Lista ta’ ċċekkjar qabel tilqima

X’għandek tgħid lit-tabib jew lin-ners tiegħek qabel l-immunizzazzjoni

Din il-lista ta’ ċċekkjar tgħin lit-tabib tiegħek jew lin-ners jiddeċiedi l-aħjar ippjanar ta’ tilqim għalik jew għat-tifel/tifla tiegħek.

Jekk jogħġbok għid lit-tabib tiegħek jew lin-ners jekk il-persuna li se tkun imlaqqma:

- ma tkunx b’saħħitha dak in-nhar
- għandhiex xi marda li tnaqqas l-immunità (bħawl lewkimja, kanċer HIV/AIDS, SCID) jew tkunx qed tieħu kura li tnaqqas l-immunità (pereżempju mediċini ta’ sterojdi orali bħal kortison u prednison, radjuterapija, kimoteraprija)
- hi tarbija t’omm li kienet qed tirċievi terapija immunosuppressiva għolja (p.e. mediċini anti-rewmatiċi li jimmodifikaw il-proċess tal-marda bijoloġika (bDMARDs)) matul it-tqala
- kellhiex xi allerġiji severi (għal xi ħaġa)
- kellhiex xi tilqima fl-aħħar xahar
- kellhiex injezzjoni ta’ immunoglobulin, jew irċivietx xi prodotti tad-demm, jew trasfużjoni sħiħa tad-demm fl-aħħar sena
- hix tqila
- hix qed tippjana tqala jew hix tantiċipa li tkun ġenitur
- hix ġenitur, nannu/nanna jew kerer ta’ tarbija għadha titwieled
- għandhiex storja passata ta’ Guillian-Barré syndrome
- hix tarbija li twieldet qabel iż-żmien f’anqas minn 32 ġimgħa tqala, jew kinitx tiżen anqas minn 2000 g meta twieldet
- hix tarbija li kellha qlib ta’ biċċa mill-intestina f’oħra, jew abnormalità konġenitali li tista’ tippredisponi għall-qlib ta’ biċċa mill-intestina f’oħra
- għandhiex mard kroniku
- għandhiex diżordni ta’ tnixxija tad-demm
- m’għandhiex milsa funzjonali
- toqgħodx ma’ xi ħadd li għandu marda li tbaxxi l-immunità (bħal lewkimja, kanċer, HIV/AIDS), jew toqgħodx ma’ xi ħadd li qed ikollu kura li tbaxxi l-immunità (pereżempju mediċini ta’ sterojdi orali bħal kortison u prednison, radjuterapija, kimoteraprija)
- hix identifikata bħala persuna Aboriġina u/jew Torres Strait Islander
- hix qed tippjana li tivvjaġġja
- għandhiex xogħol jew fattur/i ta’ stil ta’ ħajja li għalih tista’ tkun meħtieġa tilqima.

Qabel issir kull tilqima t-tabib tiegħek jew in-ners tistaqsik:

- Tifhem l-informazzjoni pprovduta lilek dwar it-tilqima/tilqimiet?
- Għandek bżonn aktar informazzjoni biex tiddeċiedi jekk tkomplix bit-tilqima tiegħek?
- Ġibt miegħek ir-rekord tat-tilqim tiegħek/tat- tifel/tifla tiegħek?

Huwa importanti għalik li tirċievi rekord personali tat-tilqima/tilqim tiegħek jew tat-tifel/tifla tiegħek. Jekk m’għandekx rekord, itlob lit-tabib tiegħek jew lin-ners biex tagħtik wieħed. Ġib dan ir-rekord miegħek biex it-tabib tiegħek jew in-ners jimlewh kull darba li int jew it-tifel/tifla tiegħek tmur għal tilqima. It-tifel/tifla tiegħek jista’/tista’ jkollu/jkollha bżonn dan ir-rekord biex jidħol/tidħol fiċ-childcare, preschool jew l-iskola.

Għal aktar informazzjoni kkuntattja lit-tabib tiegħek jew lill-kunsill fil-lokal tiegħek.

