

For pupils and parents/quardian

## Vaccination against measles, mumps and rubella (MMR vaccine)

The Norwegian Childhood Immunisation Programme offers pupils in 6th grade (11-12 years of age) a booster dose of the vaccine against measles, mumps and rubella (MMR vaccine). The first dose is normally given at 15 months of age. A booster dose is now being offered to maintain this protection.

## **About the diseases**

**Measles** is the most serious and most infectious of the childhood diseases. The disease starts with cold symptoms and a high fever, followed by a rash. Measles is often associated with complications such as pneumonia, bronchitis and middle ear infection. Serious effects such as inflammation of the brain (encephalitis), permanent brain injury and death can occur among unvaccinated people.

**Mumps** is associated with a fever and swelling in the salivary glands in the neck. The most common complication is meningitis. Most people recover from mumps without permanent injury. A more serious complication is permanent loss of hearing. If boys get mumps after puberty, the virus can attack the testicles and cause infertility.

**Rubella** is a mild disease with a fever and rash. If a pregnant woman who is not immune is infected with rubella, the disease can cause serious harm to the unborn baby. The risk of malformations is higher than 80 % if the disease occurs in the first part of the pregnancy. Vaccination of children prevents transmission to pregnant women.

## **About the vaccine**

Tear off

The vaccine used is called Priorix, and consists of live, weakened virus. After the vaccination, there is temporary tenderness, redness and swelling at the site of injection. One to two weeks after vaccination, some children may experience mild symptoms of the diseases the vaccine protects against but this is uncommon in children who have already received a dose. The most common are fever and rash. You can find more information about ingredients and any side effects after vaccination with Priorix at the Norwegian Medicines Agency: www.legemiddelsok.no (only in Norwegian).

## Remember to tell the nurse

vaccination even if he or she has had one or more of the diseases.

For more information go to https://www.fhi.no/en/id/vaccines/childhood-immunisation-programme/

Vaccination is planned for: Date: \_\_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_\_

Nurse: \_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_

Tell them if your child has any allergies or other health problems. It will not harm your child to have the

Nurse:	lelephone number:		_
here			
Pupil's name:	Date of birth:	Class:	
I/We would like my/our child:   to be vaccin  not to be va	ated against measles, mumps a		
Parent/guardian with parental responsibility:	☐ Mother ☐ Father ☐ C	Other person	
Parent's full name (write clearly):			
Signature of parent/guardian:	Teleph	none number:	_
Information for the nurse:			