

## ព័ត៌មានស្តីអំពីការចាក់ថ្នាំបង្ការរោគ

# ផលប៉ះពាល់បន្ទាប់បន្សំទូទៅនៃថ្នាំចាក់បង្ការរោគ Hib និងរោគមេនីញហ្គោខូឧលប្រភេទ C

ផលប៉ះពាល់បន្ទាប់បន្សំ ជាទូទៅគឺពុំសូវធ្ងន់ធ្ងរ ហើយមានភាពញឹកញាប់ តិចជាងភាពស្មុគស្មាញនៃជំងឺ។ ផលប៉ះពាល់បន្ទាប់បន្សំអាចកើតមានក្នុងរវាង១ ទៅ២ថ្ងៃបន្ទាប់ពីការចាក់ថ្នាំបង្ការរោគ ហើយអាចមានរួមទាំង៖

- ការឈឺ ឡើងក្រហម និងហើមនៅត្រង់កន្លែងចាក់ថ្នាំ
- យូរៗម្តង ដុំពកតូចនៅត្រង់កន្លែងចាក់ថ្នាំអាចនៅមានរហូតដល់ច្រើនអាទិត្យ - ពុំត្រូវការព្យាបាលឡើយ
- សីតុណ្ហភាពកំរិតទាប(ត្រូវត្រួតពិនិត្យ)
- បរិភោគមិនបាន
- នៅមិនស្ងៀម ឆាប់ខឹង ងងុយដេក ឬអស់កម្លាំងចំពោះកុមារ។

## ការគ្រប់គ្រងផលប៉ះពាល់បន្ទាប់បន្សំ បន្ទាប់ពីការចាក់ថ្នាំបង្ការរោគ

- ដាក់ក្រណាត់សើមត្រជាក់ នៅលើកន្លែងចាក់ថ្នាំដែលឈឺ
- ឱ្យកុមារផឹករាវថ្ងៃទៀត និងកុំស្លៀកពាក់ខោអាវឱ្យកុមារច្រើនហួស ប្រសិនបើគេក្តៅ។
- ឱ្យផឹកថ្នាំបំបាត់សេតាម៉ុល ដើម្បីកាត់បន្ថយភាពពុំសុខស្រួល(សូមកត់ចំណាំសេចក្តីណែនាំឱ្យប្រើកំរិតថ្នាំ សម្រាប់អាយុរបស់កុមារ)។

## ផលប៉ះពាល់បន្ទាប់បន្សំដែលកម្រឃើញមានបំផុត

- ប្រតិកម្មទាស់យ៉ាងធ្ងន់ធ្ងរ (សូមមើលមន្ទីរព្យាបាលយ៉ាងហោចណាស់១៥នាទី បន្ទាប់ពីការចាក់ថ្នាំបង្ការរោគ ក្នុងករណីមានតម្រូវការព្យាបាលថែមទៀត)។ ប្រសិនបើប្រតិកម្មទាស់មានសភាពធ្ងន់ធ្ងរ ឬពុំធ្ងន់ធ្ងរ ឬប្រសិនបើលោកអ្នកឆ្ងល់ ឬមានការសង្ស័យ ឬមានការព្រួយបារម្ភ សូមទាក់ទងវេជ្ជបណ្ឌិតរបស់លោកអ្នក ឬទៅមន្ទីរពេទ្យ។

លោកអ្នកអាចទទួលបានព័ត៌មានលម្អិតបន្ថែមពីការបង្ការរោគរដ្ឋវិចិត្រវិយ៉ា (SAEFVIC) លេខ (03) 9345 4143. មានគេនៅចាំទទួលទូរស័ព្ទរវាងម៉ោង១០ព្រឹក និង៤រសៀល ហើយលោកអ្នកអាចទុកសារបាននៅគ្រប់ពេលម៉ោងឯទៀត។ សេវានេះពុំផ្តល់ជូនការគ្រប់គ្រងនៅត្រាមានអានុភាព។ សម្រាប់ផលប៉ះពាល់បន្ទាប់បន្សំឡើយ។

## ព័ត៌មានបន្ថែម

[www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)  
[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)



សេវាបកប្រែភាសាសរសេរ និងនិយាយ  
សូមទូរស័ព្ទលេខ 131 450

ដើម្បីទទួលបានយកកងសារនេះក្នុងសណ្ឋានដែលអាចបើកមើលបាន សូមអ៊ីម៉ែល: [immunisation@health.vic.gov.au](mailto:immunisation@health.vic.gov.au)

# *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](http://www.health.vic.gov.au/immunisation)

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)



**Translating and  
interpreting service**  
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To receive this document in an accessible format email: [immunisation@health.vic.gov.au](mailto:immunisation@health.vic.gov.au)

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