Materjal adattat minn The Australian Immunisation Handbook 10th Edition 2013 (aġġornat Ġunju 2015)

www.health.vic.gov.au/immunisation

Biex tirċievi dan id-dokument f’format aċċessibbli jekk jogħġbok ibgħat email: immunisation@health.vic.gov.au
Awtorizzat u ppubblikat mill-Gvern ta’ Victoria, 1 Treasury Place, Melbourne

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Paragun tal-effetti tal-mard u l-effetti sekondarji tal-vaċċini

Mard	Effetti tal-marda	Effetti sekondarji tat-tilqim
Difterite – tixrid tal-batterju permezz ta' qtar żgħar respiratorju; tikkaġuna diffikultajiet severi fil-gerżuma u biex tieħu n-nifs.	Sa 1 f'7 pazjenti jmutu. Il-batterju joħrog tossina, li tista' tipproduċi paralisi tan-nerv u falliment fil-qalb.	Madwar 1 f'10 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni, jew deni (vaċċin DTPa/dTpa). Dożi tal-vaċċin ta' DTPa li jingħataw biex issaħħu dawk ta' qabilhom jistgħu kultant ikunu assoċjati ma' nefħa estensiva tar-riġel, imma din tkun riżolta kompletament fi ftit ġranet. Avvenimenti avversi serji huma rari ħafna.
Epatite A – virus li jinxtered b'kuntatt jew inġestjoni ta' ilma/ikel ikkontaminat mill-ħmieġ tal-imsaren jew permezz ta' kuntatt ma' materjal ta' ħmieġ mill-imsaren ta' persuna infettata bl-epatite A.	Tal-anqas 7 f'10 pazjenti adulti jiżviluppaw suffejra (sfura tal-ġilda u l-għajnejn), deni, nuqqas ta' aptit, nawsja, irrimettar, uġigħ fil-fwied u għejja.	Madwar 1 f'5 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni. Avvenimenti avversi serji huma rari ħafna.
Epatite B – virus li l-biċċa l-kbira jinxtered permezz tad-demm, kuntatt sesswali jew minn omm għal tarbija tat-twelid; tikkaġuna infezzjoni akuta tal-fwied jew infezzjoni kronika ('persuna li tista' tgħaddi l-marda lill-ħaddieħor')	Madwar 1 f'4 b'infezzjoni kronika li jistgħu jgħaddu l-marda lill-ħaddieħor jiżviluppaw ċirrożi jew kanċer tal-fwied.	Madwar 1 f'20 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni u 2 f'100 ikollhom id-deni. Anafilassi sseħħ f'madwar 1 f'miljun. Avvenimenti avversi serji huma rari ħafna.
Hib – batterju li jinxtered permezz ta' qtar żgħar respiratorju; jikkaġuna meninġite (infezzjoni tat-tessuti li jdawru l-moħħ), epiglottite (imblukkar respiratorju), settiċemija (infezzjoni tal-fluss tad-demm) u artrite settika (infezzjoni fil-ġogi)	Madwar 1 f'20 pazjent bil-meninġite jmutu u madwar 1 f'4 li jsalvaw ikollhom ħsara permanenti fil-moħħ jew ħsara fin-nerv. Epiglottite tinfirex malajr u kwazi dejjem tkun fatali mingħajr kura.	Madwar 1 f'20 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni. Madwar 1 f'50 ikollhom id-deni. Avvenimenti avversi serji huma rari ħafna.
Papillomavirus Uman (HPV) – virus li l-biċċa l-kbira jinxtered permezz ta' kuntatt sesswali; sa 80% tal-popolazzjoni tkun infettata bl-HPV xi darba f'ħajjithom. Xi tipi ta' HPV huma assoċjati mal-iżvilupp ta' kanċer.	Madwar 7 f'10 tal-kanċers ċervikali madwar id-dinja kienu assoċjati ma' HPV-16 u 1 f'6 ma' HPV-18.c	Madwar 8 f'10 ikollhom uġigħ u 2 f'10 ikollhom nefħa lokalizzata u ħmura fejn tingħata l-injezzjoni. Uġigħ ta' ras, deni, uġigħ fil-muskoli u għejja jistgħu jseħħu f'sa 3 f'10 persuni. Avvenimenti avversi serji huma rari ħafna.
