This checklist helps your doctor/nurse decide about vaccinating you.
Please tell your doctor/nurse if you:

- are unwell today
- have a disease which lowers immunity (e.g. leukaemia, cancer, HIV/AIDS) or are having treatment which lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- have had a severe reaction following any vaccine
- have any severe allergies (to anything)
- have had any vaccine in the past month
- have had an injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year
- are pregnant
- have a past history of Guillain-Barré syndrome
- have a chronic illness
- have a bleeding disorder

A different vaccine schedule may be recommended if the person to be vaccinated:

- identifies as an Aboriginal or Torres Strait Islander
- does not have a functioning spleen
- is planning a pregnancy or anticipating parenthood
- is a parent, grandparent or carer of a newborn
- lives with someone who has a disease which lowers immunity (e.g. leukaemia, cancer, HIV/AIDS), or lives with someone who is having treatment which lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)

NOTE: Please ask your doctor/nurse questions about this information or any other matter relating to vaccination before the vaccines are given.
Before any vaccination takes place, the immunisation service provider will ask you:

- Did you understand the information provided to you about immunisation?
- Do you need more information to decide whether to proceed?
- Did you bring your vaccination record card with you?

It is important for you to receive a personal record of your vaccinations. If you do not have a record, ask your immunisation service provider to give you one. Bring this record with you every time you visit for vaccination. Make sure your doctor/nurse records all vaccinations on it.
This is an important piece of evidence that you may require for future employment.

All information has been sourced from the WA Department of Health. This and further information can be accessed from the following web site:
http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home

