

# Measles Vaccination

Form inside



## Action required!

You are receiving this brochure because you or your child are targeted by the measles vaccination. Please read this document carefully through to the end, and immediately follow the guidelines that apply to you.

## **VERY IMPORTANT INFORMATION ABOUT MEASLES**

In 2011, Quebec was faced with the biggest epidemic of measles in the Americas since 2002. During this epidemic, nearly 780 cases were declared. The majority of those affected were school age young people between 5 and 19 years old. There were 88 hospitalizations; and complications were reported in 64 cases, 27 of which were cases of pneumonia.

Luckily, no deaths were reported. This major epidemic required a vaccination campaign directed at people in Quebec schools who had not been vaccinated. During the 2001 vaccination operation, several families in Quebec did not return information to document their vaccination status. Because the virus is still in circulation in several countries, an outbreak of measles continues to be a possibility. Consequently, we ask you to read this folder, to complete the attached form and to return it as quickly as possible in order to provide the required information in the event of an outbreak of measles in schools.

## Who is this leaflet for?

- Children of school age (children under 14 must obtain written authorization from their parent or their tutor).
- School staff members

## Are you considered protected against measles?

Look at the table below to check whether you have received the number of doses required to be considered protected against measles.

Year of birth	Number of doses of vaccine* you must have received to be considered protected against measles
Prior to 1970	Population considered protected. No dose necessary.
Between 1970 and 1979	1 dose, on or after the child's first birthday.
Since 1980	2 doses, the first on or after the child's first birthday.

\* For example: antirougeoleux, RRO, MMR, Priorix.

## What should you do?

- Provide the school nurse with proof of vaccination or proof that you or your child has had the disease. She will be able to check whether you or your child are well protected. The proof requested can be:
  - the immunization record;
  - an attestation from a health care professional who has administered the vaccine or treated for measles.
- If there is any doubt or if the proof requested cannot be provided, have yourself or your child vaccinated. There is no risk in receiving another dose of vaccine if you are already protected against measles.
- Return the fully completed form to the program staff at the school, indicating whether you consent to or refuse the vaccination. **You have to complete and return the form for all students and staff even if the vaccination is refused.**

- » Measles is a serious, highly contagious disease that is caught by breathing in the same air as an infected person.
- » Infected people are contagious for four days before and four days after the appearance of the rash.
- » The disease lasts from one to two weeks, and at least one person in ten has to be hospitalized.
- » It can lead to serious complications, such as an infection of the lungs or brain.

## Symptoms of measles

- High fever
- Runny nose
- Red, watery eyes
- Cough
- A red rash on the body

## Who is at risk?

Persons at risk of contracting measles are those who have not been vaccinated or who have not received all their doses of vaccine.

## Why get vaccinated?

- Because there is no specific treatment for measles. (Basic care can be given to relieve the symptoms, for example medication to bring down fever.) The best way of preventing measles remains vaccination.
- Because cases from France and other European countries continue to arrive in Canada. These countries are still highly affected by measles, and we are not sheltered from imported cases. Consequently, there is nothing out of the ordinary in thinking that there will be cases of measles in coming years.
- The number of people vaccinated is currently insufficient to prevent measles from spreading. This means you cannot rely on other people being vaccinated to avoid catching the disease.

- At least one child out of every ten in Québec risks contracting the disease and spreading it to other children at school, or to babies, pregnant women or people who cannot be vaccinated (e.g. someone who has cancer, or who has had an organ transplant).
- Because school is an environment conducive to transmission.

## You can reduce your risk of catching and transmitting measles

### If measles appears at the school

- The authorities will take protection measures.
- Parents must keep a child who has the disease and is still contagious at home. This guideline also applies to all the school's staff and interveners.
- Vaccination will be recommended to members of staff, interveners and students at the school who are not vaccinated and cannot prove they have been vaccinated or have had the disease.

### **Important!**

Depending on how the measles outbreak progresses in the establishment, and in order to protect the health of children and those around them, an unvaccinated person could be removed from school until the end of the outbreak.

Once the person has been vaccinated or supplies proof of vaccination, he or she can return to school.

These measures are necessary and will prevent new cases and reduce transmission of measles in schools.

Efforts to stop the transmission contribute to the health of all.

Everyone who receives this brochure has a responsibility to complete the enclosed form immediately.

# VACCINATION CONSENT OR REFUSAL FORM

## Details of person to be vaccinated

To be completed by a parent or guardian of a child aged under 14, OR by the person if aged 14 or over

LAST NAME AND FIRST NAME AT BIRTH

M  F  
 SEX

YEAR MONTH DAY  
 DATE OF BIRTH

HEALTH INSURANCE NUMBER

YEAR MONTH  
 EXPIRATION DATE

ADDRESS

MUNICIPALITY PROVINCE

POSTAL CODE Daytime telephone number

LAST NAME AND FIRST NAME OF MOTHER

TELEPHONE: HOME WORK

LAST NAME AND FIRST NAME OF FATHER

TELEPHONE: HOME WORK

LAST NAME AND FIRST NAME OF GUARDIAN (IF APPLICABLE)

TELEPHONE: HOME WORK

# INFORMATION ON THE PERSON'S VACCINATION HISTORY

## Person born before 1970

Those born before 1970 are considered to be protected against measles and MUST NOT complete any of the remaining sections of the form.

