

munised against tetanus. This is extremely important, for it determines the type of treatment the doctor will administer.

You should also tell your child, as soon as he can understand, that he has been immunised against tetanus. This will insure that if your child requires medical attention urgently and you are not on hand, he can inform the doctor.

Good training is to tell your child the value of immunisation, when he needs the next booster, and ask him to remind you the date it falls due.

Summing Up

- Immunisation has been proved to be safe, simple, and reliable.
- Young children can now be protected against diphtheria, whooping cough and tetanus.
- Children aged 4 or more, who have not been previously immunised, should be protected against diphtheria and tetanus.
- Those who have been previously immunised against diphtheria require a "booster" at intervals, and should, at the same time, be protected against tetanus.
- Those who have been immunised against both diphtheria and tetanus require a booster a few years later, to afford full protection.
- "Booster" doses, to maintain an adequate level of immunity, are essential.

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- Don't believe those people who tell you immunisation is not necessary. Official figures tell the true story.
- Defeat the enemies of your children's health by following the immunisation plan.
- Remember to tell the doctor that your child has been or is being immunised against tetanus.
- Train your child to remember that he has been or is being immunised against tetanus.

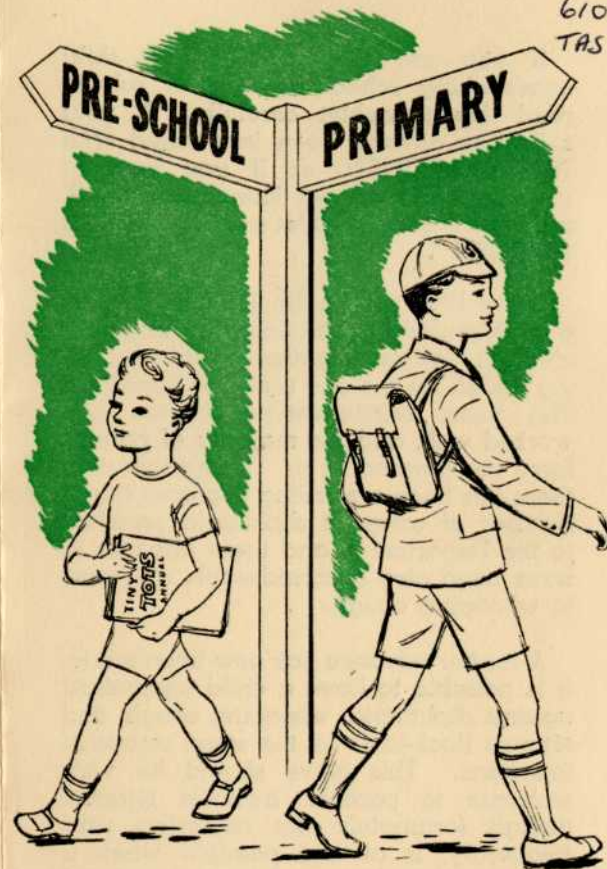
Please read it again
and
act accordingly

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Immunise them
against

DIPHTHERIA
TETANUS

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If you are the parent of a child approaching school age, or at school, read this pamphlet carefully. If your child has already been immunised with TRIPLE ANTIGEN, or if you have a younger child not yet immunised at all, read our other pamphlet entitled "TRIPLE ANTIGEN".

Since 1948 the Health Department has recommended the immunisation of young children against diphtheria and whooping cough by the one series of injections. The mass immunisation scheme has worked well, and the majority of parents have co-operated in it. During this time there has been a startling decrease in the number of cases of diphtheria reported to the Department, and there appears to have been also a considerable decrease in whooping cough.

A further advance has now been made. It is possible to have a child immunised against diphtheria, whooping cough, and tetanus (lock-jaw) by the same course of injections. This news should be very welcome to parents, because tetanus, though fortunately not occurring very frequently, is always possible when a wound, particularly a deep or punctured wound, becomes contaminated with garden soil or manure. The risk of contracting tetanus is one to which children are always particularly prone, and, as it is always a very serious disease, and frequently fatal, the opportunity to immunise children against it should not be missed.

In future young children will have the opportunity to be immunised against diphtheria, whooping cough and tetanus. It has been found that it is not necessary to immunise older children against

whooping cough; and these children will be given protection against diphtheria and tetanus. Even with the best possible co-operation it will be some years before the majority of children entering school will have been immunised against all three diseases in infancy. In the meantime, there will be a large number of children approaching school age, or actually in school, who either were immunised under the old scheme, or who have not been immunised at all. This pamphlet explains exactly how to give these children the greatest possible protection.

Children who have not been Immunised

Infants should be immunised against diphtheria, whooping cough, and tetanus. Full details are given in the Department's pamphlet on triple antigen.

Children who have attained the age of 4 years or more should receive a course of injections against diphtheria and tetanus. If the product prepared by Commonwealth Serum Laboratories is used, this course will consist of:—

- (a) 1st injection, at commencement of course;
- (b) 2nd injection, 6-8 weeks after (a);
- (c) 3rd injection, 12 months after (b).

Children who have been Immunised

If your child has already been immunised against diphtheria and whooping cough, it will require a booster against

diphtheria about four years after the end of the original course. You are advised to have your child immunised against tetanus at this time. The first injection for immunisation against tetanus can be combined with the booster against diphtheria. Two more injections against tetanus will be needed, one six weeks after the first injection and the other 12 months later.

If your child has already been immunised against diphtheria alone, it will require a booster against diphtheria, and a full course of injections against tetanus, as set out above.

If your child has already been immunised against whooping cough alone, or has had whooping cough, it will require a complete course of immunisation against diphtheria and tetanus.

This will consist of three injections:—

- (a) 1st injection at commencement of course;
- (b) 2nd injection, 6-8 weeks after (a);
- (c) 3rd injection, 12 months after (b).

It is advisable that your child have another booster about five years later. If your doctor uses one of the proprietary preparations, instead of the Commonwealth Serum Laboratory product, the timetable may differ slightly from that set out above.

Heed This Advice

Should your child receive a deep punctured wound or be involved in an accident resulting in deep cuts and abrasions, be sure to tell the doctor attending him that your child has been or is being im-