

Annex 5.

Dear parent!

I would like your consent for the next vaccination of your child (first name and surname)

_____ against **mumps, measles and rubella** in accordance with the national immunisation schedule.

Immunisation is carried out using the mumps, measles and rubella combined vaccine (**MMR**).

The child is given one injection in the upper arm area. Post-vaccination side effects may include redness, soreness and swelling at the injection site. Less common side effects may include fever, headache, muscle pain, malaise and very rarely hives. The aforementioned symptoms usually resolve within two to three days.

General information about mumps, measles and rubella is attached (see the attachment).

If you have any questions, please call _____, Mon-Fri at _____ or send an email to _____.

School nurse _____

Parent _____
(first name and surname)

I consent: _____
(date, signature)

Measles

What are measles?

Measles are caused by a highly contagious virus – after coming into contact with an infected person, 98 out of 100 unvaccinated people with no history of measles will become infected.

How are measles transmitted?

The pathogen is spread via droplets.

What are the symptoms of measles?

The incubation period lasts 9–11 days, after which the patient develops symptoms typical of viral infections: fever, malaise, cough, rhinitis, eye infection etc. On the second day after the development of symptoms, spots with a red border appear on the mucous membranes of the cheeks (called Koplik's spots). After 3–5 days, pinkish-red spots develop on the body, starting behind the ears and spreading to the face. The rash covers the entire body, even palms and soles, and lasts for 4–5 days. The fever also lasts until the end of the eruption.

The patient is infectious 4–5 days before and up to five days after the rash erupts.

Recovery from measles provides lifelong immunity.

How to prevent measles?

The most important way to prevent measles is timely vaccination of children against the disease. A combined vaccine against measles, mumps and rubella has been used since 1994. Pursuant to the national immunisation schedule, children are vaccinated at the age of 1 and revaccinated at the age of 13.

As measles is highly contagious, people who have been exposed to the disease but not contracted it, as well as people who have not been vaccinated should also get the measles vaccine.

If a parent suspects their child might have measles, they should call the family physician for a home visit, not go to the doctor's office.

Mumps

What is mumps?

Mumps is an infectious disease caused by a virus and spread via droplets. It is characterised by general intoxication, damage to the salivary glands and less commonly by damage to other glands or the nervous system.

How is mumps spread?

The source of infection is a person with mumps who sheds the virus for the last 1–2 incubation days until days 6–9 of the illness, regardless of the clinical presentation (manifest, latent or asymptomatic).

Mumps is spread via respiratory droplets, but also via direct contact with an infected person.

All age groups are susceptible, but mumps is primarily contracted by children and adolescents. If the mother has recovered from mumps, the baby is immune for up to a year due to the antibodies passed from the mother. Post-recovery immunity is permanent. Repeat infections require laboratory confirmation. In the temperate zone, mumps cases are more common in the spring-winter period.

What are the symptoms of mumps?

The incubation period lasts 11–25 days.

The most common manifestation of the disease is inflammation of the parotid glands, ie parotitis, which may be unilateral or bilateral. The disease usually begins with a short prodromal period (1–2 days) with headaches, malaise and loss of appetite. After that, the body temperature rises to 38–39 °C and the parotid gland swells and becomes painful first on one side and often on the other side after 1–2 days. The skin at the swollen gland is not red, but smooth and shiny. Upon palpating, the swollen gland feels soft like dough. Chewing and swallowing are inhibited due to the tightness of the skin. Other glands (genital glands, pancreas, thyroid gland etc) may also be affected. An important feature of mumps is the occurrence of latent and asymptomatic forms. According to various authors, 15–50% of mumps cases during an outbreak are latent and 15–54.3% asymptomatic forms.

How to prevent mumps?

The patient is isolated from family and treated at home or, if necessary, hospitalised in an infectious disease hospital (or ward). In the case of home treatment, isolation ends nine days after the onset of the disease. Children up to 10 years of age who are unvaccinated and have no history of mumps who have been exposed to the disease are isolated from other children for 21 days from the day of exposure. Items and tools contaminated with the patient's nasopharyngeal discharge are disinfected.

The primary preventive measure is immunoprophylaxis. A combined vaccine against measles, mumps and rubella has been used since 1994. Pursuant to the national immunisation schedule, children are vaccinated at the age of 1 and revaccinated at the age of 13.

Rubella

What is rubella?

Rubella belongs to the group of viral respiratory infections. The International Classification of Diseases divides rubella into two groups: acquired rubella and congenital rubella syndrome.

How is rubella transmitted?

In most cases, rubella is spread via droplets. The source of rubella infection is humans.

An infected person is contagious 4–7 days before and up to two weeks (especially during days 1–5) after the rash erupts.

If a woman has rubella during pregnancy, the disease spreads to the foetus. Newborns with congenital rubella syndrome can shed the virus for months after birth.

What are the symptoms of rubella?

The disease is characterised by a fine red rash on the skin, fever, enlarged neck and occipital lymph nodes, mild rhinitis, conjunctivitis, headache, and rarely joint pain. 25–50% of patients may not develop a rash. The disease is more severe in adults than children. In addition to the aforementioned symptoms, adults (especially women) may develop complications such as arthritis and/or encephalitis.

Congenital rubella is characterised by prenatal lesions caused by the harmful effect of the rubella virus on the foetus. Pregnancy may also end in abortion or foetal death. The most common manifestations of congenital rubella syndrome are heart and eye deformities. Rubella may also cause microcephaly, intellectual disability and deafness. Sometimes, damage caused by congenital rubella does not appear in infancy but manifests later. Research shows that retinal detachment, glaucoma, insulin-dependent diabetes, cataracts and hearing loss that occur in older age may be caused by congenital rubella. Post-recovery immunity lasts for a long time.

How to prevent rubella?

Rubella is a vaccine-preventable infectious disease, and the primary method of prevention is through immunization. The main purpose of immunisation against rubella is to prevent congenital rubella.

A combined vaccine against measles, mumps and rubella has been used since 1994. Pursuant to the national immunisation schedule, children are vaccinated at the age of 1 and revaccinated at the

age of 13. The efficacy of the rubella vaccine is high: 97% maintain immunity for at least 15–18 years in the absence of endemic morbidity, with some studies suggesting that immunisation provides lifelong immunity.