

Kontrolna lista prije vakcinisanja

Šta trebate prije vakcinisanja kazati vašem doktoru ili medicinskoj sestri

Ova kontrolna lista pomaže Vašem ljekaru ili medicinskoj sestri da odluči koji je najbolji plan vakcinacije za Vas ili Vaše dijete

Molimo recite ljekaru ili medicinskoj sestri ako osoba koja treba da primi vakcinu:

- ne osjeća se dobro taj dan
- ima neku bolest koja joj smanjuje imunitet (kao npr. leukemiju, rak, HIV/AIDS, SCID) ili prima tretman koji ima takvu posljedicu da smanjuje imunitet (npr. oralne steroidne lijekove kao što su kortizon i prednizon, radioterapiju, kemoterapiju)
- ako je tokom trudnoće djetetova majka primala visoke doze imunosupresivnih lijekova (npr. bioloških anti-reumatskih medikamenata za modifikaciju bolesti (bDMARDs))
- ima neku jaku alergiju (na bilo šta)
- primila je bilo kakvu vakcinu u zadnjih mjesec dana
- primila je injekciju imunoglobulina ili bilo kakav krvni proizvod, ili transfuziju krvi u zadnjih godinu dana
- trudna je
- planira trudnoću ili očekuje da postane roditelj
- je roditelj, baka ili djed, ili staratelj novorođenčeta
- imala je u prošlosti Gilen-Bare (Guillain-Barré) sindrom
- nedonošće je, beba rođena prije 32 sedmice trudnoće, ili s porođajnom težinom ispod 2000 g
- beba je imala intus-suscepciju, ili ima neku urođenu nenormalnost zbog koje može biti sklona intus-suscepciji
- ima neku hroničnu bolest
- ima neki poremećaj krvarenja
- ne radi joj slezena
- živi s nekim ko ima neku bolest koja smanjuje imunitet (kao npr. leukemiju, rak, HIV/AIDS), ili živi s nekim ko prima tretman koji ima takvu posljedicu da smanjuje imunitet (npr. oralne steroidne lijekove kao što su kortizon i prednizon, radioterapiju, kemoterapiju)
- porijeklom je Aboridžin i/ili sa Tores Strejt ostrva
- planira putovanje
- ima takvo zanimanje ili faktor/e životnog stila za koje je potrebno vakcinisanje.

Prije bilo kakvog vakcinisanja, Vaš ljekar ili medicinska sestra će Vas upitati:

- Da li razumijete informacije koje ste dobili o vakcini/vakcinama?
- Da li su Vam potrebne dodatne informacije da biste odlučili hoćete li pristupiti vakcinisanju?
- da li ste donijeli sa sobom evidenciju o svom /djetetovom vakcinisanju u prošlosti?

Važno je da primite osobnu evidenciju o svom ili djetetovom vakcinisanju. Ako nemate takav karton, zamolite svog ljekara ili medicinsku sestru da Vam ga dadnu. Donesite taj karton sa sobom da ga ljekar ili medicinska sestra popune svaki put kad Vi ili Vaše dijete primite vakcinu. Vašem djetetu će ta evidencija biti potrebna kad se upisuje u vrtić, predškolsku ustanovu ili školu.

Za dodatne informacije kontaktirajte svog ljekara ili opštinu.

Materijal je uzet iz 10. izdanja Australске knjižice o imunizaciji (The Australian Immunisation Handbook) 2013.g (nadopunjeno u junu 2015)

