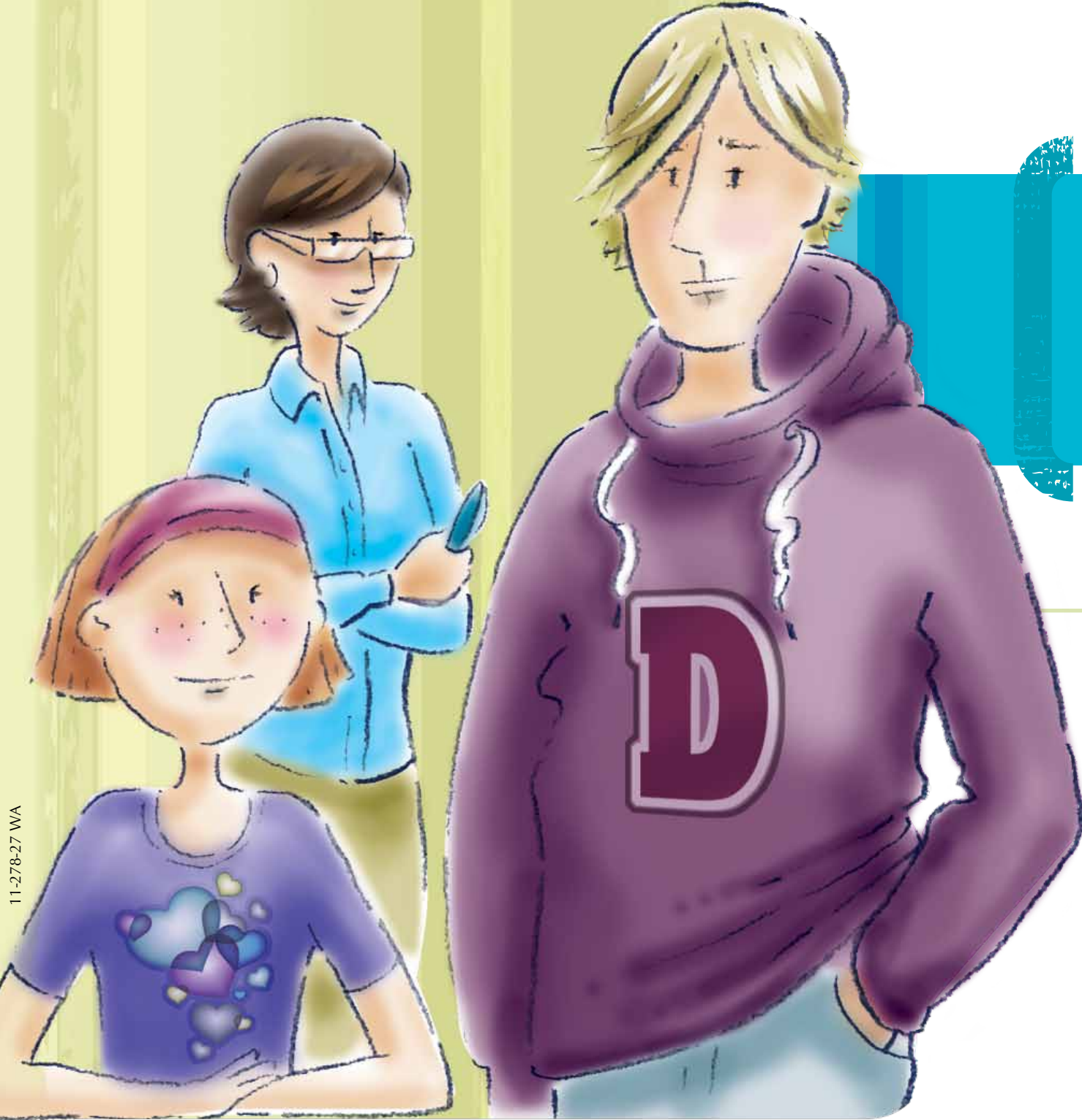




Let's Stop the Transmission

Measles Vaccination Campaign 2011-2012

Form inside

Action required!

You are receiving this brochure because you or your child are targeted by the measles vaccination catch-up campaign.

Québec 

Very important Information about measles in schools

Please read this document carefully through to the end, and immediately follow the guidelines that apply to you.

Measles has come back in force. An outbreak of the disease in Québec started in April 2011. There have been over 750 cases so far, the most recent of them being contracted in Québec. This is the biggest outbreak of measles in the Americas since 2002.

Measles is a serious, highly contagious disease that is caught by breathing in the same air as an infected person. 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. Infected people are contagious for four days before and four days after the appearance of the rash.

In 1989, during the last outbreak of measles in Québec, over 10,000 cases were reported. Most of those affected were children of school age.

There were 656 hospitalizations; 10 people contracted encephalitis and 7 died.

For more information on the disease, the vaccine and the vaccination campaign in schools, consult:

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

msss.gouv.qc.ca/vaccination

Symptoms of measles

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

Who is at risk?

Those affected by the current measles outbreak are mainly children and teenagers between the ages of 5 and 19. Most of those who caught measles were not vaccinated, or had not received all their doses of vaccine. Luckily, so far there have been no deaths in Québec. But in France, in the first eight months of 2011, there were 14,600 recorded cases of measles, leading to 16 brain infections and 6 deaths, despite the excellent quality of healthcare in that country.

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.
- 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).

Vaccination campaign in schools

The healthcare network, working with the school network, is conducting a catch-up vaccination campaign in all schools in Québec. Vaccination will be offered to students, staff and interveners in primary and secondary schools who have not received the required doses of vaccine or have no proof of vaccination (vaccination record or other). Read the sidebar below to find out which recommendation applies to you.

VACCINATION is good protection

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.

You can help stop the measles outbreak

If you are a parent or have legal custody of a child

- Provide proof that your child has been vaccinated or has had the disease to the school nurse, who can check and confirm to you that your child is indeed protected. Proof can either be your child's vaccination record, or an attestation from a health professional who has either vaccinated your child or treated him or her for measles. If your child has received two doses of measles vaccine, the first on or after his or her first birthday, then he or she does not need to be vaccinated again.
- In case of doubt, or in the absence of proof that your child has been vaccinated or has had the disease, vaccination is recommended. If you are already protected against these three diseases, receiving the vaccine again carries no risk.
- Return the completed form to the appropriate personnel at the school, indicating your consent or refusal to have your child vaccinated.

If you are either a student aged 14 or over, or someone who works or intervenes in a school

- Follow the above guidelines for children yourself.

If you have no proof of vaccination or of having had measles, vaccination is recommended.

If measles appears at the school

If a student at the school has measles, the authorities will take protection measures. Parents can help stop the transmission of measles by keeping a child who has the disease and is still contagious at home. This guideline also applies to all the school's staff and interveners.

If anyone in the school has measles, vaccination will be offered at school 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. **Attention!** 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.

This measure is necessary and will prevent new cases and reduce transmission of measles in schools.

Efforts to stop the outbreak contribute to the health of all. Everyone who receives this brochure has a responsibility to complete the enclosed form immediately.

MMR VACCINE

Combined Measles, Mumps and Rubella (German Measles) Vaccine

DISEASES

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 2nd 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 5th and 12th 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

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 this¹. 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 this¹:

☐ 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 this¹:

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

OR

3. The person has already had measles AND can provide proof of this¹:

☐ 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 form¹.

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

¹ 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.

(See next page)



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.

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.

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