



Children's Healthcare Medical Associates

550 Washington St., Suite 300

San Diego, CA 92103

(619) 297-KIDS • Fax (619) 297-4567

www.childrenshealthcaremedical.com

Young Adult Care Girls 11 to 19 Years

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A Message from Your Pediatrician: For the first time, starting at 11 years of age, we will be spending some time during your health care visit talking alone. What is discussed during these visits will remain confidential. This way you will begin to learn how to take care of your own health.

Growing up is often confusing. Your body is changing and how you feel can often leave you confused about what's happening to your mind and body. You may have questions about these changes and how you should take care of yourself. Your pediatrician can answer questions about the following:

- Eating right
- Your height and weight
- Exercise and sports
- Acne
- Dating
- Body changes
- School performance
- Alcohol and other drugs
- Other concerns you may have

As you become an adult, you need to take charge of your own health. This means preventing problems before they start by seeing your pediatrician once a year, just to make sure everything is OK. You should also see your pediatrician when you are sick or concerned about what is happening to your body.

Growing up may also trigger changes in how you think and feel. You may feel sad, angry, or nervous at times. You should feel free to talk to your pediatrician about these things. After all, these emotions are a part of being healthy too.

Sometimes you might have a hard time dealing with problems with friends or family. Feeling like your parents don't understand you, losing a best friend, getting teased at school, pressure from friends - all these things can get the best of you once in a while. If you don't know where to turn, remember that your pediatrician is there to help.

School problems: As a student, you may worry sometimes about your grades and your future. No matter what you try, it may be hard to keep up with school, a job, sports, or other activities. Maybe you find it difficult to get along with others at school or to concentrate on your studies. Your pediatrician may be able to help you through this busy time of your life.

Alcohol and drug use: You may be tempted to take risks as you make new friends. You may also get a lot of pressure from your friends. Remember, what's right for them might not always be right for you. Becoming an adult means more than just physical growth. It also means determining what is right for you. This is especially important since many people you know may be using cigarettes, alcohol, or other drugs. Instead of going along with the crowd, you need to decide what is the best choice for you. Your pediatrician can explain how smoking, drinking, or taking other drugs can affect you.

Sexual relationships: During visits with your pediatrician, you'll have a chance to ask questions about dating, sexual activity, and infections. Your pediatrician also can talk to you confidentially about postponing sex and how to protect yourself against sexually transmitted diseases (STDs) and pregnancy. It's important to make smart choices about sex now. The wrong choice could affect the rest of your life.

Conflicts with parents:

At times, it might be hard to get along with your family and this could lead to problems at home. Maybe it seems like no one understands you or respects your ideas. You're not alone. If you have a problem that your parents may not understand, talk with your pediatrician. Sometimes an outside person can give a better view of these difficult situations.

Puberty: As part of growing up, you will go through puberty. Puberty is the time in your life when your body changes from that of a child to that of an adult. These changes are caused by chemicals in the body called hormones. Because there are so many changes that happen during puberty, you may feel like your body is out of control. As you go through

these changes, you may be asking yourself, “Am I normal?” or “Do other people my age feel the way I do?” Don’t worry, in time, your body and mind will get back into a balance.

Puberty is also the time when a girl becomes physically able to have babies. Although there is no “right” time for puberty to begin, it generally starts earlier for a girl than it does for a boy—usually between 9 and 13 years of age. This is why many girls are taller and may act more mature than boys for a few years until the boys catch up.

The following are some of the changes your body will go through during puberty:

Breasts: In most girls, puberty starts with breast growth. When your breasts start to develop, you may notice small, tender lumps under one or both nipples that will get bigger over the next few years. When breasts first begin to develop, it is not unusual for one breast to be larger than the other. However, as they develop, they will most likely even out before they reach their final size and shape.

As your breasts develop, you may need a bra. Some girls feel that wearing a bra for the first time is exciting—it is the first step toward becoming a woman! However, some girls feel embarrassed, especially if they are among the first of their friends to need a bra. If the people around you make a bigger deal of your first bra than you would like, try to remember that they do not mean to embarrass you, they are just proud of how much you have grown.

Hair: Soft hair will start to grow in the pubic area (the area between your legs). This hair will eventually become thick and very curly. You may also notice hair under your arms and on your legs. Many women shave this hair. There is no medical reason to shave, it is simply a personal choice. If you decide to shave, be sure to use a lot of soap and water and a clean razor made for women. It is a good idea to use your own personal razor or electric shaver and not to share one with your family or friends.

Body shape: Hips get wider and waists will get smaller. Your body will also begin to build up fat in the stomach, buttocks, and legs. This is normal and gives your body the curvier shape of a woman.

Body size: Arms, legs, hands, and feet may grow faster than the rest of your body. Until the rest of your body catches up, you may feel a little clumsier than usual.

Skin: Skin may get more oily and you may notice you sweat more. This is because your glands are growing too. It is important to wash every day to keep your skin clean and to use a deodorant or antiperspirant to keep odor and wetness under control. Despite your best efforts to keep your face clean, you still may get pimples. This is called acne and is normal during this time when your hormone levels are high. Almost all teenagers get acne at one time or another. Whether your case is mild or severe, there are things you can do to keep it under control. For more information on controlling acne, talk to your pediatrician.

Acne Treatment and Control: Almost all teenagers get acne at one time or another. Whether your case is mild or severe, the information here can help you keep your acne under control.

What causes acne?

You haven’t done anything to cause your acne. It’s not your fault if you have it. Pimples are caused when oil ducts in the skin get plugged up and then burst, causing redness and swelling. Although there are many myths about acne, the following are the three main factors that cause it.

1. Hormones

When you begin puberty, certain hormones, called **androgens**, increase in both males and females. These hormones trigger oil ducts on the face, back, and upper chest to begin producing oil. This can cause acne in some people.

2. Heredity

If other members of your family had acne as teenagers, there may be a chance that you’ve inherited a tendency toward getting acne as well.

3. Plugged oil ducts

If you are prone to acne, the cells that line the oil ducts in your skin tend to get larger and produce more oil, and the ducts get plugged. This traps the oil and leads to the formation of blackheads or whiteheads. The plugged ducts allow germs in the skin to multiply and produce chemicals that cause redness and swelling. This is why simple blackheads and whiteheads may turn red and bumpy and turn into the pimples of acne.

There is not much you can do about heredity, so your best control efforts are those that keep the oil ducts unplugged.

What makes acne worse?

