galmoodka; ilaa 80% dadka waa ku dhaca xanuunkani HPV waqti ka mid ah noloshooda. Qaar HPV noocyadiisa ka mid ayaa waxay ku lug leeyihiin koritaanka kansarka.	Qiyaastii tobankii qofba todoba xanuunada kansarka nooca ‘cervical’ loo yaqaan qaba, guud ahaan dunida waxaa ku lug leh fayraska HPV-16 halka lixdii qofba hal qof uu ku lug leh HPV-18.	Qiyaastii tobankiiba 2 waxay yeelan doonaan xanuun halka tobankiiba 2 ay yeelan doonaan barar iyo guduudasho meesha la duray. Madax-xanuun, qandho, muruq xanuun iyo daal ayaa ku dhici kara tobankiiba saddex ka mid ah dadka. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Infuluwensa – fayras ay faafiso neefsashada calyada yaryar ee la socota; wuxuu sababayaa qandho, muraqqa is iskalada oo ku xanuuna iyo in sanbadadu ku bararaan biyona galaan. Qiyaastii shantii qofba hal ilaa tobankii qofba hal qof ayuu ku dhacaan xanuunka infuluwensa sanad halqo.	Waxaa jira in lagu qiyaasay 3,000 oo dhimasho dadka iyagu 50 -ka sano ka waaweyn sanadkiiba Australia. Sababta inay kordhaan ilamaha yaryar iyo dadka waayeelka ah ee cisbitaalka la dhigo. Kooxda iyaguna halista ugu jira waxa ka mid ah dumarka uurka leh, dadka aad u buuruuran, dadka sonkorowga (diabetics) qaba iyo kuwo kale oo jirooyin ku raagay (koroonik) qaba.	Qiyaastii tobankiiba hal ayaa yeelanaya barar, guduudasho ama xanuun meesha la duray. Qandho waxay dhacdaa tobankiiba hal caruurta ah 6 bilood jir ilaa 3 sano jir. Guillain-Barre syndrome wuxuu dhacaa halkii malyan ba 1. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Measles – xanuun fayras ah oo aad loo kala qaado ku fida neefsashada calyada la socoto; sababana qandho, qufac and furuuruur kaa soo yaaca.	Qiyaastii shan iyo tobankii ilmoodba hal ilmo o qaba jadeecada (measles) waxay qaadaan ama ku dhaca pneumonia(sanbadada ii biyo galaan) halka kunii qofba hal uu ku dhaco encephalitis (maskaxda oo hurta xanuun dartiis). Toban kasta oo ilmaha ah oo measles encephalitis, 1 ayaa u dhinta, in badanina waxay qaadaan dhaawac maskaxda ah oo joogto ah. Qiyaastii boqolki kun qof ayaa qaada SSPE(brain degeneration = maskaxda oo tayadeedu hoos u dhacdo), taasoo had iyo goor aad u halis ah.	Qiyaastii tobankiiba hal ayaa yeesha barar, guduudasho ama xanuun meesha la duray, or ka yar. Qiyaastii labaatankiiba 1 waxay qaadaan furuuruur, taasoo ah kuwo aan la kala qaadin. Dhiiga cad oo hoos u dhacay (sababaya dhaawac iyo dhiig baxid) wuxuu dhacaa dooska kowaad ee tallaalka MMR xawli ah qiyaastii 20,000 ilaa 30,000 ba hal. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Xanuun Meningococcal – waa bakteeriya ku faafta neefsashada calyada la socota; sababana septicaemia (waa xanuun khatar ah dhiigga raaca) meningiitis - kuna (waa xanuun ku dhaca xuubka ku wareegsan maskaxda).	Qiyaastii tobankii qof ee xanuunsanba hal qof ka mid ah waa dhintaa. Kuwa badbaadana, mid ama labo tobankiiba waxay qaadaan xanuuno mustaqbalka fog ah sida inay waayaan gacan ama lug iyo inay gaaraan dhaawac maskaxda ah.	Qiyaastii tobankiiba hal ayaa yeesha barar hoosaas, guduudasho ama xanuun meesha la duray, qandho, nugaan, cunnada oo aad ka go'did ama madax-xanuun (conjugate vaccine). Qiyaastii labadii qofba qof ayaa heleshaa diidmo jirku hoos ka diido (polysaccharide vaccine). Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Mumps - waa fayras ku faafa candhuufta; sababana qoorta oo ku bararta iyo qanjidhada dhuunta ku jira oo barara iyo qandho.	Shantii kunba hal ilmo ayaa haleela encephalitis (maxkax hurid xanuun dartiis). Qiyaastii shantii rag qaaran-gaar ahba hal ka mid ah xiniinyaha hurayaan xanuun dartiis. Mararka qaarkood ayaa mumps-ku(qanjidhada qoorta oo barara) keeni karaa dhalmo la'aan ama dhega la'aan joogto ah.	Qiyaastii boqolkiiba hal ayaa laga yaabaa inuu yeesho barar qanjidhada dheecaanka sii daaya. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Pertussis – waa bakteeriya ku faafta calyada la socota markaada neefsanaysiyo; waxay sababtaa ‘kixdheer’ oo ah qufac muddo dheer oo ilaa gaaraya 3 bilood.	Qiyaastii mid ka mid ah 125 caruur ahba 00 ay ka yar tahay dádoodu 6 bilood oo qaba kixdheer wuxuu u dhintaa pneumonia ama dhaawac maskaxda ah.	Qiyaastii tobankiiba hal ayaa lahaada barar hoose, guduudasho ama xanuun meesha la duray, ama qandho (tallaalka DTPa/dTpa). Tallaalka caawiyaha ee DTPa waxa laga yaabaa mararka qaarkood waxa la socda barar culus afarta cagood, laakiin tan waxay xalimsaysaa si buuxda maalmo yar gudahood. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Xanuunka Pneumococcal – waa bakteeriya ku faafta calyada yaryar ee neefsashada soo raacda; sababana septicaemia (xanuun dhiigga raaca), meningiitis (xanuun gala xuubka maskaxda ku dahaaran) mararka qaarkoodna xanuuno kale keeni karta.	Qiyaastii tobankii meningiitis qaba 3 ayaa dhimata. Saddex meelood meel pneumonia laga helo iyo kala bar dadka pneumonia isbitaalka loo dhigo oo dad waaweyn ah waxaa sababay jeermiska la yiraahdo pneumococcal infection.	Qiyaastii shantiiba hal ayaa yeelanaya barar, guduudasho ama xanuun meesha la duray, ama qandho (tallaalka conjugate). Ilaa labadiiba hal waxay yeeshan barar, guduudasho ama xanuun meesha laga duray (tallaalka polysaccharide). Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Polio – waa fayraska booyada oo ku faafa saxarada iyo candhuufta; sababana qandho, madax-xanuun iyo matag lagana yaabo qofka inuu baralays ka dhigo aakhirka.	Inkastoo xanuuno badan ayan lahayn calaamado lagu garto, ilaa in gaaraysa tobankii xanuunsanba saxeex ka mid oo qaba xanuunka(paralytic polio)	Guduud hosaad, xanuun iyo barar meesha laga duray waa caadi. Ilaa tobankiiba hal waxay yeeshaan qandho, way ooyaan iyo cunnadoo laga sii go'o. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Rotavirus – waa fayras ku faafa marka jeermiska saxarada ee qof qaba uu afka u gasho qof kale badanaa taxadar xumo ilmaha marka saxarada laga dhaqo oo aan si fiican looga gacmo dhaqan dabeedna mid kale ay cunnada u raacdo (faecal-oral); sababana gastroenteritis (waa xanuun caloosha iyo mindhicirada gala), aad buu u xanuun badan karaa.	Jirradu waxay u dhexeyn kartaa mid shuban sahlan ah ilaa mid ah shuban daran oo ku qalalinaya iyo qandho, taasoo keeni karta maxsuud dhimasho ah. Ilmaha ka yar 5 jirka, intaan tallaalka la bilaabin qiyaastii 10,000 caruur ah ayaa cisbitaalka loo dhigay. 