www.health.vic.gov.au/immunisation

Usporedba posljedica bolesti i nuspojava od vakcina

Bolest	Posljedice bolesti	Nuspojave od vakcine
Difterija – bakterija se širi preko respiratornih kapljica; prouzrokuje teške tegobe u grlu i otežano disanje.	Do 1 od 7 bolesnika umire. Bakterija ispušta otrov, koji može da izazove paralizu nerava i zatajenje srca.	Oko 1 od 10 osoba ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije, ili visoku temperaturu (DTPa/dTpa vakcine). Buster doze DTPa mogu ponekad biti povezane s prekomjernim oticanjem udova, ali to potpuno prođe za nekoliko dana. Ozbiljne nuspojave su vrlo rijetke.
Hepatitis A – virus se prenosi kontaktom ili gutanjem vode/hrane koja je zagađena fekalijama ili kontaktom s fekalnim materijalom osobe koja je zaražena hepatitisom A.	Najmanje 7 od 10 odraslih pacijenata dobije žuticu (žutilo kože i očiju), visoku temperaturu, smanjen apetit, mučninu, povraćanje, bol jetre i umor.	Oko 1 od 5 osoba će imati lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije. Ozbiljne nuspojave su vrlo rijetke.
Hepatitis B – virus se uglavnom prenosi preko krvi, seksualnim kontaktom ili s majke na novorođenče; prouzrokuje akutnu infekciju jetre ili hroničnu infekciju ('nosilac').	Otprilike 1 od 4 hronična nosioca će zadobiti cirozu ili rak jetre.	Oko 1 od 20 će imati lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije i 2 od 100 će imati visoku temperaturu. Anafilaksa se dešava otprilike u 1 od 1 milijun slučajeva. Ozbiljne nuspojave su vrlo rijetke.
Hib – bakterija se širi preko respiratornih kapljica; prouzrokuje meningitis (infekciju tkiva oko mozga), epiglottitis (respiratornu obstrukciju), septikemiju (infekciju krvi) i septički artritis (infekciju zglobova).	Otprilike 1 od 20 oboljelih od meningitisa umire i oko 1 od 4 preživjelih zadobije trajno oštećenje mozga ili nerava. Epiglottitis brzo i skoro uvijek dovodi do smrti ako se ne liječi.	Oko 1 od 20 će imati lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije. Otprilike 1 od 50 ima visoku temperaturu. Ozbiljne nuspojave su vrlo rijetke.
Ljudski papilomavirus (HPV) – virus se uglavnom prenosi seksualnim kontaktom; do 80% stanovništva će biti zaraženo HPV-om u neko doba svog života. Neki HPV tipovi su povezani s razvojem raka.	Oko 7 od 10 slučajeva raka na grliću materice širom svijeta je povezan s HPV-16, a 1 od 6 je povezan s HPV-18.	Oko 8 od 10 osoba će imati bol i 2 od 10 će imati lokalno oticanje i crvenilo na mjestu uboda injekcije. Glavobolja, visoka temperatura i umor može da se javi kod 3 od 10 osoba. Ozbiljne nuspojave su vrlo rijetke.
Influenza – virus se širi preko respiratornih kapljica; prouzrokuje visoku temperaturu, bolove u mišićima i u zglobovima, te upalu pluća. Oko 1 od 5 do 1 do 10 osoba će dobiti influenzu svake godine.	Procjenjuje se da godišnje 3.000 osoba preko 50 godina starosti umire u Australiji. Sve više djece ispod 5 godina starosti i sve više starih osoba bude primljeno u bolnicu zbog te bolesti. Druge grupe s visokim rizikom su: trudnice, gojazne osobe, dijabetičari i drugi koji boluju od određenih hroničnih bolesti.	Oko 1 od 10 osoba ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije. Visoka temperatura se javlja otprilike kod 1 od 10 djece u starosti od 6 mjeseci do 3 godine. Gilen-Bare (Guillain-Barré) sindrom se javlja kod 1 od 1 milijun osoba. Ozbiljne nuspojave su vrlo rijetke.
Ospice – veoma zarazni virus se širi preko respiratornih kapljica; prouzrokuje visoku temperaturu, kašalj i osip.	Otprilike 1 od 15 djece koje oboli od ospice zadobit će upalu pluća, a 1 od 1.000 zadobit će encefalitis (upalu mozga). Od 10 djece koja zadobiju ospični encefalitis, 1 umire, a mnoga zadobiju trajno oštećenje mozga. Otprilike 1 od 100.000 zadobije SSPE (degeneraciju mozga), koja je uvijek smrtonosna.	Oko 1 od 10 osoba ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije, ili visoku temperaturu. Otprilike kod 1 od 20 osoba pojaviti će se osip koji nije zarazan. Smanjen broj pločica u krvi (što prouzrokuje modrice ili krvarenje) javlja se nakon 1. doze MMR vakcine po učestalosti od 1 u 20.000 ili 30.000. Ozbiljne nuspojave su vrlo rijetke.
Meningokokalna infekcija – bakterija se širi preko respiratornih kapljica; prouzrokuje septikemiju (infekciju krvi) i meningitis (infekciju tkiva oko mozga).	Otprilike 1 od 10 pacijenata umire. Od onih koji prežive, 1 do 2 od 10 će imati dugoročne probleme, kao što su gubitak ruke ili noge i oštećenje mozga.	Oko 1 od 10 osoba ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije, visoku temperaturu, razdražljivost, gubitak apetita ili glavobolje ("conjugate" vakcina). Oko 1 od 2 osobe ima lokalnu reakciju (polisaharinska vakcina). Ozbiljne nuspojave su vrlo rijetke.
