

Measles Vaccination

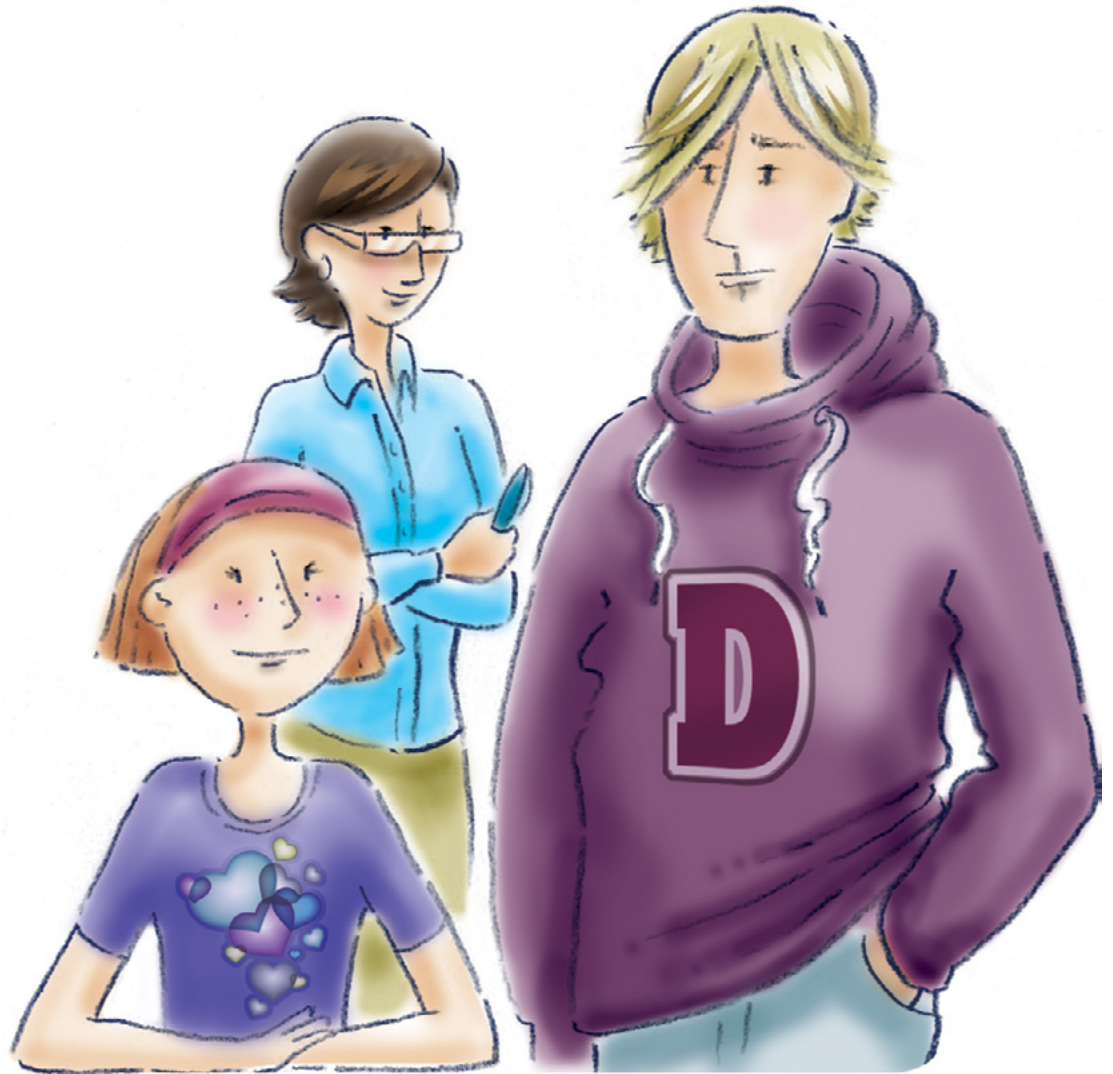
ACTION REQUIRED!

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.

Form
to complete
inside

Who is this leaflet for?

- The parents or guardians of a child less than 14 years of age
- Students 14 or older
- School staff members



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

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.

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.

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.

What is the best way to be protected against measles?

Vaccination is the best protection against measles. In Quebec, the vaccine used protects against measles, mumps, rubella (MMR) and their complications. Protection against these diseases lasts throughout life.

Women receiving the vaccine must avoid becoming pregnant in the month after the vaccination.

DISEASES

Measles causes:	Mumps causes:	Rubella causes:
<ul style="list-style-type: none"> • Skin rash • Coughing • Fever • Conjunctivitis (red eyes) • General feeling of illness 	<ul style="list-style-type: none"> • Fever • Headache • Swollen glands near the jaw 	<ul style="list-style-type: none"> • Skin rash • Swollen lymph nodes • Arthritis, especially among women
Possible complications are:	Possible complications are:	Possible complications are:
<ul style="list-style-type: none"> • Ear infection (7 to 9% of cases) • Pneumonia (1 to 6% of cases) • Convulsions • Permanent brain damage (1 case in 1,000 to 2,000) • Death (1 case in 3,000) 	<ul style="list-style-type: none"> • Meningitis (1 to 10% of cases) • Deafness (becoming deaf) • Testicular infection • Ovarian infection 	<ul style="list-style-type: none"> • Encephalitis (brain infection) (1 case in 6,000) • Miscarriages in pregnant women • Malformations in baby whose mother contracted rubella during pregnancy

What are the possible reactions to the vaccine?