115,000 waxay baahdeen dhaqtarkooda inay u tagaan halka 22,000 ay u baahdeen in waxda degdegga emerjinsiga inay booqdaan sanad walba Australia.	Ilaa boqolkiiba saddex ayaa laga yaabaa inay helaan shuban ama matagid asbuuca ka danbaya tallaalka marka la qaataa. Qiyaastii 17,000 kiibaa hal ilmo ayaa laga yaabaa inuu qaado intussusception (mindhicirka oo isgala oo dabooolo) dhowr asbuuc ee u horeysa ka dib markii tallaalka kowaad ama labaada la qaato. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Rubella – fayras ku faafa calyada yaryar ee neefsashada soo raacda; sababana qandho, furuuruur iyo barar qanjidhada galaandiska la dheho, laakiin ku keena ilmaha uurka ku jira inuu si khalidan u qaabkiisu u ekaado marka hooyadiis cudurku ku dhaco.	Bukaanka caadiyad wax aka yaaca furuuruur, qanjidhada oo barar xanuun badan keena iyo xanuun badan oo iskalada (joints) ah. Saddexdii kunba hal ayaa lagu arkaa dhiiga cad oo yaraada(sababana dhaawac iyo dhiigbax); lixdii kunba hal ayaa laga arkaa encephalitis(maskaxda oo ku hurta xanuun dartiis). In gaaraysa tobankii ilmood sgaal ayaa xanuunka qaaday saddex bilood u horeysa ee uurka waxay qaadi doonaan cudurka congenital abnormality=xanuunada lagu dhasho (waxa ka mid ah dhega la'aan, indho la'aan ama wadna xanuun.	Qiyaastii tobankiiba hal ayaa qaada barar hoose, guduudasho ama xanuun meesha laga duray. Qiyaastii labaatankiiba hal ayaa qaaday qanjidhada oo barara, qoorta ah dhaqdhaqaaqu ku adkaado, iskalada oo xanuuna, furuuruur, taasoo aan ahayn mid la kala qaadayo. Dhiiga cad oo yaraada (sababaya dhaawac iyo dhiigbax) waxay dhacdaa ka dib tallaalka kowaad ee MMR xawaare ah qiyaastii 20,000 ilaa 30,000 ba hal. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Tatanus (teetano) – ay sababtay sun ka timid bakteeriya ciidda ku jirta; waxay keentaa xanuun badan oo muruqyada oo soo koga, laaleemo murugyadu ku gariiraan iyo xanuunka teetanada.	Qiyaastii boqolki qof oo xanuunsanba 2 ka mid ah way dhintaan. Khatartu waa weyn tahay dadka aad u yar iyo dadka aad u weyn.	Qiyaastii tobankiiba hal ayaa yeesha barar, guduudasho ama xanuun meesha la duray, ama qandho (tallaalka DTPa/dTpa). Tallaalka caawiyaha DTPa waxa laga yaabaa mararka qaarkood la yimaado barar culus oo afarta adimood ah, laakiin tan waxay xalimsaysaa si buuxda dhowr maalmood gudahood. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.
Varicella (furuuq) – waa fayras aad loo kala qaado; sababa qandho fudud iyo furuuruur (furuuruur dheecaan leh) - soo kacdoonka dambe ee fayriska waqti dambe noloshada wuxuu sababaa ka -soo-baxyo xanuun badan oo la yiraahdo herpes zoster (shingles)	Qiyaastii 100,000 kii qof oo xanuunsan ba 1 ka mid ah ayaa qaada encephalitis (maskaxda hurid xanuun darted; kaar). Hurgumo xilliga aad uurka leedahay waxay keeni kartaa xanuunada lagu dhasho ee ilmaha qaabkiisa bedela. Hurgumada hooyada xilliyaada dhalmada waxay ku reebtaa hurgumo khatar ah ilmaha yar ee dhashay ilaa saddex meelood meel inta arrin la hayo.	Qiyaastii shantiiba hal ayaa yeesha jir-diidmo (reaction) hoose ama qandho. Qiyaastii 3 ilaa 5 boqolkiiba ayaa yeesha furuuruuca loo yaqaan varicella-like oo sahlan. Wax cagsigeeda ah oo khatar ah inay dhacdo aad bay u yar tahay.