- Pinching (or “popping”) pimples, which forces oil from the oil ducts into the surrounding normal skin, causing redness and swelling
- Harsh scrubbing, which irritates the skin
- Things that rub on the skin, such as headbands, hats, hair, and chin straps, which also cause irritation
- Certain cosmetics (makeup), such as creams and oily hair products, which can block oil ducts and aggravate acne
- Some medications
- For young women, changes in hormone levels brought on by menstrual periods
- Emotional stress and nervous tension

What doesn’t cause acne?

- Acne is not caused by foods you eat. Despite what you may have heard, there is no proof that soft drinks, chocolate, and greasy foods cause acne.
- It’s *not* caused by dirt. The black plug in a blackhead is caused by a chemical reaction. It’s not dirt. No matter how carefully you wash your face, you can still have acne.

- It's *not* something you can “catch” or “give” to another person.
- It's *not* caused by sexual thoughts or masturbation.

Treating acne

It's important to know that there is no true cure for acne. If untreated, it can last for many years, though acne usually clears up as you get older. The following treatments, however, generally can keep acne under control.

1. Use topical benzoyl peroxide lotion or gel.

Benzoyl peroxide helps kill skin bacteria, unplug the oil ducts, and heal acne pimples. It is the most effective acne treatment you can get without a doctor's prescription. Many brands are available in different levels of strength (2.5%, 5%, or 10%). Read the labels or ask your pediatrician or pharmacist about it.

- Start slowly with a 2.5% or 5% lotion or gel once a day. After a week, increase use to twice a day (morning and night) if your skin isn't too red or isn't peeling.
- Apply a thin film to the entire area where pimples may occur. Don't just dab it on current blemishes. Avoid the delicate skin around the eyes, mouth, and corner of the nose.
- If your acne isn't better after 4 to 6 weeks, you may increase to a 10% strength lotion or gel. Start with one application each day and increase to two daily applications if your skin tolerates it.

2. If you don't see results, see your pediatrician.

Your doctor can prescribe stronger treatments, if needed, and will teach you how to use them properly. Three kinds of medications may be recommended:

- **Tretinoin (Retin-A) cream or gel** helps unplug oil ducts but must be used exactly as directed. Be aware that exposure to the sun (or tanning parlors) can cause increased redness in some people who are using the medication.
- **Topical antibiotic solutions** may be used in addition to other medications for a type of acne called pustular acne.
- **Oral antibiotic pills** may be used in addition to creams, lotions, or gels if your acne doesn't respond to topical treatments alone.

3. What about the “miracle drug” Accutane?

Isotretinoin (Accutane) is a very strong chemical taken in pill form. It is used only for severe cystic acne that hasn't responded to any other treatment. Accutane must never be taken just before or during pregnancy. There is a danger of severe or even fatal deformities to unborn babies whose mothers have taken Accutane while pregnant or who become pregnant soon after taking Accutane. You should *never* have unprotected sexual intercourse while taking Accutane. Patients who take Accutane must be carefully supervised by a doctor knowledgeable about its usage, such as a pediatric dermatologist or other expert on treating acne. Your pediatrician may require a negative pregnancy test and a signed consent form before prescribing Accutane to females.

Important things to remember

Be patient. It takes 3 to 6 weeks to see any improvement. Give each treatment enough time to work.

Be faithful. Follow your program every day. Don't stop and start each time your skin changes. Remember, sometimes your skin may appear to worsen early in the program before you begin to see improvement.

Follow directions. Not using the treatment as directed is the most common reason the treatment fails.

Don't use medication prescribed for someone else. This holds true for all medications, especially Accutane. Doctors prescribe medication specifically for particular patients. What's good for a friend may be harmful for you. Never take Accutane that's prescribed for another person.

Don't overdo it. Too much scrubbing makes skin worse. Too much benzoyl peroxide or Retin-A cream makes your face red and scaly. Too much oral antibiotic may cause side effects.

Finally, many people don't understand acne and may say hurtful things about it. Although acne may bother you, keep in mind it's only temporary. With present-day treatment, it usually can be controlled.

Menstruation: Most girls get their “period” (menstrual bleeding) between 9 and 16 years of age. During puberty, your ovaries begin to release eggs. If an egg is fertilized by sperm from a man's penis, it will grow inside your uterus and develop into a baby. To prepare for this, a thick layer of tissue and blood cells builds up in your uterus. If the egg does not meet with a sperm, these tissues and cells are not needed by the body. They turn into a blood-like fluid and flow out of the vagina. The menstrual period is the monthly discharge of this fluid out of the body. When a girl first begins to have her periods, she is able to get pregnant. During your period, you will need to wear some kind of sanitary pad and/or tampon to absorb this fluid and keep it from getting on your clothes. Pads have adhesive strips and are worn inside the panties. Tampons are placed inside the vagina. The decision to use pads or tampons is your choice. Some girls prefer tampons because they do not like the feeling of wetness or the odor that may accompany pads. Some girls prefer pads because they are not comfortable inserting tampons into their vaginas.

When using a tampon for the first time, take your time, relax, and insert the tampon slowly into your vagina. This will allow the muscles in your vagina to relax and the tampon to go in easily. Make sure the string remains on the outside of your vagina so that you can remove the tampon. To avoid infection, change tampons often and do not wear them overnight. Pads are often called “maxi” pads or “mini” pads and can be thick or thin. These are good for when the flow of your period is heaviest. Panty liners, which are very thin, can be used for the end of your period when there is usually very little discharge. Tampons come in different levels of thickness for when your period is heavy or light. Try out different brands and find the ones you like the best.

Most periods last from 3 to 7 days. After your period you may have a day or two of light bleeding, called spotting. This is normal. If you start bleeding regularly between periods, however, see your pediatrician.

Having your period does not mean you have to avoid any of your normal activities like swimming, horseback riding, or gym class. Exercise can even help get rid of cramps and other discomforts that you may feel during your period.

Beginning with their first period, many girls expect their menstrual cycles to occur exactly on schedule. But that rarely happens. During the first year (and sometimes longer) some girls have periods that seem to have no schedule. Cycles can be as short as 3 weeks; others as long as 6 weeks—or sometimes even longer. It may take a while for your periods to become regular (every 3 to 5 weeks). Even after they do become regular, it is not unusual for a girl to miss a period if she is sick, under a lot of stress, exercising heavily, has a poor diet, or is nervous about something. Of course, more than any other reason, pregnancy can cause a girl's period to stop.