Some symptoms may be caused by the vaccine (e.g. redness at the injection site).

Other problems may occur by chance and are not related to the vaccine (e.g. cold, gastro, headache).

MMR vaccine is safe. In most cases, it does not cause any reaction.

Frequency	Possible reactions to the vaccine:	What to do:
Very often (less than 50% of people)	<ul style="list-style-type: none"> • Joint pain in adults 	<ul style="list-style-type: none"> • Apply a cold, damp compress at the injection site. • Use medication for fever or discomfort if needed. • See a doctor if symptoms are severe.
Often (less than 10% of people)	<ul style="list-style-type: none"> • Pain and redness at the injection site • Non contagious skin rash and moderate or high fever between the 5th and 12th day after vaccination • Irritability, drowsiness (sleepiness), conjunctivitis (red eyes) • Joint pain in children 	
Sometimes (less than 1% of people)	<ul style="list-style-type: none"> • Shivering, swollen lymph nodes and glands near the jaw 	
Rarely (less than 1 person in 1,000)	<ul style="list-style-type: none"> • Convulsions between the 5th and 12th day after vaccination 	
Very rarely (less than 1 person in 10,000)	<ul style="list-style-type: none"> • Temporary drop in the number of blood cells that help clotting 	
Less than 1 person in 1 million	<ul style="list-style-type: none"> • Neurological problems 	

We recommend that you stay at the clinic for at least 15 minutes after vaccination because allergic reactions may occur. If an allergic reaction occurs, the symptoms will appear a few minutes after the vaccination. The person giving the vaccine will be able to treat this reaction immediately.

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).
- Because school is an environment conducive to transmission.
- 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.

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.

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

- the school nurse;
- a health professional;
- the website at [Québec.ca/vaccination](https://quebec.ca/vaccination);
- **Info-Santé 811** telephone service.

[Québec.ca/vaccination](https://quebec.ca/vaccination)



DT9244

CONSENT FOR VACCINATION AGAINST MEASLES AT SCHOOL

User's name			
Health insurance number		Year	Month
Expiry date			
Parent's name			
Area code	Phone number	Area code	Phone number (other)
Address (number, street)			
City		Postal code	

- Fill out all sections of the form including the box above using a pen.
- Sign the form.
- Detach the form from the pamphlet and return it quickly to the school, whether or not you consent to vaccination.

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)

Additional Identification

Name of school:		Class:	Your relationship to the child:	
			<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Person aged 14 or over	
Parent 1's name:		Parent 2's name:		
Guardian's name (if applicable):		Area code	Phone number where you can be reached:	

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 No Don't know or cannot interpret the vaccination record

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 No Don't know or cannot interpret the vaccination record

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:

You must not complete the remaining sections but have to sign this form and **MUST** attach proof¹.

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.

Consent (Decision)

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 in this leaflet 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*.

Consent or Refusal to Vaccination

- I CONSENT to vaccination against Measles, Mumps et Rubella.
- I REFUSE vaccination against Measles, Mumps and Rubella and I understand that if a case of measles develops in the establishment and that, in order to protect the health of children and those around them, an unvaccinated person will be removed from school until the end of the outbreak.

Signature of parent, guardian or person aged 14 or over

Date (year/month/day)

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 eleven months:

Yes No

5. Currently pregnant:

Yes No Don't know Not applicable

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.

CLSC USE ONLY <i>Reserved for administrative use</i>	User's name:
	Record no.:
	SI-PMI ID no.:

Vaccination Center Details

CLSC's name:	CLSC's address:
School's name:	Target group: <input type="checkbox"/> Students <input type="checkbox"/> Others, specify: _____
For students, check the grade level: <input type="checkbox"/> Kindergarten <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other, specify : _____	

Form Validation

Number of doses of vaccine to be administered: Single dose Two doses None

If none: Adequate proof of vaccination Disease attestation Positive diagnostic test Refusal of vaccination Contraindication

Nurse's signature:	License no.:	Date: Year Month Day
--------------------	--------------	--------------------------

Details of Vaccination

First dose

Contraindication to vaccination (specify):

CLSC's name:	CLSC's address:
Vaccination site:	

Vaccine Name	Batch Number	Dose	Injection Site
Priorix		Contents of the single-dose format SC	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm
Other, specify: _____		Contents of the single-dose format SC	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm

Date of vaccination: Year Month Day	Time of vaccination: hour minutes	Notes:
--	--	--------

Nurse's signature:	License no.:
If a 2 nd person has administered the vaccines, nurse or auxiliary nurse's signature:	License no.:

Second dose (if applicable)

Contraindication to vaccination (specify):

CLSC's name:	CLSC's address:
Vaccination site:	

Vaccine Name	Batch Number	Dose	Injection Site
Priorix		Contents of the single-dose format SC	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm
Other, specify: _____		Contents of the single-dose format SC	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm

Date of vaccination: Year Month Day	Time of vaccination: hour minutes	Notes:
--	--	--------

Nurse's signature:	License no.:
If a 2 nd person has administered the vaccines, nurse or auxiliary nurse's signature:	License no.: