

Information on protection and vaccination against measles

ACTION NEEDED!

You are receiving this leaflet because the information about you or your child's protection against measles is not known.

You or your child could benefit from the measles vaccine.

Form included

We ask you to:

- Read the leaflet carefully;
- Complete the attached form and return it to the school as soon as possible.

The leaflet is intended for:

- The parents or guardians of a child who is under 14 years of age;
- Students who are 14 years of age or older;
- School staff.



How to protect yourself against measles and why vaccination the best protection?

- There is no specific treatment for measles.
- Vaccination is more than 95% effective after 2 doses.
- The number of people who are vaccinated at this time is insufficient to prevent measles from circulating. So we cannot rely on other people being vaccinated to avoid catching it.
- Vaccination reduces the risk of spreading measles to others, including people who have a higher risk of complications, such as:
 - Babies;
 - Pregnant women;
 - People who cannot have the vaccines because of their health condition (e.g., a person who has cancer or a weakened immune system).

In Quebec, there are 2 vaccines that protect against measles:

- One that protects against measles, mumps and rubella (MMR) and their complications.
- One that protects against measles, mumps, rubella and varicella (MMRV) and their complications. If you or your child had chickenpox after 1 year of age, it is not necessary to get vaccinated against it. If in doubt, there is no risk in getting vaccinated against chickenpox.

Protection against these diseases is lifelong. A person who gets vaccinated must avoid becoming pregnant within one month of vaccination.

Diseases	Signs and symptoms	Possible complications
Measles	<ul style="list-style-type: none"> • Rash • Cough • Fever • Conjunctivitis (red eyes) • Deterioration of overall condition 	<ul style="list-style-type: none"> • Otitis (7 to 9% of cases) • Pneumonia (1 to 6% of cases) • Seizures • Permanent brain damage (1 case in 1000 to 1 case in 2000) • Death (1 case in 3000)
Rubella	<ul style="list-style-type: none"> • Rash • Swelling of lymph nodes • Arthritis, especially in women 	<ul style="list-style-type: none"> • Encephalitis (infection of the brain) (1 case in 6000) • Miscarriage in pregnant women • Birth defects in a baby whose mother had rubella during pregnancy
Mumps	<ul style="list-style-type: none"> • Fever • Headache • Swelling of glands near the jaw 	<ul style="list-style-type: none"> • Meningitis (1 to 10% of cases) • Deafness • Testicular infection • Ovarian infection
Chickenpox	<ul style="list-style-type: none"> • Fever • Chickenpox spots (small blisters that crust and dry) • Itching 	<ul style="list-style-type: none"> • Otitis • Pneumonia • Infection of a chickenpox blister (e.g., impetigo) • Serious infection (e.g., flesh eating bacteria) • Encephalitis (infection of the brain) • Birth defects in a baby whose mother had chickenpox during pregnancy • Shingles (15 to 30% of cases) • Death

What are the possible reactions to the vaccine?

The vaccine may cause reactions (e.g., rash or redness at the injection site). The MMR vaccine and the MMRV vaccine are safe.

Frequency	Measles, mumps, rubella vaccine (MMR vaccine)	Measles, mumps, rubella and varicella vaccine (MMRV vaccine)
In most cases (more than 50% of people)	—	<ul style="list-style-type: none"> Mild or moderate fever between the 5th and the 12th day after vaccination
Very often (less than 50% of people)	<ul style="list-style-type: none"> Joint pain in adults 	<ul style="list-style-type: none"> Pain, rash or redness at the injection site High fever between the 5th and the 12th day after vaccination Fatigue, irritability, drowsiness, diarrhea, headache, loss of appetite Joint pain in adults
Often (less than 10% of people)	<ul style="list-style-type: none"> Pain, rash or redness at the injection site Non contagious rash and moderate or high fever between the 5th and the 12th day after vaccination Irritability, drowsiness, conjunctivitis (red eyes) Joint pain 	<ul style="list-style-type: none"> Swelling at the injection site Non contagious rash between the 5th and the 12th day after vaccination Chickenpox like spots (fewer than 10 spots) at the injection site or elsewhere on the body; the spots are not very contagious and heal quickly Conjunctivitis (red eyes) Joint pain in children
Sometimes (less than 1% of people)	<ul style="list-style-type: none"> Chills, swelling of lymph nodes and glands near the jaw 	
Rarely (fewer than 1 in 1000 people)	<ul style="list-style-type: none"> Seizures between the 5th and the 12th day after vaccination 	
Very rarely (fewer than 1 in 10 000 people)	<ul style="list-style-type: none"> Temporary decrease in blood cells that help in blood clotting 	
Fewer than 1 in 1 million people	<ul style="list-style-type: none"> Neurological problems 	