Some girls bleed heavier than others during their periods. But don't worry, you won't bleed too much. You have about 5 quarts of blood in your body and you only lose 1 to 3 ounces of it during your period. However, if your period is really heavy (you soak more than 6 to 8 pads or tampons in a single day), talk to your pediatrician.

You may also feel some discomfort before, during, or after your period. Some common symptoms include:

- cramps
- bloating
- soreness or swelling in your breasts
- headaches
- sudden mood changes, such as sadness or irritability
- depression

If you feel your symptoms are severe, talk to your pediatrician. Most of the time, cramping and other symptoms are mild and easy to control. Your pediatrician may suggest some medications or exercises to help you feel better. There are other menstrual problems that require a visit to your pediatrician. If you have any of the following symptoms, contact your pediatrician:

- a sudden change in your period that does not have an obvious cause (like an illness)
- very heavy menstrual bleeding that lasts more than 7 to 10 days
- bleeding between periods
- severe abdominal pain that lasts for more than 2 days and is not early in your period
- you think you might be pregnant
- any other concern you may have that something is wrong with your menstrual cycle

In addition to the many physical changes you will go through during puberty, there are many emotional changes as well. You may start to care more about what other people think about you. You want to be accepted and liked. At this time in your life, your relationships with others may begin to change. Some become more important and some less so. You start to separate more from your parents and identify with others your age. You may begin to make decisions that could affect the rest of your life.

Many people your age feel self-conscious about their changing bodies— too tall, too short, too fat, too skinny. Because puberty causes so many changes, it is hard not to compare what is going on with your body with what is happening to your friends' bodies. Try to keep in mind that everyone goes through puberty differently.

Sex and growing up

During this time, you also become more aware of your sexuality. A look, touch, or just thinking about someone may make your heart beat faster and produce a warm, tingling feeling all over. This is completely normal. You may be asking yourself the following questions:

- “Is it okay to masturbate (touch your genitals for sexual pleasure)?”
- “When should I start dating?”
- “When is it okay to kiss?”
- “How far is too far?”
- “When will I be ready to have sexual intercourse?”
- “Will having sex help my relationship?”

Masturbation is normal and will not harm you. Many boys and girls masturbate, many do not.

Deciding to become sexually active can be very confusing. On one hand, you hear so many warnings and dangers about having sex. On the other hand, movies, TV, magazines, even billboards seem to be telling you that having sex is okay.

As you continue through puberty, you may experience pressure from many sources to have sex. Knowing where the pressures come from will make them much easier to deal with. Pressure to have sex may come from:

- **The media:** Because there are so many images in the media about sex, it is easy to get the idea that having sex is the right thing to do. Sex in movies, TV shows, magazines, and in music is often shown as not having any risks. Do not let these messages fool you. In real life, having sex can be very risky.

- **Your own body:** It is perfectly normal to be interested in sex. After all, growing sexually is what puberty is all about. The sexual urges you feel during puberty can be very powerful. What is most important is to stay in control of these feelings and not let them control you. Keep in mind that sex is not the only way to express how you feel about someone. Taking walks, talking, holding hands, hugging, and touching are great ways to be close to someone you have strong feelings for.

• **Your friends:** It may seem like “everybody’s doing it” or that people who have sex are “cool.” Maybe you feel like you should have sex to be popular and fit in with the group. However, people like to talk about sex and some may want others to believe that they are having sex even when they are not. Someone who does not want to be your friend just because you are not having sex is probably someone who is not worth being friends with anyway. Do not let friends—or anyone—talk you into having sex.

Deciding whether or not to have sexual intercourse is one of the most important decisions you will ever make. Waiting to have sexual intercourse until you are older, in a serious relationship, and able to accept the responsibilities that come along with it is a great idea! You should enjoy being young without having to worry about things like pregnancy and serious diseases.

Deciding to Wait: As you enter into a “dating” relationship, you may think about being more than just friends. You may get the urge to kiss and touch someone you’re dating. But what happens if your date wants to have sex? At that moment, you may be tempted to give in to your feelings right away. But before you make a quick decision, stop and ask yourself the following questions:

- Is this person pressuring me to have sex?
- What will happen after I have sex with this person?
- Am I ready to have sex?

If somebody you’re dating wants to have sex, it doesn’t mean you have to want it, too. Before you act on your feelings, remember that you can be sexual with someone **without** actually having sexual intercourse.

When you are sexual, it can mean:

- Making up romantic and sexy stories
- Touching yourself in places that feel good
- Getting the urge to kiss and touch someone you like

Sexual intercourse is very different than these things. When you choose to have intercourse with someone, you are making a choice that could affect the rest of your life. Your decision to have intercourse with your partner could lead to a pregnancy. Having intercourse also can lead to a sexually transmitted disease (STD), such as AIDS.

The medical and physical reasons why you should not have sexual intercourse at a young age are:

- Having an unwanted pregnancy
- Getting sexually transmitted diseases (STDs) like gonorrhea, syphilis, chlamydia, herpes or genital warts
- Catching the HIV virus that causes AIDS

There also are emotional risks to having sexual intercourse, such as:

- Regretting it when you are older and after you’ve met someone you “truly love”
- Being hurt by a relationship that is based only on sex
- Feeling guilty and scared
- Getting a bad name or reputation

Some of your friends may decide that they want to have intercourse. That’s their business. But don’t let them force you into a decision. You know what’s best for you.

What are your limits?

Once you start dating, it’s important to know what you want from a relationship.

- Think about what you want from a relationship before you make a split-second decision during a date.
- Talk to your parents or your date about your feelings and limits *before* you get too serious.
- Know your limits, and never let someone else talk you into doing something you don’t want to do.

Some boys think that girls should set the limits. Girls also may think that boys will know when to stop. A boy or a girl may try to pressure their date to have intercourse. You both need to understand that forcing someone to have intercourse is not right. If your partner really cares, he or she will respect your feelings and your choice not to have intercourse.

Stick by your decision

Saying NO isn’t always easy. But it’s better to say NO than to be pressured into doing something you’ll regret later. Sometimes it’s twice as hard to say STOP to someone you care about, because you don’t want to hurt your date’s feelings. But if neither one of you stops, you both may regret what can happen next.

You can say NO without hurting your date’s feelings. For example, you might say:

- I like you a lot, but I’m just not ready to have sex.
- You’re really fun to be with, and I wouldn’t want to ruin our relationship with sex.
- You’re a great person, but sex isn’t how I prove I like someone.
- I’d like to wait until I’m married before I have sex.