Pre-immunisation checklist

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 a disease which lowers immunity (such as leukaemia, cancer, HIV/AIDS, SCID) or is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- is an infant of a mother who was receiving highly immunosuppressive therapy (for example, biological disease modifying anti-rheumatic drugs (bDMARDs) during pregnancy)
- 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 in 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
- is a baby who has had intussusception, or a congenital abnormality that may predispose to intussusception
- has a chronic illness
- has a bleeding disorder
- does not have a functioning spleen
- 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
- is planning travel
- has an occupation or lifestyle factor/s for which vaccination may be needed.

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 The Australian Immunisation Handbook 10th Edition 2013 (updated June 2015).

www.health.vic.gov.au/immunisation

Comparison of the effects of diseases and the side effects of the vaccines

Disease	Effects of the disease	Side effects of vaccination
Diphtheria – bacteria spread by respiratory droplets; causes severe throat and breathing difficulties.	Up to 1 in 7 patients dies. The bacteria release a toxin, which can produce nerve paralysis and heart failure.	About 1 in 10 has local swelling, redness or pain at the injection site, or fever (DTPa/dTpa vaccine). Booster doses of DTPa may occasionally be associated with extensive swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.
Hepatitis A – virus spread by contact or ingestion of faecally contaminated water/food or through contact with the faecal material of a person infected with hepatitis A.	At least 7 in 10 adult patients develop jaundice (yellowing of the skin and eyes), fever, decreased appetite, nausea, vomiting, liver pain and tiredness.	About 1 in 5 will have local swelling, redness or pain at the injection site. Serious adverse events are very rare.
Hepatitis B – virus spread mainly by blood, sexual contact or from mother to newborn baby; causes acute liver infection or chronic infection ('carrier').	About 1 in 4 chronic carriers will develop cirrhosis or liver cancer.	About 1 in 20 will have local swelling, redness or pain at the injection site and 2 in 100 will have fever. Anaphylaxis occurs in about 1 in 1 million. Serious adverse events are very rare.
Hib – bacteria spread by respiratory droplets; causes meningitis (infection of the tissues surrounding the brain), epiglottitis (respiratory obstruction), septicaemia (infection of the blood stream) and septic arthritis (infection in the joints).	About 1 in 20 meningitis patients dies and about 1 in 4 survivors has permanent brain or nerve damage. Epiglottitis is rapidly and almost always fatal without treatment.	About 1 in 20 has local swelling, redness or pain at the injection site. About 1 in 50 has fever. Serious adverse events are very rare.
Human papillomavirus (HPV) – virus spread mainly via sexual contact; up to 80% of the population will be infected with HPV at some time in their lives. Some HPV types are associated with the development of cancer.	About 7 in 10 cervical cancers worldwide have been associated with HPV-16 and 1 in 6 with HPV-18.	About 8 in 10 will have pain and 2 in 10 will have local swelling and redness at the injection site. Headache, fever, muscle aches and tiredness may occur in up to 3 in 10 people. Serious adverse events are very rare.
Influenza – virus spread by respiratory droplets; causes fever, muscle and joint pains and pneumonia. About 1 in 5 to 1 in 10 people will get influenza every year.	There are an estimated 3,000 deaths in people older than 50 years of age each year in Australia. Causes increased hospitalisation in children under 5 years of age and the elderly. Other high-risk groups include pregnant women, people who are obese, diabetics and others with certain chronic medical conditions.	About 1 in 10 has local swelling, redness or pain at the injection site. Fever occurs in about 1 in 10 children aged 6 months to 3 years. Guillain-Barré syndrome occurs in about 1 in 1 million. Serious adverse events are very rare.
Measles – highly infectious virus spread by respiratory droplets; causes fever, cough and rash.	About 1 in 15 children with measles develops pneumonia and 1 in 1,000 develops encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 dies and many have permanent brain damage. About 1 in 100,000 develops SSPE (brain degeneration), which is always fatal.	About 1 in 10 has local swelling, redness or pain at the injection site, or fever. About 1 in 20 develops a rash, which is non-infectious. Low platelet count (causing bruising or bleeding) occurs after the 1st dose of MMR vaccine at a rate of about 1 in 20,000 to 30,000. Serious adverse events are very rare.