What you should do:

- Apply a cold, moist compress at the injection site.
- Use medication for fever or discomfort as needed.
- Do not give medication that contains aspirin (acetylsalicylic acid) to people under 18 years of age within 6 weeks of getting vaccinated.
- Cover the chickenpox like spots. If this is not possible, contact with preterm newborns and people with a weakened immune system must be avoided while the spots are present.
- Consult a health professional depending on the severity of the symptoms.

It is recommended that you stay on site for at least 15 minutes after getting vaccinated, as allergic reactions to the vaccine are always possible. If an allergic reaction occurs, the symptoms will appear within a few minutes of getting vaccinated. The person who administered the vaccine will be able to treat the reaction immediately.

Very important information about measles

Measles was once widespread in North America. It has become less common because of the effectiveness of vaccination campaigns. Even today, there are outbreaks of measles in Quebec sometimes, most recently in 2011, 2015, 2019 and 2024.

Measles is a serious and highly contagious disease that is contracted by breathing the same air as an affected person, even after they have left the room. Even before they develop symptoms, an infected person is already highly contagious and spreads the virus in the air.

The disease spreads very quickly between people who are not protected in settings such as schools.

Measles can cause serious complications, such as infections of the lungs or brain and even death.

Why do we want to know people's protective status?

Knowing the protective status of people in the school will allow us to prepare to act quickly in the event of a measles outbreak in the school.

If measles appears in the school

To limit the spread:

- A person who has the disease must stay home as long as they are contagious.
- Depending on how the measles outbreak in the school evolves and in order to protect their health, that of the people around them and that of the most vulnerable people, a person who is not protected could be excluded from school until the outbreak is over or until they show proof of protection.
- Vaccination is recommended for school staff, anyone in the school and students who are not protected against measles.

These measures are necessary and effective to prevent new cases of measles in schools.

Efforts to prevent the spread contribute to everyone's health.

How to find out a person's protective status against measles and what you need to do with the information?

Protective status		Proof of protection	What you need to do?
Person considered protected	Born before 1970	No proof needed	<ul style="list-style-type: none"> • Provide proof of protection to the school nurse. • Return the completed form to the school staff responsible with proof of protective status if required. • Vaccination is not recommended for these people.
	Born between 1970 and 1979 with 1 dose of vaccine as of 1 year of age	<ul style="list-style-type: none"> • Vaccination record or photocopy thereof • Certificate from the health professional who gave the doses of the vaccine (with the full names and dates of vaccination) 	
	Born in or after 1980 with 2 doses of vaccine as of 1 year of age		
	Had measles	<ul style="list-style-type: none"> • Certificate from a health professional who certifies that the person has had measles and specifies the date • Laboratory results 	
	Serology test that shows the presence of measles antibodies		
Person considered unprotected	Person who does not meet any of the above criteria	<p>If in doubt or if there is no proof of protective status, vaccination against measles is recommended.</p> <p>There is no risk in receiving another dose of vaccine if you are already protected against measles.</p>	<ul style="list-style-type: none"> • Return the completed form to the school staff responsible, whether or not you agree to get vaccinated.

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

- the school nurse
- a health professional
- the Government of Quebec's website: [Québec.ca/immunization](https://quebec.ca/immunization)
- the Info Santé 811 telephone service.

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



SCHOOL MEASLES VACCINATION AND PROTECTION STATUS FORM

File No.					
User Name and Surname					
Date of birth	Year	Month	Day	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Health Insurance No.			Expiration	Year	Month
Address					
City			Postal Code		

- Fill in the form in block letters, including the box with a pen.
- Sign and detach the form from the leaflet and return it to your school without delay, whether or not you accept the vaccination.

PERSON IDENTIFICATION (To be completed by the parent or guardian of a child under 14 OR by the person aged 14 or over)

Name of the School:			Group:		
Name of Parent 1:		Name of Parent 2:		Name of Guardian (if applicable):	
Your Status: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Person Aged 14 or over					
Area Code Telephone No.			If you agree to be contacted by e-mail, please enter it here:		

INFORMATION ON THE PROTECTION OF THE PERSON AND CONSENT (DECISION)

After verification, information on measles protection is not available. Please attach one of the following valid proofs of protection:

- Born before 1970 (no proof required).
- Attestation from a health-care professional showing names and complete vaccination dates (e.g., booklet or photocopy)
 - o 2 doses of vaccine after age 1 are required if born in 1980 or later;
 - o 1 dose of vaccine after the age of 1 is required if the person was born between 1970 and 1979;
- Attestation from a health professional certifying that the person has had measles and specifying the date;
- Laboratory results.