## Person born in or after 1970

Those born since 1970 must check whether they are adequately vaccinated AND provide proof of this<sup>1</sup>. Otherwise, they must complete the remaining sections of this form.

### FIRST STEP, check which of the following situations applies.

1. The person was born between 1970 and 1979, and received a single dose of measles vaccine on or after his or her first birthday AND can provide proof of this<sup>1</sup>:

Yes  Don't know or cannot interpret the vaccination record  
 No

OR

2. The person was born in or after 1980 and has received two doses of measles vaccine, the first on or after his or her first birthday AND can provide proof of this<sup>1</sup>:

Yes  Don't know or cannot interpret the vaccination record  
 No

OR

3. The person has already had measles AND can provide proof of this<sup>1</sup>:

Yes  No  Don't know

If you answered YES to any of the above situations, the person is considered protected and:

- MUST NOT complete the remaining sections of the form and
- MUST attach proof to this form<sup>1</sup>.

If you answered NO or DON'T KNOW, the person is considered as being not protected against measles:

- you must complete and sign the following sections of the form

<sup>1</sup> VALID PROOF OF VACCINATION

the person's vaccination record, or a photocopy of it; **or** an attestation by a physician or nurse, giving the name of the vaccine and the exact dates (day, month and year) of vaccination; **or** an attestation by a physician certifying that the person has had measles, specifying the date or with an attached copy of the laboratory result.

# MEDICAL HISTORY OF THE PERSON TO BE VACCINATED

(Complete only if you consent to vaccination)

1. Serious allergic reaction following vaccination requiring urgent medical care:

Yes  No

If yes, specify the vaccine: \_\_\_\_\_

2. History of allergy to an antibiotic called neomycin:

Yes  No  Don't know

3. Immune-system problem resulting from a disease (e.g. leukemia) or medication being taken currently (e.g. chemotherapy):

Yes  No

If yes, give details: \_\_\_\_\_

4. Immunoglobulin injection in the past ten months:

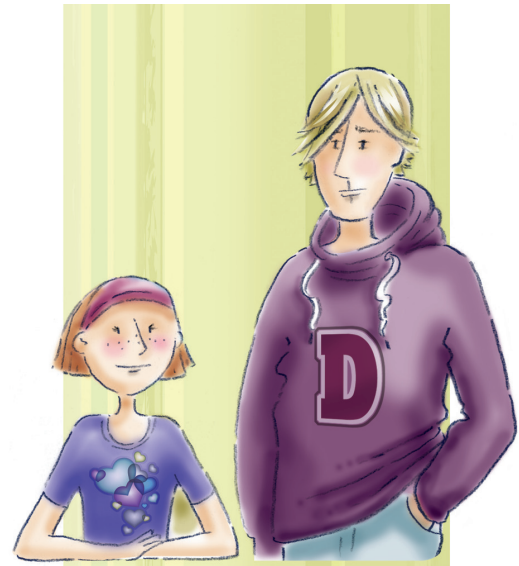
Yes  No

5. Currently pregnant:

Yes  No  Don't know

If you answered YES to any of these questions, a nurse will contact you to assess whether the vaccine can be administered to the person to be vaccinated.

(verso)



Cut and return

## DECISIONS

Vaccination is offered to persons considered as not being protected against measles.

If as a parent or guardian of a child aged under 14, you cannot supply proof that the child has been vaccinated or has had the disease, you must decide on whether your child should be vaccinated.

If you are aged 14 or over, you can consent to receive health care yourself, including vaccination.

The explanations provided below will enable you to make an informed decision.

After reading the information about the Measles, Mumps and Rubella vaccine (MMR), you can either consent to or refuse vaccination by checking the appropriate box. You must then sign to confirm your consent or refusal.

If you consent to vaccination, you must complete the section MEDICAL HISTORY OF THE PERSON TO BE VACCINATED.

I CONSENT to vaccination against Measles, Mumps et Rubella (German measles).

I REFUSE vaccination against Measles, Mumps and Rubella and I understand that depending on how the measles outbreak develops in the establishment and that, in order to protect the health of children and those around them, an unvaccinated person could be removed from school until the end of the outbreak.

## CONSENT OR REFUSAL TO VACCINATION

I CONSENT to vaccination against Measles, Mumps et Rubella (German measles).

I REFUSE vaccination against Measles, Mumps and Rubella and I understand that depending on how the measles outbreak develops in the establishment and that, in order to protect the health of children and those around them, an unvaccinated person could be removed from school until the end of the outbreak.

**X**  
SIGNATURE OF PARENT, GUARDIAN OR PERSON AGED 14 OR OVER

DATE (YEAR / MONTH / DAY)

## FOR CSSS USE

### Reserved for administrative use

#### VACCINATION CENTRE DETAILS

RSS \_\_\_\_\_ CSSS \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

#### TARGET GROUP:

Students  Others

#### FOR STUDENTS, CHECK THE GRADE LEVEL:

Kindergarten  Primary  Secondary  Other

### Details of vaccination

#### FIRST DOSE

Vaccination indicated  Vaccination contraindicated

SPECIFY THE CONTRAINDICATION: \_\_\_\_\_

#### PLACE OF VACCINATION:

School  CSSS  Other

#### NAME OF VACCINE:

M-M-R II  Other, name of vaccine: \_\_\_\_\_

#### ADMINISTERED BY:

S.C.  Dose administered: content of single-dose format

LOT NUMBER \_\_\_\_\_

#### SITE OF ADMINISTRATION:

Right arm  Left arm

DATE (YEAR / MONTH / DAY) \_\_\_\_\_

NOTES \_\_\_\_\_

NURSE'S SIGNATURE \_\_\_\_\_

TIME \_\_\_\_\_

### Form validation

#### NUMBER OF DOSES OF VACCINE TO BE ADMINISTERED:

None  Single dose  Two doses

#### IF NONE:

Adequate proof of vaccination  Disease attestation  
 Positive serology  Refusal of vaccination

#### FORM VALIDATED BY:

\_\_\_\_\_  
NURSE'S SIGNATURE

#### SECOND DOSE (if applicable)

Vaccination indicated  Vaccination contraindicated

SPECIFY THE CONTRAINDICATION: \_\_\_\_\_

#### PLACE OF VACCINATION:

School  CSSS  Other

#### NAME OF VACCINE:

M-M-R II  Other, name of vaccine: \_\_\_\_\_

#### ADMINISTERED BY:

S.C.  Dose administered: content of single-dose format

LOT NUMBER \_\_\_\_\_

#### SITE OF ADMINISTRATION:

Right arm  Left arm

DATE (YEAR / MONTH / DAY) \_\_\_\_\_

NOTES \_\_\_\_\_

NURSE'S SIGNATURE \_\_\_\_\_

TIME \_\_\_\_\_

# MMR VACCINE

## DISEASES

### Combined Measles, Mumps and Rubella (German Measles) Vaccine

#### MEASLES causes:

- Rash
- Cough
- Fever
- Conjunctivitis (pink eye)
- General feeling of illness

#### Possible complications:

- Ear infection (5-9% of cases)
- Pneumonia (1-5% of cases)
- Convulsions
- Permanent brain damage (1 case per 1,000)
- Death (1 case per 3,000)

#### RUBELLA causes:

- Rash
- Swollen glands
- Arthritis (especially in women)

#### Possible complications:

- Miscarriage in pregnant women
- Malformations in an infant whose mother contracted rubella during pregnancy

#### MUMPS causes:

- Fever
- Headache
- Swollen glands near jawbone

#### Possible complications:

- Meningitis (10-30% of cases)
- Deafness
- Testicular infection
- Ovarian infection

In Québec, the combined Measles, Mumps and Rubella (MMR) vaccine is the only measles vaccine available. Those who receive this vaccine are protected against all three diseases and their complications. If you are already protected against these three diseases, receiving the vaccine again carries no risk.

## Vaccine

Vaccination is the best way to protect against measles, mumps and rubella, and their complications. The vaccine gives lifelong protection. Children receive the MMR combined with the chickenpox vaccine at 12 months. A 2<sup>nd</sup> dose of MMR vaccine is given at 18 months.

The MMR vaccine is safe. Most reactions are harmless and do not last long. Symptoms experienced are not necessarily caused by the vaccine.

Women who are vaccinated should wait for one month after vaccination before attempting to become pregnant.

As with any drug or biological product, an allergic reaction may occur. If a severe allergic reaction occurs, it begins within minutes and the person administering the vaccine will be able to treat it. That is why you should not leave for at least 15 minutes after the vaccine is administered.

## REACTIONS

#### Possible REACTIONS to the vaccine:

- Swelling, redness or pain at the injection site (1-9%)
- Mild fever (10-49%) and a non-contagious rash (1-9%) between the 5<sup>th</sup> and 12<sup>th</sup> day after vaccination
- High fever (1-9%), chills (1 to 9 per 1,000) and convulsions (1 to 9 per 10,000)
- Irritability, drowsiness, conjunctivitis and diarrhea (1-9%)
- Joint pain (1-9% of children, 10-49% of adults)
- Swollen ganglions and glands near jawbone (1 to 9 per 1,000)
- Temporary drop in the number of blood cells that help clotting (1 to 9 per 100,000)
- Neurological problems (less than 1 per 1 million)

#### What to do:

- Apply a cold, damp compress to the injection site
- Take acetaminophen or ibuprofen for temperature of 38.5°C or higher
- See a doctor if symptoms are severe



**For more information on the disease or the vaccine, consult:**

- the school nurse;
- a health professional;
- the website of the Ministère de la Santé et des Services sociaux at [www.msss.gouv.qc.ca/vaccination](http://www.msss.gouv.qc.ca/vaccination);
- Info-Santé telephone service at 8-1-1.

[msss.gouv.qc.ca/vaccination](http://msss.gouv.qc.ca/vaccination)

**Santé  
et Services sociaux**

**Québec**