If you choose to wait to have intercourse, try to avoid situations where you’ll be forced into a decision. Try not to spend all of your time with someone you’re dating, and avoid being alone with your date too often. It’s also not a good idea for you and your friend to “make out together” if you don’t really want intercourse. Be fair to your partner; don’t be a “tease.” It could give your date the wrong idea.

Acquaintance (date) rape is a serious problem for children and teens. This means a person threatens to hurt (assault) you if you don't have intercourse with them. **No matter who threatens you, make sure you tell your parents, your pediatrician, or your teachers if you think you've been assaulted or put in danger.**

Using alcohol or drugs also can cause problems during a date. Both of these affect your judgment, which may make it hard to stick to your decision **not** to have intercourse.

Don't pay attention to the sexual bragging and the dares of your friends or classmates. Decide for yourself. Being liked by your friends may seem more important than what you know is right. You may be tempted to keep up with the crowd, but usually these stories are just made up. If you're having a hard time with your decision, talk to your parents, clergy or your pediatrician.

Young people can wait: People who wait until marriage to have sexual intercourse usually find out that it is:

- Less risky to health
- Easier to act responsibly and take precautions to avoid infections and pregnancy
- More special
- More satisfying
- More accepted by others

Be patient. At some point, you will be ready for sexual intercourse. Move at your own pace, not someone else's. Talk with your parents about their values. Your pediatrician can explain how intercourse affects your body, and why you should wait until you are older. To avoid the risks—and to make intercourse really special in the future—why not just wait for now?

If you do choose to have sex, you need to make plans to prevent pregnancy and avoid catching an STD. Whether you are male or female, **a latex condom should be used every time you have sex to protect yourself from STDs.** However, not having sex is the best way to protect against STDs.

Birth control methods that work best for young women include:

- the birth control pill taken everyday
- a shot of Depo-Provera every 3 months
- Norplant capsules placed under the skin, which last for 5 years

Breast Self-Exam: Once a month, right after your period, you should examine your breasts. Although breast cancer is rare in young women, it usually can be cured if found early, and a breast self-exam is the best way to find it.

Do the following to examine your breasts:

1. Stand in front of your mirror with your arms at your sides and see if there are any changes in the size or shape of your breasts. Look for any puckers or dimples, and press each nipple to see if any fluid comes out. Raise your arm above your head and look for changes in your breasts from this position.
2. Lie down and place a towel or pillow under your right shoulder. Place your right hand under your head. Hold your left hand flat and feel your right breast with little, pressing circles. Think of each breast as a pie divided into 4 pieces. Feel each piece and then feel the center of the "pie" (the nipple area).
3. Now put your right arm down at your side, and do the same thing on the outside of the breast, starting under the armpit.
4. Repeat steps 2 and 3 for the other breast.

Most women have some lumpiness or texture to their breasts; breasts are not just soft tissue. Get to know your breasts, then be alert for any lumps or other changes should they ever appear. Remember, most lumps and changes are not cancerous. However, if you think you have found a lump or notice any other changes, don't press or squeeze it; see your pediatrician.

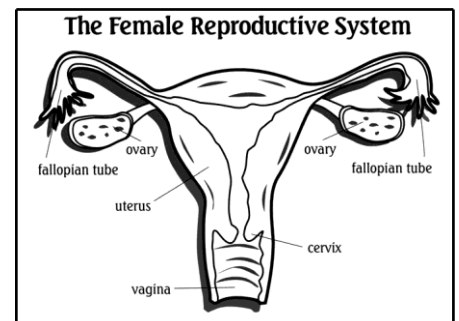
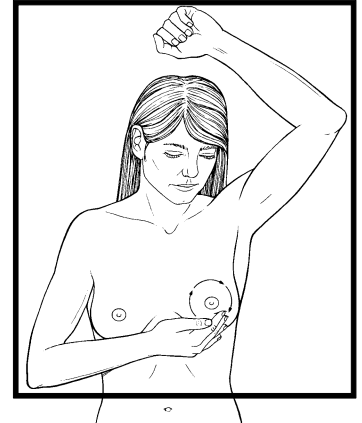
The Pelvic and Breast Exam: A pelvic exam is the best way for your pediatrician to examine your reproductive system, which includes the vagina, cervix, ovaries, fallopian tubes, and uterus (see illustration).

Most young women should have a complete pelvic exam by the end of high school. It should be done earlier than this if the woman is sexually active or has a problem with her reproductive system.

Your pediatrician, prior to your breast and pelvic exam, will ask you about your sexual experiences. This is so your doctor can get to know you and help you to protect your health, so giving honest answers is important.

The information you give to your pediatrician is confidential and will not be discussed with anyone else without your permission (unless it is something life threatening). The questions may include:

- Have you ever had sexual intercourse?
- How old were you the first time you had sex?
- How many sexual partners have you had?



- What do you use to prevent pregnancy and infection?

Your answers to these questions help your pediatrician decide what services you need.

The exam: Your pediatrician will tell you what he or she is going to do at each step of the exam. If you have any questions or feel uncomfortable, just let your pediatrician know. You may request that your mother, older sister, or friend join you if it makes you more at ease. You may also request that no one, other than the doctor, be in the room during the exam. When your pediatrician comes into the room, he or she will ask you to lie down on the examining table for the breast examination. He or she will feel each breast for lumps, sores, or swelling. Be sure to tell your pediatrician if your breasts are sore in any way or if you have had any fluid leaking from your breasts.

After the breast examination, your pediatrician will check your abdomen and then do the pelvic exam. The entire pelvic exam only takes about 5 minutes. It can be done even if you have never had sexual intercourse, because the opening that allows your period blood out is large enough to allow examination. Some young women who have not had intercourse worry that having a pelvic exam will mean they are no longer virgins. You should not worry about this; the pelvic exam does not change whether or not you are a virgin. Also, the pelvic exam is not a “test” to see if you are a virgin.

The pelvic examination has three parts. In the *first* part, the pediatrician will use a light to look at the outside of your vagina and surrounding areas to make sure everything looks normal. During the *second* part, the pediatrician will look inside your vagina. Your pediatrician will use an instrument called a speculum to see inside. It will be made of disposable plastic or sterilized metal. The speculum will be gently inserted into your vagina. You will feel some pressure, but it should not hurt. Taking deep breaths and trying not to tense up will help relax your vagina muscles and make this part of the test easier. While the speculum is in place, your pediatrician will take a sample of cells from the cervix. This is called a Pap smear. The Pap smear is a test for infections or abnormalities of the cervix, and you should not even feel it. The speculum will then be removed.