If no proof can be provided, the person can be vaccinated against measles if he or she wishes. Explanations allowing you to make a clear decision are provided in this leaflet. For more information, please contact your school nurse, a health professional, or Info-Santé 811.

Consent or refusal to vaccination against measles, mumps, and rubella, with or without varicella.

- DOES NOT APPLY**, as the person is considered protected against measles (attach proof if required).
- I CONSENT** to vaccination against the following diseases **if required** following analysis by the health professional. You must complete the **Medical history of the person to be vaccinated** section below.
- Measles, mumps, and rubella vaccine
- Measles, mumps, rubella, and **varicella** vaccine
- I REFUSE** vaccination and I understand that in the event of a case of measles at school, an unvaccinated person would be withdrawn from school until the end of the outbreak to protect him or herself and those around him or her.

Signature of parent, guardian, or person aged 14 or over		Date	Year	Month	Day

MEDICAL HISTORY OF THE PERSON TO BE VACCINATED (To be completed only if you consent to vaccination)

- Severe allergic reaction to a vaccine or other product (e.g. neomycin), requiring emergency medical care:
 Yes No If yes, specify: _____
- Immune system problem due to a disease (e.g. cancer) or a medication currently being taken (e.g. cancer treatment):
 Yes No If yes, specify: _____
- Injection of immunoglobulin, blood, or blood products in the last 11 months: Yes No
- Injection of vaccines 4 weeks prior to vaccination: Yes No
- Had chickenpox after 1 year of age: Yes No Don't know
- Currently pregnant: Yes No Don't know Not applicable

If you answered YES to any of these questions, a healthcare professional will contact you.

User name	File No.
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ID SI-PMI No.

FOR USE BY THE PROFESSIONAL VACCINATOR

TELEPHONE CONSENT
(Complete this section only if consent is obtained by telephone)

Notes :

Professional Signature <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Midwife <input type="checkbox"/> Pharmacist	Permit No.:	Date	Year	Month	Day
			Year	Month	Day
Name of Witness:		Date	Year	Month	Day

VACCINATION 1

Contraindications/precautions to vaccination (please specify):

Vaccination Site: **Other dose required:** Yes No **SI-PMI entry**

Date of vaccination (year, month, day)	Time of Vaccination	Name of Vaccine	Batch Number	Dose and Route of Administration	Area of the Injection
		<input type="checkbox"/> M-M-R II <input type="checkbox"/> Proquad <input type="checkbox"/> Other: _____		Contents of SC Single-Dose Format	<input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm

Notes : _____

INFORMATION ON THE PROFESSIONAL AUTHORIZED TO INITIATE AND CARRY OUT THE VACCINATION

Nurse Doctor Respiratory Therapist Midwife Pharmacist

Name: _____ Signature: _____ Permit No.: _____

INFORMATION ON THE PERSON WHO ADMINISTERED THE VACCINE
(If different from the professional authorized to initiate and carry out the vaccination)

Name: _____ Signature: _____ Profession: _____ Permit No.: _____

VACCINATION 2 (if applicable)

Contraindications/precautions to vaccination (please specify):

Vaccination Site: **Other dose required:** Yes No **SI-PMI entry**

Date of vaccination (year, month, day)	Time of Vaccination	Name of Vaccine	Batch Number	Dose and Route of Administration	Area of the Injection
		<input type="checkbox"/> M-M-R II <input type="checkbox"/> Proquad <input type="checkbox"/> Other: _____		Contents of SC Single-Dose Format	<input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm

Notes : _____

INFORMATION ON THE PROFESSIONAL AUTHORIZED TO INITIATE AND CARRY OUT THE VACCINATION

Nurse Doctor Respiratory Therapist Midwife Pharmacist

Name: _____ Signature: _____ Permit No.: _____

INFORMATION ON THE PERSON WHO ADMINISTERED THE VACCINE
(If different from the professional authorized to initiate and carry out the vaccination)

Name: _____ Signature: _____ Profession: _____ Permit No.: _____