Influwenza – virus li jinxtered permezz ta' qtar żgħar respiratorju; tikkaġuna deni, uġigħ fil-muskoli u l-ġogi u pnewmonja. Madwar 1 f'5 sa 1 f'10 persuni jieħdu l-influwenza kull sena.	Huwa kkalkulat li jkun hemm 3,000 mewt ta' persuni ta' aktar minn 50 sena kull sena fl-Awstralja. Il-kawżi żiedu n-numru ta' tfal taħt il-5 snin u l-anzjani li jidħlu l-isptar. Gruppi oħra ta' riskju ogħla jinkludu nisa tqal, nies bi ħxuna żejda, dijabetiċi u oħrajn b'ċerti kundizzjonijiet mediċi kroniċi.	Madwar 1 f'10 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni. Ikun hemm deni f'madwar 1 f'10 itfal fl-età ta' 6 xhur sa 3 snin. Guillain-Barré syndrome jseħħ f'madwar 1 f'miljun. Avvenimenti avversi serji huma rari ħafna.
Ħosba – virus infettiv ħafna li jinxtered permezz ta' qtar żgħar respiratorju, tikkaġuna deni, soġħla u raxx.	Madwar 1 fi 15-il tifel u tifla bil-ħosba jiżviluppaw pnewmonja u 1 f'1,000 jiżviluppaw enċefalite (infjammazzjoni tal-moħħ). Għal kull 10 itfal li jiżviluppaw enċefalite tal-ħosba, 1 imut/tmut u ħafna jkollhom ħsara tal-moħħ permanenti. Madwar 1 f'100,000 jiżviluppaw SSPE (deġenerazzjoni tal-moħħ), li dejjem hija fatali.	Madwar 1 f'10 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni, jew deni. Madwar 1 f'20 jiżviluppaw raxx, li ma jittiħedx. Ammont baxx tad-diski żgħar numeruż fid-demm (li jikkaġunaw tbenġil jew tnixxija tad-demm) iseħħ wara l-1 doża tal-vaċċin MMR b'rata ta' madwar 1 f'20,000 sa 30,000. Avvenimenti avversi serji huma rari ħafna.
Infezzjoni tal-Meningococcal – batterju li jinxtered permezz ta' qtar żgħar respiratorju; jikkaġuna settiċemija, (infezzjoni tal-fluss tad-demm) u meninġite (infezzjoni tat-tessuti li jdawru l-moħħ).	Madwar 1 f'10 pazjenti jmutu. Minn dawk li jsalvaw, minn 1 sa 2 pazjenti f'10 ikollhom problemi permanenti fit-tul, bħal telfien ta' riġlejn u ħsara fil-moħħ.	Madwar 1 f'10 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni, deni, irritabilità, nuqqas ta' aptit jew uġigħ ta' ras (vaċċin konjugali). Minn 1 fi 2 ikollhom reazzjoni lokalizzata, (vaċċin polisakkarid). Avvenimenti avversi huma rari ħafna.
Gattone – virus li jinxtered permezz tal-bżieq; jikkaġuna nefħa fl-għonq u l-glandoli tal-bżieq u deni.	Madwar 1 f'5,000 tfal jiżviluppaw enċefalite (infjammazzjoni tal-moħħ). Madwar 1 f'5 irġiel (adoloxxenti/adulti) jiżviluppaw infjammazzjoni tat-testikoli. Kultant il-gattone tikkaġuna infertilità jew turxien permanenti.	Madwar 1 f'100 jista' jiżviluppa nefħa fil-glandoli tal-bżieq. Avvenimenti avversi serji huma rari ħafna.
Pertussis – batterju li jinxtered permezz ta' qtar żgħar respiratorju; jikkaġuna 'soġħla konvulsiva' b'soġħla fit-tul li ddum sa 3 xhur.	Madwar 1 f'125 tarbija taħt l-età ta' 6 xhur b'soġħla konvulsiva jmutu minn pnewmonja jew ħsara fil-moħħ.	Madwar 1 f'10 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni, jew deni (vaċċin DTPa/dTpa). Dożi tal-vaċċin ta' DTPa li jingħataw biex issaħħu dawk ta' qabilhom jistgħu kultant ikunu assoċjati ma' nefħa estensiva tar-riġel, imma din tkun riżolta kompletament fi ftit ġranet. Avvenimenti avversi serji huma rari ħafna.
Infezzjoni tal-Pnewmokokkus – batterju li jinxtered permezz ta' qtar żgħar respiratorju; tikkaġuna settiċemija, (infezzjoni tal-fluss tad-demm), meninġite (infezzjoni tat-tessuti li jdawru l-moħħ) u kultant infezzjonijiet oħra.	Madwar 3 f'10 bil-meninġite jmutu. Terz tal-każi kollha tal-pnewmonja u sa nofs dawk l-adulti li jidħlu l-isptar bi pnewmonja jkunu kkaġunati minn infezzjoni tal-pnewmokokkus.	Madwar 1 f'5 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni, jew deni (vaċċin konjugali). Minn 1 fi 2 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn tingħata l-injezzjoni (vaċċin polisakkarid). Avvenimenti avversi huma rari ħafna.