Zaušnjaci (mumps) – virus se prenosi preko pljuvačke; prouzrokuje oteknuće vrata i pljuvačnih žlijezdi, te visoku temperaturu.	Otprilike 1 od 5.000 djece će zadobiti encefalitis (upalu mozga). Oko 1 od 5 muškaraca (mladić/odrasao čovjek) će zadobiti upalu testisa. Neki puta zaušnjaci prouzrokuju neprodnost ili trajnu gluhoću.	Kod oko 1 od 100 može se pojaviti oticanje pljuvačnih žlijezdi. Ozbiljne nuspojave su vrlo rijetke.
Pertusis – bakterija se širi preko respiratornih kapljica; prouzrokuje 'veliki kašalj', s produženim kašljem čak i do 3 mjeseca.	Otprilike 1 od 125 beba ispod 6 mjeseci starosti koja oboli od velikog kašlja umire od upale pluća ili od oštećenja mozga.	Oko 1 od 10 osoba ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije, ili visoku temperaturu (DTPa/dTpa vakcina). Buster doze DTPa mogu ponekad biti povezane s prekomjernim oticanjem udova, ali to potpuno prođe za nekoliko dana. Ozbiljne nuspojave su vrlo rijetke.
Pneumokokalna infekcija – bakterija se širi preko respiratornih kapljica; prouzrokuje septikemiju (infekciju krvi), meningitis (infekciju tkiva oko mozga) i povremeno i druge infekcije.	Otprilike 3 od 10 oboljelih od meningitisa umire. Jedna trećina svih slučajeva upale pluća i skoro polovina hospitalizacija odraslih zbog upale pluća prouzrokovana je pneumokokalnom infekcijom.	Oko 1 od 5 osoba ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije, ili visoku temperaturu, ("conjugate" vakcina). Oko 1 od 2 osobe ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije (polisaharinska vakcina). Ozbiljne nuspojave su vrlo rijetke.
Polio (dječija paraliza) – virus se prenosi preko fekalija i pljuvačke; prouzrokuje visoku temperaturu, glavobolju i povraćanje, a može i da izazove paralizu.	Dok mnoge infekcije ne izazivaju nikakve simptome, do 3 od 10 pacijenata oboljelih od dječije paralize (polio) umire, a mnogi koji prežive, ostanu trajno paralizovani.	Lokalno crvenilo, bol i oticanje na mjestu uboda injekcije su uobičajene pojave. Do 1 od 10 ima visoku temperaturu, plače i ima smanjen apetit. Ozbiljne nuspojave su vrlo rijetke.
Rotavirus – virus se prenosi fekalnim-usmenim putem; prouzrokuje gastroenteritis, koji može da bude težak.	Bolest može da varira od blagog proljeva do jakog dehidrirajućeg proljeva i visoke temperature, što može da ima za ishod smrt. Prije uvođenja vakcinisanja, godišnje oko 10.000 djece ispod 5 godina starosti je bilo primljeno u bolnicu, njih 115.000 je moralo ići kod ljekara opšte prakse, a 22.000 je moralo u hitnu pomoć u Australiji.	Do 3 od 100 može dobiti proljev ili povraćanje u sedmici nakon vakcinisanja. Otprilike 1 od 17.000 beba može dobiti intus-suscepciju (začepljenje crijeva) u prvih par sedmica nakon prijema prve ili druge doze vakcine. Ozbiljne nuspojave su vrlo rijetke.
Rubeola – virus se prenosi preko respiratornih kapljica; prouzrokuje visoku temperaturu, osip i natečene žlijezde, a kod beba zaraženih trudnica izaziva teške malformacije.	Oboljeli obično dobiju osip, bolno oticanje žlijezda i bol u zglobovima. Oko 1 u 3.000 imat će smanjen broj pločica u krvi (što prouzrokuje modrice ili krvarenje); 1 od 6.000 dobit će encefalitis (upalu mozga). Do 9 od 10 beba zaraženih u prvom tromjesečju trudnoće imat će neku veću urođenu nenormalnost (uključujući gluhoću, sljepilo ili srčane mane).	Oko 1 od 10 osoba ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije. Oko 1 od 20 ima otečene žlijezde, ukočen vrat ili osip, koji nije zarazan. Smanjen broj pločica u krvi (što prouzrokuje modrice ili krvarenje) javlja se nakon 1. doze MMR vakcine po učestalosti od 1 u 20.000 ili 30.000. Ozbiljne nuspojave su vrlo rijetke.
Tetanus – uzrokovan toksinima bakterija u tlu; prouzrokuje bolne grčeve mišića, konvulzije i ukočenost vilice.	Oko 2 od 100 pacijenata umire. Rizik je najveći za veoma mlade ili stare.	Oko 1 od 10 osoba ima lokalno oticanje, crvenilo ili bol na mjestu uboda injekcije, ili visoku temperaturu (DTPa/dTpa vakcina). Buster doze DTPa mogu ponekad biti povezane s prekomjernim oticanjem udova, ali to potpuno prođe za nekoliko dana. Ozbiljne nuspojave su vrlo rijetke.
Varicela (male boginje) – veoma zarazni virus; prouzrokuje blagu groznicu i mjehurast osip (tačkice ispunjene tečnošću). Reaktivacija virusa kasnije u životu izaziva herpes zoster (pojasni herpes).	Oko 1 u 100.000 pacijenata dobije encefalitis (upalu mozga). Infekcija u toku trudnoće može da ima za posljedicu urođene mane kod bebe. Infekcija kod majke u vrijeme porođaja ima za posljedicu jaku infekciju kod bebe u skoro jednoj trećini slučajeva.	Oko 1 od 5 ima lokalnu reakciju ili visoku temperaturu. Oko 3 do 5 od 100 može dobiti blagi osip nalik na varicelu. Ozbiljne nuspojave su vrlo rijetke.

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.