In the *third* part of the pelvic exam, the pediatrician feels your uterus and ovaries to check their size and see if they are tender. This is done by the pediatrician gently inserting one or two gloved fingers into your vagina and pressing on the outside of your abdomen with the other hand.

That’s it! Most patients are surprised when their first pelvic exam is over, it really is quick.

Gays, Lesbians, and Bisexual Teens: Facts for Teens and Their Parents.

It is important for everyone to understand more about the diversity in people’s sexual orientation. If you are a teenager, this brochure provides information to help as you discover more about yourself, your friends, and your place in the world. Many adults remember their teenage years as the time when they first began to wonder about their sexual orientation. We live in a society that is not always accepting of gay, lesbian, and bisexual people, dealing with the possibility that they may be gay can be a very difficult thing for teens. Many young people go through an anxious stage during which they wonder, “Am I gay?” It is normal to feel this way as your sexual identity is taking shape. Maybe you feel attracted to someone of the same gender or you have had some same-sex activity. This is common and does not necessarily mean that you are gay, lesbian, or bisexual. Sexual orientation develops as you grow and experience new things. It may take time to figure it all out. Do not worry if you are not sure. If over time you find you feel romantic attraction to members of the same sex, and these feelings continue to grow stronger as you get older, you probably are gay or bisexual. It is not a bad thing, it is just who you are.

Definitions

Gay (or homosexual): People who have sexual and/or romantic feelings for people of the same gender. Men are attracted to men and women are attracted to women.

Lesbian: Gay woman.

Straight (or heterosexual): People who have sexual and/or romantic feelings for people of the opposite gender. Men are attracted to women and women are attracted to men.

Bisexual (or bi): People who have sexual and/or romantic feelings for both men and women.

Sexual orientation: How an individual is physically and emotionally attracted to other males and females.

You are not alone: Some estimates say that about 10% of the population is gay. You cannot tell by looking at people whether they are gay. Gay people are all shapes, sizes, and ages. They have many types of racial and ethnic backgrounds. Pay no attention to stereotypes. Just because a boy has some feminine qualities or a girl acts somewhat masculine does not mean that he or she is gay. Most gay males and females look and act just like their straight peers.

“Am I normal?” First, homosexuality is not a mental disorder. The American Psychiatric Association confirmed this in 1974. The American Psychological Association and the American Academy of Pediatrics agree that homosexuality is not an illness or disorder, but a form of sexual expression. No one knows what causes a person to be gay, bisexual, or straight. There probably are a number of factors. Some may be biological. Others may be psychological. The reasons can vary from one person to another. The fact is, you do not choose to be gay, bisexual, or straight.

Talking about sexual orientation: Most people find that it is hard to start talking about their sexual feelings and attractions, but in the long run it feels better if you do not keep these important feelings a secret. You do not have to *know* that you are lesbian, gay, or bisexual before you talk to people about your feelings. Remember that the process of sharing what you are feeling is different for every person. Start with people you trust the most. This may include the following:

- Close friends or family members
- Gay, lesbian, or bisexual friends
- Your pediatrician, a teacher, school counselor, coach, or other adult mentor

- A minister, priest, rabbi, or spiritual advisor

The important thing is to find someone you trust with whom you can talk about your thoughts and worries.

Coming out: Because of the negative feelings some people have about homosexuality, “coming out of the closet,” or revealing your sexual orientation, can be difficult. Some people wrestle with revealing their identity for years before finally deciding to do so. Others keep their sexual orientation a secret for their entire lives. Talk to other gay friends about their “coming out” experiences. This may help you know what to expect. Gay youth organizations also can be a great source of support. If you do know that you are gay, lesbian, or bisexual, do not feel pressured to “come out” before you are ready. On the other hand, keeping your identity a secret can be a burden. It is up to you to decide the best time to share your sexual orientation with your family and friends. Telling your family and friends that you are gay probably will not be easy. Your family may respond well. But most parents picture a traditional future for their child. News that their child is gay may require them to rethink a whole new future.

Choose a good time and place to tell your family. If this information comes out during a family conflict or crisis, it may be even harder for your parents to accept it. Be prepared for a variety of reactions including shock, denial, anger, guilt, sadness, and even rejection. Remember, you have had time to accept your identity. Give your family and friends time, too. Keep in mind that you can help them by being open, honest, and patient. Often family and friends will be relieved that you have helped them to understand you better. Whether right away, or after some time, they may be happy to help you sort out your sexual orientation and how it affects your life.

A message to parents: when your teenager is gay, lesbian, or bisexual

Each year some parents learn that their son or daughter is gay, lesbian, or bisexual. This news is sometimes difficult. Most parents dream that their child’s future will include a traditional marriage and grandchildren. Keep in mind that your son or daughter still can find lifelong companionship and become a parent.

Parents also often have to deal with their own guilt. They may ask themselves questions like, “Did I do anything to cause this?” “Should we have done something differently when he was a child?” “Is it my fault?” Questions like these are common, but do not help.

Rejecting your child also is not a good response. When gay, lesbian, and bisexual teens make their sexual orientation known, some families reject them. Perhaps that is how you think you would react. But that is the wrong response. It may be very difficult for your teenager to come to terms with her or his sexuality. Your child may find it devastating if you reject her or him at the same time. Your child needs you very much!

So take a deep breath and think. Take a little time to come to grips with your child’s sexual orientation. You may need to readjust your dreams for your child’s future. You may have to deal with your own negative stereotypes of gay, lesbian, and bisexual people. But you must not reject your teenager for his or her sexual orientation. He or she is still your child and needs your love and support.

Many parents find that it helps to talk to other parents whose children are lesbian, gay, or bisexual. Check the end of this brochure for information about support groups for parents.

Your teenager did not choose to be gay, lesbian, or bisexual. Accept her or him and be there to help with any problems that arise. Your pediatrician may be able to help you with this new challenge or suggest a referral for counseling.

Talking to Your Teen about Sex and Drugs (Guidelines for Parents):

Teens today need information about sex more than ever, and you are still the best source for that information. The American Academy of Pediatrics offers the following tips to help you talk to your teen about this important and sensitive subject.

Studies show that children who learn about sex from friends instead of their parents are more likely to have sex before marriage. They are also more likely to have sex at a young age, and to have more than one sexual partner before marriage. You can have a great effect on your child by talking to him about sex at a young age.

What should I tell my teen about sex?