Poljo – virus li jinxtered fil-ħmieġ tal-imsaren u l-bżieq; jikkaġuna deni, uġigħ ta' ras u irrimettar u jista' jipprogressa f'paralisi.	Waqt li ħafna infezzjonijiet ma jikkaġunawx sintomi, sa 3 f'10 pazjenti b'poljo paraletiku jmutu u ħafna pazjenti li jsalvaw jkunu paralizzati permanenti.	Ħmura lokalizzata, uġigħ u nefħa fejn tingħata l-injezzjoni huma komuni. Sa 1 f'10 ikollhom id-deni, jibku u nuqqas ta' aptit. Avvenimenti avversi huma rari ħafna.
Rotavirus – virus li jinxtered permezz tar-rotta orali tal-ħmieġ tal-imsaren; jikkaġuna gastro-enterite, li tista' tkun severa.	Il-mard jista' jvarja minn dijarea ħafifa għal dijarea ta' deidratazzjoni severa u deni, li jista' jirriżulta f'mewt. Minn tfal taħt il-5 snin, qabel l-introduzzjoni tat-tilqim, madwar 10,000 tifel u tifla kellhom jiddaħlu l-isptar, 115,00 kellhom jaraw lit-tabib u 22,000 kellhom bżonn jidħlu f'dipartiment tal-emerġenza kull sena fl-Awstralja.	Sa 3 f'100 jistgħu jiżviluppaw dijarea jew irrimettar f'ġimgħa wara li jieħdu l-vaċċin. Madwar 1 f'17,000 tarbija jistgħu jiżviluppaw intussusception (imblukkar tal-intestini) fl-ewwel ftit ġimgħat wara l-ewwel jew it-tieni doża tal-vaċċin. Avvenimenti avversi serji huma rari ħafna.
Rubella – virus li jinxtered permezz ta' qtar żgħar respiratorju; tikkaġuna deni, raxx u nefħa fil-glandoli, imma tikkaġuna formazzjoni difettuża fi trabi ta' nisa tqal infettati.	Il-pazjenti jiżviluppaw raxx tipiku, glandoli minfuħa u li juġgħu u wġigħ fil-ġogi. Madwar 1 fi 3,000 jiżviluppaw ammont baxx tad-diski żgħar numeruż fid-demm (li jikkaġunaw tbenġil jew tnixxija tad-demm); 1 minn 6,000 jiżviluppaw enċefalite (infjammazzjoni tal-moħħ). Sa 9 f'10 trabi infettati waqt l-ewwel tliet xhur tat-tqala jkollhom anormalità konġenitali maġġura (inkluzi turxien, għama jew difetti tal-qalb.	Madwar 1 f'10 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn jingħataw l-injezzjoni. Madwar 1 f'20 ikollhom glandoli minfuħa, ebusija fl-għonq, uġigħ fil-ġogi jew raxx, li ma jittiħedx. Ammont baxx tad-diski żgħar numeruż fid-demm (li jikkaġunaw tbenġil jew tnixxija tad-demm) iseħħ wara l-1 doża tal-vaċċin MMR b'rata ta' madwar 1 f'20,000 sa 30,000. Avvenimenti avversi serji huma rari ħafna.
Tetnu – ikkaġunat minn tossina ta' batterju fil-ħamrija; jikkaġuna spażmi ta' wġigħ fil-muskoli, konvulżjonijiet u trismu.	Madwar 2 f'100 pazjent imutu. Ir-riskju huwa akbar għal dawk żgħar ħafna jew anzjani.	Madwar 1 f'10 ikollhom nefħa lokalizzata, ħmura jew uġigħ fejn jingħataw l-injezzjoni, jew deni (vaċċin DTPa/dTpa). Dożi tal-vaċċin li jingħataw biex issaħħu dawk ta' qabilhom jistgħu kultant ikunu assoċjati ma' nefħa estensiva tar-riġel, imma din tkun riżolta kompletament fi ftit ġranet. Avvenimenti avversi serji huma rari ħafna.
Varicella (ġidri r-riħ) - virus li jittieħed ħafna; jikkaġuna deni ħafif u raxx bi nfafet żgħar (marki żgħar mimlija bil-fluwidu). Riattivazzjoni tal-virus aktar tard fil-ħajja jikkaġuna herpes zoster (ħruq ta' Sant' Antnin).	Madwar 1 f'100,000 pazjent jiżviluppaw enċefalite (infjammazzjoni tal-moħħ). Infezzjoni waqt it-tqala tista' tirriżulta f'formazzjoni difettuża konġenitali fit-tarbija. Infezzjoni fl-omm f'madwar iż-żmien li tkun se twelled tirriżulta f'infezzjoni severa fit-tarbija li tkun għadha kemm twieldet f'sa terz tal-każi.	Madwar 1 f'5 ikollhom reazzjoni lokalizzata jew deni. Madwar 3 sa 5 f'100 jistgħu jiżviluppaw raxx ħafif bħal tal-ġidri r-riħ. Avvenimenti avversi serji huma rari ħafna.

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

To receive this document in an accessible format please email: immunisation@dhhs.vic.gov.au
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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.