Meningococcal infection – 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 dies. Of those that survive, 1 to 2 in 10 have permanent long term problems such as loss of limbs and brain damage.	About 1 in 10 has local swelling, redness or pain at the injection site, fever, irritability, loss of appetite or headaches (conjugate vaccine). About 1 in 2 has a local reaction (polysaccharide vaccine). Serious adverse events are very rare.
Mumps – virus spread by saliva; causes swollen neck and salivary glands and fever.	About 1 in 5,000 children develops encephalitis (brain inflammation). About 1 in 5 males (adolescent/adult) develop inflammation of the testes. Occasionally mumps causes infertility or permanent deafness.	About 1 in 100 may develop swelling of the salivary glands. Serious adverse events are very rare.
Pertussis – bacteria spread by respiratory droplets; causes 'whooping cough' with prolonged cough lasting up to 3 months.	About 1 in 125 babies under the age of 6 months with whooping cough dies from pneumonia or brain damage.	About 1 in 10 has local swelling, redness or pain at the injection site, or fever (DTPa/dTpa vaccine). Booster doses of DTPa may occasionally be associated with extensive swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.
Pneumococcal infection – bacteria spread by respiratory droplets; causes septicaemia (infection of the blood stream), meningitis (infection of the tissues surrounding the brain) and occasionally other infections.	About 3 in 10 with meningitis die. One-third of all pneumonia cases and up to half of pneumonia hospitalisations in adults is caused by pneumococcal infection.	About 1 in 5 has local swelling, redness or pain at the injection site, or fever (conjugate vaccine). Up to 1 in 2 has local swelling, redness or pain at the injection site (polysaccharide vaccine). Serious adverse events are very rare.
Polio – virus spread in faeces and saliva; causes fever, headache and vomiting and may progress to paralysis.	While many infections cause no symptoms, up to 3 in 10 patients with paralytic polio die and many patients who survive are permanently paralysed.	Local redness, pain and swelling at the injection site are common. Up to 1 in 10 has fever, crying and decreased appetite. Serious adverse events are very rare.
Rotavirus – virus spread by faecal-oral route; causes gastroenteritis, which can be severe.	Illness may range from mild diarrhoea to severe dehydrating diarrhoea and fever, which can result in death. Of children under 5 years of age, before vaccine introduction, about 10,000 children were hospitalised, 115,000 needed GP visits and 22,000 required an emergency department visit each year in Australia.	Up to 3 in 100 may develop diarrhoea or vomiting in the week after receiving the vaccine. About 1 in 17,000 babies may develop intussusception (bowel blockage) in the first few weeks after the 1st or 2nd vaccine doses. Serious adverse events are very rare.
Rubella – virus spread by respiratory droplets; causes fever, rash and swollen glands, but causes severe malformations in babies of infected pregnant women.	Patients typically develop a rash, painful swollen glands and painful joints. About 1 in 3,000 develops low platelet count (causing bruising or bleeding); 1 in 6,000 develops encephalitis (brain inflammation). Up to 9 in 10 babies infected during the first trimester of pregnancy will have a major congenital abnormality (including deafness, blindness, or heart defects).	About 1 in 10 has local swelling, redness or pain at the injection site. About 1 in 20 has swollen glands, stiff neck, joint pains or a rash, which is non-infectious. Low platelet count (causing bruising or bleeding) occurs after the 1st dose of MMR vaccine at a rate of about 1 in 20,000 to 30,000. Serious adverse events are very rare.
Tetanus – caused by toxin of bacteria in soil; causes painful muscle spasms, convulsions and lockjaw.	About 2 in 100 patients die. The risk is greatest for the very young or old.	About 1 in 10 has local swelling, redness or pain at the injection site, or fever (DTPa/dTpa vaccine). Booster doses of DTPa may occasionally be associated with extensive swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.
Varicella (chickenpox) – highly contagious virus; causes low-grade fever and vesicular rash (fluid-filled spots). Reactivation of virus later in life causes herpes zoster (shingles).	About 1 in 100,000 patients develops encephalitis (brain inflammation). Infection during pregnancy can result in congenital malformations in the baby. Infection in the mother around delivery time 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. About 3 to 5 in 100 may develop a mild varicella-like rash. Serious adverse events are very rare.