- The basics of sexual “plumbing,” that is, the names and functions of male and female sex organs
- The purpose and meaning of puberty (moving into young womanhood or young manhood)
- The function of the menstrual cycle (period)
- What sexual intercourse is and how women become pregnant

You should begin to talk to your teen about the social and emotional aspects of sex, and about your values.

You will want to deal with issues that help your teenager answer questions like these:

- “When should I start dating?”
- “When is it okay to kiss a boy (or a girl)?”
- “How far is too far?”
- “How will I know when I’m ready to have sex?”
- “Won’t having sex help me keep my boyfriend (or girlfriend)?”

You should answer your teen’s questions based on your own value system—even if you think your values are old-fashioned by today’s standards. If you feel strongly that sex before marriage is wrong, you should tell your teenager that, but be sure to explain why you feel that way. If you explain the reasons for your beliefs, your teen is more likely to understand and adopt your values.

You also need to listen to what your teenager is saying. Find out what she knows about sex and try to answer her questions as clearly and directly as possible.

Other important topics to address are:

- **Resisting pressure to have sex:** Teens face a lot of peer pressure to have sex. If your teenager is not ready to have sex, she may feel left out. Help her understand that many teenagers decide to wait to have sex.
- **Sexually transmitted diseases (STDs) and how to prevent them:** Teenagers need to know that having sex exposes them to the risk of sexually transmitted diseases. Your teen should also know that AIDS is a leading cause of death in young people, aged 15 to 24. These young people were probably infected with HIV when they were teenagers. The only sure way to prevent STDs is not to have sex. Explain to your teen that if she chooses to have sex, using a latex condom every time is the only proven way to lower the risk of getting STDs. Be sure to explain that even condoms do not eliminate the risk.
- **Birth Control:** Even if you have made it clear that you would prefer that your teenager wait to have sex, your teen still needs basic information about birth control. (Both girls and boys need to know about birth control.) Your teen may decide to have sex despite your wishes. Without birth control information, an unplanned pregnancy might result. Be sure to explain that birth control pills, shots (Depo-Provera), and implants (Norplant) only prevent pregnancy. They do not protect against sexually transmitted diseases. Only latex condoms protect against STDs, including HIV/AIDS. Both condoms and another reliable birth control method need to be used each time.
- **Acquaintance (date) rape:** Acquaintance rape is a serious problem for teens. It happens when a person your teenager knows (for example, a date, friend, or neighbor) forces her (or him) to have sex. Make sure your teenager understands that “no always means no.” Discuss with your teen that avoiding drugs and alcohol may make date rape less likely to happen.
- **Forms of sexuality (heterosexuality, homosexuality, bisexuality):** This is a difficult topic for many parents. However, your teen probably has many questions about the different forms human sexuality can take. Many young people go through a stage when they wonder, “Am I gay?” It often happens when a teenager realizes that he is attracted to a friend of the same sex, or that he has a crush on a teacher of the same sex. This is normal and does not mean your teenager is gay or bisexual. Sexual identity may not be firmly set until adulthood. You should also let your teen know that if he is gay or bisexual, you will not reject him.

When talking about sex with your teen is difficult

Talking about sex with your teenager may be a hard thing to do. Perhaps you find it embarrassing to talk about sex. Maybe you think talking about it will make your teen want to have sex. Maybe your teen does not seem to want to talk to you about sex.

Don't worry. Many parents find talking about sex with their children hard. Sex is a very personal and private matter. If talking about sex is hard for you, try these tips:

- Be honest. Explain your discomfort to your teenager. Let her know that talking about sex is not easy for you—perhaps because of your own background—but that you think it is important for her to get her information about sex from you.
- If certain subjects make you uncomfortable, try speaking slowly, calmly, and coolly.
- Practice with your spouse or partner, a friend, or another parent. Knowing what you want to say and going over the words may make it easier to talk about sex with your teen when the time comes.
- If you just cannot talk to your teen about sex, ask your pediatrician to provide her with sex-related information. A trusted aunt or uncle, or a minister, priest, or rabbi may also be able to help. Finally, many parents find it useful to give their teenagers a book on human sexuality.

“Won't talking about sex with my son make him want to have sex?”

Parents often fear that even talking about sex may make it seem exciting to their children and make them want to try it. Teenagers are curious about sex, whether you talk to them about it or not. Studies show that teens whose parents talk openly about sex are actually more responsible in their sexual behavior.

Your guidance is important. It will help your teen make difficult decisions about sex, and it may make it less likely that he or she will be exposed to STDs or have an unplanned pregnancy. Teenagers who have poor information about sex (usually those who learn about sex from friends) or who have no information at all are the most likely to get into trouble.

“I want to talk to my teenager about sex, but every time I try to start a conversation, she just stares at me.”

It is not always easy to talk to your teenager about anything, let alone something as private and difficult as sex. Your teen may be embarrassed to talk to you about sex. She may fear that if she opens up to you about sex, you might use what she says against her later. She may also feel that what she thinks about sex is none of your business.

Teenagers do need privacy. However, they also need information and guidance from parents. Try to strike a balance. Let your teen know that while you would prefer that she would accept your values, she will have to make her own sexual decisions. Give your teenager a chance to share what she thinks and to ask questions. If your teen does not say anything when you try to talk about sex, say what you have to say anyway. Your message will get through. If your teen disagrees with what you have to say or gets angry, take heart. This means that she has at least heard what you have said. These talks will help your teenager learn to think about her actions. They will also help her develop a solid value system, even if it is different from your own.

Substance Abuse Prevention:

The use of tobacco, alcohol, and other drugs is one of the biggest problems facing young people today. Your pediatrician cares very much about you and your family, and wants to help if there are problems in any area—especially if you have concerns about substance abuse.

Much of what children learn about drugs comes from parents. Take a few minutes to answer the following questions about your feelings and behaviors about tobacco, alcohol, and other drugs.

- Do you usually offer alcoholic drinks to friends and family when they come to your home?
- Do you frequently take medicine for minor aches and pains or if you are feeling sad or nervous?
- Do you take sleeping pills to fall asleep?
- Do you use alcohol or any other drug in a way that you would not want your child to?
- Do you smoke cigarettes?
- Are you proud about how much you can drink?
- Do you make jokes about getting drunk or using drugs?
- Do you go to parties that involve a lot of drinking?
- Do you drink and drive or ride with drivers who have been drinking?
- Has your child ever seen you drunk?
- Do you let minors drink alcohol in your home?