Comparison of the Effects of Diseases and the Side Effects of Vaccines

DISEASE	EFFECT OF DISEASE	SIDE EFFECT OF VACCINE
Hepatitis A - contagious 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.	Jaundice (yellowing of the skin and eyes), fever, anorexia, nausea, vomiting, hepatic (liver) pain and malaise (tiredness). It may take up to 1 month for patients to recover and some patients may require hospitalisation. Young children may not show any symptoms but are still infectious. Patients are infectious up to 2 weeks before the onset of jaundice and for approximately 1 week after the jaundice appears.	About 1 in 5 will have discomfort or local inflammation at the site of injection.
Hepatitis B - virus spread mainly by blood, sexual contact or from mother to newborn baby; causes acute hepatitis or chronic carriage.	About 1 in 4 chronic carriers will develop cirrhosis or liver cancer.	About 1 in 15 will have injection site pain and 1 in 100 will have fever. Anaphylaxis occurs in about 1 in 600 000.
Diphtheria - contagious bacteria spread by droplets; causes severe throat and breathing difficulties.	About 1 in 15 patients die. The bacteria release a toxin, which can produce nerve paralysis and heart failure.	DTPa/dTpa vaccine – about 1 in 10 has local inflammation or fever. Booster doses of DTPa may occasionally be associated with extensive circumferential swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.
Hib - contagious bacteria spread by respiratory droplets; causes meningitis, epiglottitis (respiratory obstruction), septicaemia and osteomyelitis.	About 1 in 20 meningitis patients die and about 1 in 4 survivors have permanent brain or nerve damage. About 1 in 100 epiglottitis patients die.	About 1 in 20 has discomfort or local inflammation. About 1 in 50 has fever.
Human Papillomavirus - virus spread mainly via sexual contact.	About 1 in 2 of cervical cancers worldwide has been associated with HPV16 and 1 in 10 with HPV18.	About 8 in 10 will have pain and 2 in 10 will have swelling/redness at the site of injection. Very occasionally headache, fever and nausea may occur.
Influenza - contagious virus spread by respiratory droplets; causes fever, muscle and joint pains, pneumonia.	Causes increased hospitalisation in the elderly. High-risk groups include the elderly, diabetics and alcoholics.	About 1 in 10 has local reactions. Guillain-Barré syndrome occurs in about 1 in 1 million.
Measles - highly infectious virus spread by droplets; causes fever, cough and rash.	1 in 15 children with measles develops pneumonia and 1 in 1000 develops encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 dies and 4 have permanent brain damage. About 1 in 100 000 develops SSPE (brain degeneration) which is always fatal.	About 1 in 10 has discomfort, local inflammation or fever. About 1 in 20 develops a rash which is non-infectious. Fewer than 1 in 1 million recipients may develop encephalitis (inflammation of the brain).
Meningococcal infections - bacteria spread by respiratory droplets. Cause septicaemia (infection of the blood stream) and meningitis (infection of the tissues surrounding the brain).	About 1 in 10 patients die. Of those that survive, 1 in 30 has severe skin scarring or loss of limbs, and 1 in 30 has severe brain damage.	Conjugate vaccine: About 1 in 10 has local inflammation, fever, irritability, anorexia or headaches.
Mumps - contagious virus spread by saliva; causes swollen neck and salivary glands and fever.	1 in 200 children develops encephalitis. 1 in 5 males past puberty develop inflammation of the testes. Occasionally, mumps causes infertility or deafness.	1 in 100 vaccine recipients may develop swelling of the salivary glands. 1 in 3 million recipients develop mild encephalitis.
Pertussis - contagious bacteria spread by respiratory droplets; causes whooping cough and vomiting lasting up to 3 months.	About 1 in 200 whooping cough patients under the age of 6 months die from pneumonia or brain damage.	DTPa/dTpa vaccine – about 1 in 10 has local inflammation or fever. Booster doses of DTPa may occasionally be associated with extensive circumferential swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.
Pneumococcal infections - bacteria spread by respiratory droplets; causes septicaemia, meningitis and occasionally other infections.	About 1 in 10 meningitis patients die.	7vPCV – about 1 in 10 has local reaction or fever. 23VPPV – about 1 in 2 has a local reaction.
Polio - contagious virus spread by faeces and saliva; causes fever, headache and vomiting and may progress to paralysis.	While many infections cause no symptoms, about 1 in 20 hospitalised patients dies and 1 in 2 patients who survive is permanently paralysed.	Local redness, pain and swelling at the site of injection are common. Up to 1 in 10 has fever, crying, and decreased appetite.
Rotavirus - virus spread by faecal-oral route; causes gastroenteritis which can be severe.	In children <5 years of age, rotavirus infections in Australia account for approximately 10 000 hospitalisations every year, approximately 115 000 children visit a GP and approximately 22 000 children require an Emergency Department visit. Illness may range from mild, watery diarrhoea of limited duration to severe dehydrating diarrhoea and fever which can result in death.	1–3 in a 100 vaccine recipients may develop diarrhoea or vomiting in the week following vaccine administration.
Rubella - contagious virus spread by droplets; causes fever, rash and swollen glands, but causes severe malformations in babies of infected pregnant women.	About 5 in 10 patients develop a rash and painful swollen glands; 5 in 10 adolescents and adults have painful joints; 1 in 3000 develops thrombocytopenia (bruising or bleeding); 1 in 6000 develops inflammation of the brain; 9 in 10 babies infected during the first 10 weeks after conception will have a major congenital abnormality (including deafness, blindness or heart defects).	About 1 in 10 has discomfort, local inflammation, or fever. About 1 in 20 has swollen glands, stiff neck, or joint pains. About 1 in 20 has a rash, which is non-infectious. Thrombocytopenia (bruising or bleeding) occurs after a first dose of MMR at a rate of about 1 in 30 500.
Tuberculosis - Tuberculosis (TB) is caused by slow-growing, aerobic, acid-fast bacilli and is usually air-borne. Lung disease is the most common form of tuberculosis, accounting for approximately 60% of notified TB cases in Australia.	Cough, fever, sweats, weight loss and haemoptysis are common symptoms of pulmonary TB. The disease can occur in any part of the body, including the meninges, bone and kidneys. Most individuals infected with TB remain asymptomatic, but there is a 10% lifetime risk of developing clinical illness, sometimes many years after the original infection. Infants, the elderly and patients with impaired immunity due to drugs or disease or as a result of adverse socio-environmental circumstances (e.g. malnutrition, alcoholism) are more prone to rapidly progressive or generalised infection.	About 5% (common) experience adverse events. 2.5% develop injection site abscesses and 1% lymphadenitis. About 1% (uncommon) may need medical attention including surgery as a result of the adverse event.

Tetanus - caused by toxin of bacteria in soil; causes painful muscle spasms,convulsions, lockjaw.	About 3 in 100 patients die. The risk is greatest for the very young or old.	DTPa/dTpa vaccine – about 1 in 10 has local inflammation or fever. Booster doses of DTPa may occasionally be associated withextensive circumferential 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. Reactivation of the virus later in life causes herpes zoster (shingles).	1 in 100 000 patients develop encephalitis (brain inflammation). About 3 in 100 000 patients die. Infection during pregnancy can result in congenital malformations in the baby. Onset of infection in the mother from 5 days before to 2 days after delivery 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. A mild varicella-like rash may develop in 3–5 in a 100 recipients. **NB If a rash develops during the 6 weeks after the vaccine, the HCW should cover the rash and be reassigned to duties that require no patient contact.** **Reassignment should only be for the duration of the rash.**