

乙型流感嗜血杆菌(Hib)和C群脑膜炎球菌病

疫苗接种信息

国家疫苗接种项目计划为12个月大的儿童提供免费乙型流感嗜血杆菌和C群脑膜炎球菌联合疫苗，保护他们免受乙型流感嗜血杆菌和C群脑膜炎球菌感染的侵害。

乙型流感嗜血杆菌

疫苗接种是在1993年开始推广的，在这之前乙型流感嗜血杆菌是五岁以下儿童患上危及生命的传染病的最主要原因。

乙型流感嗜血杆菌会引发诸如脑膜炎（覆盖大脑薄膜的炎症）、会厌炎（皮瓣和气管上部的炎症）和肺炎等疾病。这些疾病会迅速恶化并导致死亡。

乙型流感嗜血杆菌引起的疾病主要通过咳嗽和喷嚏传播，或是通过与感染者的鼻腔和喉咙的分泌物接触。虽然乙型流感嗜血杆菌是这么起名的，但是乙型流感嗜血杆菌是一种细菌，而非由病毒引起的流感。

C群脑膜炎球菌

C群脑膜炎球菌病是一种由脑膜炎奈瑟氏菌导致的细菌性传染病。当通常位于喉咙内部的细菌进入血流，导致败血症（血液的感染）或脑膜炎（覆盖大脑薄膜的炎症），就会患危险的侵入性脑膜炎球菌病。患这种疾病的高危人群包括五岁以下儿童和15-25岁的年轻人。

脑膜炎球菌只会通过与感染者的后鼻腔和喉咙分泌物的经常长时间亲密接触传播。

乙型流感嗜血杆菌和C群脑膜炎球菌疫苗

对乙型流感嗜血杆菌的免疫需要几剂疫苗才能获得充分的保护，然而对C群脑膜炎球菌的免疫仅需一剂。乙型流感嗜血杆菌疫苗的前三剂分别在婴儿两个月、四个月以及两个月大的时候以联合疫苗的形式进行注射，以防白喉、破伤风、百日咳、乙型肝炎、小儿麻痹症和B型流感嗜血杆菌。乙型流感嗜血杆菌疫苗的第四剂在儿童12个月大的时候与C群脑膜炎球菌疫苗同时注射。

接种前检查清单

在接种之前，如果您的孩子有以下情况，请务必告知医生或护士：

- ☐ 在接种当天感到不适(体温高于 38.5 °C)
- ☐ 对任何疫苗产生过严重反应
- ☐ 对任何疫苗成分产生过严重反应
- ☐ 对某种东西严重过敏

乙型流感嗜血杆菌和C群脑膜炎球菌疫苗的常见副作用

副作用通常是轻微的并且比疾病并发症出现的频率小得多。副作用可能在疫苗接种的第一至两天内出现，可能包括：

- 注射部位的疼痛、发红或肿胀
- 有时注射部位的一个肿块（小瘤）可能持续几周无法消退——它不需要治疗。
- 低温（发热）
- 食欲不振
- 儿童烦躁不安、易怒、困倦或疲惫

对疫苗接种后副作用的处理

- 在疼痛的注射部位放置一块冷湿布。
- 多补充液体，如果有发热，不要穿太多衣服。
- 服用扑热息痛来缓解不适（请注意您孩子年龄的推荐剂量）

极罕见副作用

- 严重的过敏反应（接种疫苗之后，在诊所停留至少15分钟，以防需要进一步的治疗）。

如果反应严重或持续，或者您感到担忧，请立即联系您的医生或去医院。

您也可以致电维多利亚州疫苗安全服务 (SAEFVIC) 热线，号码：(03) 9345 4143 – 上午十点至下午四点之间有人接听，在其他时间您可以留言。此服务不提供针对副作用的紧急处理服务。

更多信息

www.health.vic.gov.au/immunisation

www.betterhealth.vic.gov.au



翻译和口译服务

请致电131 450

如希望获得本文件的可存取格式，请发电邮至: immunisation@health.vic.gov.au

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An Australian, State and Territory Governments initiative

Haemophilus influenzae type b (Hib) and meningococcal group C disease

health

Immunisation information

The National Immunisation Program provides free combined Hib and meningococcal C vaccine for protection against *Haemophilus influenzae* type b (Hib) and meningococcal group C disease to children at 12 months of age.

Hib

Before the introduction of immunisation in 1993, Hib was the most frequent cause of life-threatening infection in children under five years of age.

Hib causes conditions such as meningitis (inflammation of the membranes covering the brain), epiglottitis (inflammation of the flap and the top of the windpipe) and pneumonia. These conditions can develop quickly and lead to death.

The disease caused by Hib is spread mainly through coughing or sneezing, or contact with secretions from the nose and throat of an infected person. Despite its name, Hib is a bacterium and is not a form of influenza (flu), which is caused by a virus.

Meningococcal group C

Meningococcal group C disease is a bacterial infection caused by the bacteria *Neisseria meningitidis*. Dangerous invasive meningococcal disease occurs when bacteria that usually live in the throat enter the blood stream to cause septicaemia (infection in the blood) or meningitis (inflammation of the membrane covering of the brain). Groups at high risk for this disease include children under five and young people aged 15 to 25 years.

Meningococcal bacteria are only spread by regular, close, prolonged household and intimate contact with secretions from the back of the nose and throat of an infected person.

Hib and meningococcal C vaccine

Hib immunisation requires several doses of the vaccine to get good protection, whereas meningococcal C only requires one dose. The first three doses of Hib vaccine are given to babies at two, four and six months of age in a combination vaccine against diphtheria, tetanus, whooping cough, hepatitis B, polio and Hib. The fourth booster dose of Hib vaccine is given in combination with the single dose of meningococcal group C vaccine at 12 months.

Pre-immunisation checklist

Before immunisation, tell your doctor or nurse if your child:

- ☐ is unwell on the day of immunisation (has a temperature over 38.5°C)
- ☐ has ever had a serious reaction to any vaccine
- ☐ has had a serious reaction to any component of the vaccine
- ☐ has had a severe allergy to anything.

Common side effects of the Hib and meningococcal C vaccine

Side effects are generally mild and are much less frequent than the complications of the disease. Side effects can occur one to two days after vaccination and may include:

- soreness, redness and swelling at the injection site
- occasionally, an injection-site lump (nodule) that may last many weeks—treatment is not needed
- low-grade temperature (fever)
- loss of appetite
- unsettled, irritable, drowsy or tired behaviour in children.

Managing side effects after immunisation

- Place a cold wet cloth on the sore injection site.
- Give children extra fluids and do not overdress children if they are hot.
- Give paracetamol to reduce discomfort (note the recommended dose for the age of the child).

Extremely rare side effect

- A severe allergic reaction (stay at the clinic for at least 15 minutes following immunisation in case further treatment is required).

If reactions are severe or persistent, or if you are worried, contact your doctor or go to hospital.

You can call the Victorian vaccine safety service (SAEFVIC) on (03) 9345 4143. The line is attended between 10 am and 3.30 pm and you can leave a message at all other times. This service does not give immediate emergency management for a side effect.

Further information

www.health.vic.gov.au/immunisation

www.betterhealth.vic.gov.au



**Translating and
interpreting service**
Call 131 450

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