Tell your child exactly how you expect her to respond if someone offers her drugs:

- Ask questions (“What is it?” “Where did you get it?”)
- Say no firmly.
- Give reasons (“No thanks, I’m not into that.”)
- Suggest other things to do (go to a movie, the mall, or play a game)
- Leave (go home, go to class, join other friends)

Parents can also help their children choose not to use tobacco, alcohol, and other drugs in these ways:

- Build your child’s self-esteem with praise and support for decisions. A strong sense of self-worth will help your child to say no to tobacco, alcohol, and other drugs and mean it.
- Gradually allow your child to make more decisions alone. Making a few mistakes is a normal part of growing up, so try not to be too critical when your child makes a mistake.
- Listen to what your child says. Pay attention, and be helpful during periods of loneliness or doubt.
- Offer advice about handling strong emotions and feelings. Help your child cope with emotions by letting her know that feelings will change. Explain that mood swings are not really bad, and they won’t last forever. Model how to control mental pain or tension without the use of tobacco, alcohol, or other drugs.
- Plan to discuss a wide variety of topics with your child including alcohol, tobacco, and other drugs and the need for peer-group acceptance. Young people who don’t know the facts about tobacco, alcohol, and other drugs are at greater risk of trying them.
- Encourage fun and worthwhile outside things to do; avoid turning too much of your child’s leisure time into chores.
- Be a good role model by avoiding tobacco, alcohol, or other drugs yourself. You’re the best role model for your child. Make a stand against drug issues—your child will listen.

Your pediatrician understands that good communication between parents and children is one of the best ways to prevent drug use. If talking to your child becomes a problem, your pediatrician may provide the key to opening the lines of communication.

If your teen is giving a party:

- **Plan in advance.** Go over party plans with your teen. Encourage your teen to plan some organized group activities or games.
- **Keep parties small.** 10 to 15 teens for each adult. Make sure at least one adult is present at all times. Ask other parents to come over to help you if you need it.
- **Set a guest list.** The party should be for invited guests only. No “crashers” allowed. This will help avoid the “open party” situation.
- **Set a time limit.** Set starting and ending times for the party. Check local curfew laws to determine an ending time.
- Substance Abuse Prevention

Part I What Every Parent Needs To Know

- **Set party “rules.”** Discuss them with your teen before the party. Rules should include the following:
 - ✓ No tobacco, alcohol, or other drugs.
 - ✓ No one can leave the party and then return.
 - ✓ Lights are left on at all times.
 - ✓ Certain rooms of the house are off-limits.
- **Know your responsibilities.** Remember, you are legally responsible for anything that happens to a minor who has been served alcohol or other drugs in your home. Help your child feel responsible for this as well. Guests who bring tobacco, alcohol, or other drugs to the party should be asked to leave. Be ready to call the parents of anyone who comes to the party intoxicated to make sure they get safely home.
- **Be there, but not square.** Pick out a spot where you can see what is going on without being in the way. You can also help serve snacks and beverages.

If your teen is going to a party:

- **Call the host's parent** to verify the party and offer any help. Make sure a parent will be at the party and that tobacco, alcohol, and other drugs will not be allowed.
- **Know where your child is going.** Have the phone number and address of the party. Ask your teen to call you if the location of the party changes. Be sure to let your child know where you will be during the party.
- **Make sure your teen has a way to get home from the party.** Make it easy for your child to leave a party by making it clear that he can call at any time for a ride home. Discuss why he might need to make such a call. Remind your teen NEVER to ride home with a driver who has been drinking.
- **Be up to greet your child when he comes home.** This can be a good way to check the time and talk about the evening.

Talk to your teen about safe partying

Maybe your teen has been to parties where there were tobacco, alcohol, and other drugs. Maybe he tried them. Maybe after using them your teen did something stupid, something he wouldn't normally do.

It's hard for people to stay safe when they aren't thinking clearly. How can teens keep a clear head and still have fun?

Give them the following suggestions for staying safe while having a good time:

- Hang out with people who don't smoke, drink, or use other drugs.
- Plan not to smoke, drink, or use other drugs. Do whatever it takes to help you remember.
- Use the "buddy system"—team up with a friend. Use a code word to remind each other when it's time to leave a party.

Despite your best efforts, your teen may still abuse drugs. Some warning signs of drug use are:

- Smell of alcohol, smoke, or other chemicals on your child's breath or clothing
- Obvious intoxication, dizziness, or bizarre behavior
- Change in dress, appearance, and grooming
- Change in choice of friends
- Frequent arguments, sudden mood changes, and unexplained violent actions
- Change in eating and sleeping patterns
- Skipping school
- Failing grades
- Runaway and delinquent behavior
- Suicide attempts

If you suspect your child is using drugs:

Talk to friends, relatives, teachers, employers, and others who know your child. Get their impressions as to how she is doing before you confront your child. If others are concerned, this may make you more comfortable in your decision to talk to your child. Always choose a time when your child is awake, alert, and receptive to talking. Avoid interruptions, maintain privacy, and keep your wits about you.

Send loving messages, for example:

- "I love you too much to let you hurt yourself."
- "I know other people your age use drugs, but I can't let you continue to behave this way."
- "We'll do anything we can to help you. If tobacco, alcohol, or other drugs are part of the problem, we must talk about it right away."
- "If you are sad, upset, or mad, we want to help you. But our family will not permit any use of tobacco, alcohol, or other drugs."

Don't be critical (avoid these statements):

- "There's only one reason you could be acting this way—you must be on drugs."
- "Don't think you are fooling me. I know what you are doing."
- "How could you be so stupid as to start using drugs and alcohol?"
- "How could you do this to our family?"
- "Where did I go wrong? What did I do to make you start using tobacco, alcohol, and other drugs?"

Remember, if your child is using drugs, she needs your help. Don't be afraid to be a strong parent! However, the problem could become too much for you to handle alone. Don't hesitate to seek professional help, such as your pediatrician, a counselor, support group, or treatment program.

HPV VACCINE (HUMAN PAPILOMAVIRUS) VACCINE:

Genital human papillomavirus (HPV) is the most common sexually transmitted virus in the United States.

There are about 40 types of HPV. About 20 million people in the U.S. are infected, and about 6.2 million more get infected each year. HPV is spread through sexual contact. Most HPV infections don't cause any symptoms, and go away on their own. But HPV is important mainly because it can cause **cervical cancer** in women. Every year in the U.S. about 10,000 women get cervical cancer and 3,700 die from it. It is the 2nd leading cause of cancer deaths among women around the world. HPV is also associated with several less common types of cancer in both men and women. It can also cause genital warts and warts in the upper respiratory tract. More than 50% of sexually active men and women are infected with HPV at sometime in their lives. There is no treatment for HPV infection, but the conditions it causes can be treated.

Why get vaccinated?

HPV vaccine is an inactivated (not live) vaccine which protects against 4 major types of HPV.

These include 2 types that cause about 70% of cervical cancer and 2 types that cause about 90% of genital warts. **HPV vaccine can prevent most genital warts and most cases of cervical cancer.**

Protection from HPV vaccine is expected to be long-lasting. But vaccinated women still need cervical cancer screening because the vaccine does not protect against all HPV types that cause cervical cancer.

Routine Vaccination: HPV vaccine is routinely recommended for teenagers **11-12 years of age.**

- 1st Dose: Now
- 2nd Dose: 2 months after Dose 1
- 3rd Dose: 6 months after Dose 1

Why is HPV vaccine given to teens at this age?

It is important for girls to get HPV vaccine **before** their first sexual contact – because they have not been exposed to HPV. For these girls, the vaccine can prevent almost 100% of disease caused by the 4 types of HPV targeted by the vaccine. However, if a girl or woman is already infected with a type of HPV, the vaccine will not prevent disease from that type. HPV vaccine may be given at the same time as other vaccines.

Some teens should not get HPV vaccine or should wait

- Anyone who has ever had a life-threatening **allergic reaction to yeast, to any other component of HPV vaccine, or to a previous dose of HPV vaccine** should not get the vaccine. Tell your doctor if the person getting the vaccine has any severe allergies.
- People who are pregnant or mildly ill when the shot is scheduled can still get HPV vaccine. People with **moderate or severe illnesses** should wait until they deliver or recover.

What are the risks from HPV vaccine? HPV vaccine does not appear to cause any serious side effects.

However, a vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of **any** vaccine causing serious harm, or death, is extremely small. Several **mild problems** may occur with HPV vaccine:

- Pain at the injection site (about 8 people in 10)
- Redness or swelling at the injection site (about 1 person in 4)
- Mild fever (100°F) (about 1 person in 10)
- Itching at the injection site (about 1 person in 30)
- Moderate fever (102°F) (about 1 person in 65)

These symptoms do not last long and go away on their own. Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

Like all vaccines, HPV vaccine will continue to be monitored for unusual or severe problems.

MENINGOCOCCAL VACCINES: What you need to know:

What is meningococcal disease? Meningococcal disease is a serious illness, caused by bacteria. It is a leading cause of bacterial meningitis in children 2 -18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes. Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories have an increased risk of getting meningococcal disease. Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

Meningococcal vaccine

Two meningococcal vaccines are available in the U.S. Your child will receive the **Meningococcal conjugate vaccine (MCV4). Meningococcal conjugate vaccine (MCV4)** was licensed in 2005.

This vaccine can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine. Both vaccines work well, and protect about 90% of those who get it. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

Who should get meningococcal vaccine and when?

MCV4 is recommended for all children at their first routine adolescent visit (11-12 years of age). For those who have never gotten MCV4 previously, a dose is recommended at high school entry.

Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your provider if you have any severe allergies.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your provider. People with a **mild illness** can usually get the vaccine.
- Anyone who has ever had **Guillain-Barré Syndrome** should talk with their provider before getting MCV4.

- Meningococcal vaccines may be given at the same time as other vaccines.

What are the risks from meningococcal vaccines? A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems: Up to half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4. A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A serious nervous system disorder called **Guillain-Barré Syndrome** (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) VACCINE

Why get vaccinated?

Tdap (Tetanus, Diphtheria, Pertussis) vaccine provide can that protect adolescents and adults against three serious diseases.

Tetanus, diphtheria, and pertussis are all caused by bacteria. Diphtheria and Pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

TETANUS (Lockjaw) causes painful muscle spasms, usually all over the body.

- **It can lead to** “locking” of the jaw muscles so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 cases out of 10.

DIPHTHERIA causes a thick covering in the back of the throat.

- **It can lead to** breathing problems, paralysis, heart failure, and even death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep.

- **It can lead to** weight loss, incontinence, rib fractures and passing out from violent coughing, pneumonia, and hospitalization due to complications.

In 2004 there were more than 25,000 cases of pertussis in the U.S. More than 8,000 cases among adolescents and more than 7,000 were among adults. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications.

- **Tdap** was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.

Who should get Tdap vaccine and when?

Adolescents 11 through 18 years of age should get one booster dose of Tdap.

- A dose of Tdap is recommended for **adolescents who got DTaP or DTP as children** and have not yet gotten a dose of Td. The preferred age is 11-12.
- **Adolescents who have already gotten a booster dose of Td** are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
- **Adolescents who did not get all their scheduled doses of DTaP or DTP** as children should complete the series using a combination of Td and Tdap.

What are the risks from Tdap vaccine? A vaccine, like any medication, could possibly cause serious problems, such as severe allergic reactions. However the risk of a vaccine causing a serious harm, or death, is extremely small.

If rare reactions occur with any new product, they may not be identified until many thousands, or even millions, of people have used the product. Like all vaccines, Tdap is being closely monitored for unusual or severe problems. Clinical trials (testing before the vaccine was licensed) involved about 2,400 adolescents and about 1,800 adults. The following problems were reported. These are similar to problems reported after Td vaccine.

Mild Problems (Noticeable, but did not interfere with activities)

- Pain (about 3 in 4 adolescents and 2 in 3 adults)
- Redness or swelling (about 1 in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
- Headache (about 4 in 10 adolescents and 3 in 10 adults)
- Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents and 1 in 10 adults)
- Other mild problems reported include chills, body aches, sore joints, rash, swollen lymph glands

Moderate Problems (Interfered with activities, but did not require medical attention)

- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
- Redness or swelling (up to about 1 in 16 adolescents and 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 100 adults)
- Headache (1 in 300)

Severe Problems (Unable to perform usual activities; required medical attention)

- None were seen among adolescents.
- In the adult clinical trial, two adults had nervous system problems after getting the vaccine. These may or may not have been caused by the vaccine. They went away on their own and did not cause permanent harm.
- A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

A person who gets these diseases is much more likely to have severe complications than a person who gets Tdap vaccine.

What if there is a severe reaction to HPV, MCV4 or Tdap?**What should I look for?**

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

The National Vaccine Injury Compensation Program: In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed. For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at

www.hrsa.gov/vaccinecompensation.

How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's National Immunization website at www.cdc.gov/nip.

Next Visit: We recommend your child have an annual physical.