

麻しん風しん予防接種第3期第4期予診票  
Vaccine Screening Questionnaire for Measles and Rubella  
(Phases 3 & 4: for patient not accompanied by parent/guardian)  
麻しん及び風しんの予防接種を受けるに当たっての説明  
Explanation before vaccination for measles and rubella

○For the parent/guardian: Please be sure to read this document.

\* [For the parent/guardian of a child for vaccination, who is at an age corresponding to the first year of junior high school or the third year of high school]

The parent/guardian was previously required to accompany their child who was receiving a vaccination; however, only in the case of measles and rubella vaccination for children at an age corresponding to the first year of junior high school or the third year of high school, for the 5 years from 2008 through 2012, can such children receive vaccines despite not being accompanied by their parent/guardian, provided the parent/guardian has read, understood, and signed this document permitting their child to be vaccinated.

(Please make sure your child brings this document on the day of vaccination)

Before signing this screening questionnaire, if you have any questions about the vaccination, please consult your doctor, healthcare center, or the municipal office in charge of vaccination so that you fully understand the benefits and risks of vaccination before making a decision about vaccination.

## 1 Symptoms of measles and rubella

### ○ Measles

Measles is caused by the measles virus, spread through the air, by droplets, and by contact. After someone is infected with the virus, there are no symptoms for 10 to 12 days (the incubation period). Then, the patient begins to have symptoms, e.g., fever, cough, runny nose, eye discharge, and red rash. For the first 3 to 4 days after the end of the incubation period, patients have a fever of 38°C, a cough, a runny nose, and eye discharge; the fever first seems to decrease, but increases again to 39°C to 40°C, and a red rash appears on the neck and face and then spreads all over the body. The fever goes down within 3 to 4 days, and the rash gradually disappears. The parts affected by the rash may remain darker for a while.

About 30% of patients have complications — the most common complications are bronchitis, pneumonia, otitis media, and encephalitis. Of 100 patients with measles, 7 to 9 get otitis media and about 6 get pneumonia. **One of every 1,000 people with measles gets encephalitis.**

For up to 20 years after infection with measles, 1 in every 100,000 people get subacute sclerosing panencephalitis (SSPE), a severe form of encephalitis.

One of every 1,000 people who get measles dies of the disease.

### ○ Rubella

Rubella is caused by the rubella virus, which spreads by droplet infection. After being infected with the virus, a patient has no symptoms for 14 to 21 days (the incubation period). Then symptoms appear, usually a rash less red than that of measles, fever, and the swelling of lymph nodes, mainly in the back of the throat. Sometimes symptoms, such as cough, runny nose, and red eyes (conjunctival congestion) occur. When a child contracts rubella, both rash and fever disappear within about 3 days, so it is also called “three-day measles.” The complications of rubella are joint pain, thrombocytopenic purpura (1 in 3,000) and encephalitis (1 in 6,000). Symptoms are often more severe in adults than in children.

**When women contract rubella during the early stage of pregnancy, their infants are likely to be born with congenital rubella syndrome, which can include cardiac defects, cataracts, deafness, and other abnormalities.**

## 2 Benefits and side effects of vaccination

More than 95% of children who are vaccinated become immune. A child who is immune is protected from measles and rubella.

Vaccination sometimes causes mild side effects and only very rarely causes serious side effects. Reactions sometimes seen after vaccination are as follows.

### 1) Main side effects caused by the combined measles/rubella vaccine

(This vaccine is commonly used for simultaneous vaccination of measles and rubella.)

The main side effects are fever (20% of patients) and rash (10%). These symptoms usually appear 5 to 14 days after vaccination. Within the first 24 hours after vaccination, fever, rash, and itch, which are thought to be allergic reactions, occasionally occur, but these symptoms disappear within 1 to 3 days. Some patients have redness, swelling, and an induration at the injection site and swollen lymph nodes; however, these symptoms generally disappear within a few days.

Rarely, serious side effects have been reported, including an anaphylactoid reaction (hives, difficulty breathing, and even shock), acute thrombocytopenic purpura (bleeding into the skin, from the nose, the oral mucosa, and elsewhere), encephalitis, and convulsions.

## 2) Main side effects caused by measles vaccine

(This vaccine is used for vaccination against measles alone.)

The main side effects are low-grade fever (37.5°C to 38.5°C, seen in 5% of patients), a higher fever (above 38.5°C in 8%), and a measles-like rash (in 6%), mainly seen 5 to 14 days after vaccination. However, the fever generally lasts for only 1 or 2 days. The rash is rarely more severe, and may be red, raised, or even look like natural measles. Other side effects are redness and swelling at the injection site and febrile seizures (in 1 of 300 people), hives (urticaria), and other less-common side effects, almost all of which are transient.

Rare serious side effects include anaphylactic reactions, encephalitis/encephalopathy (1 in a million or less often) and acute thrombocytopenic purpura (1 in a million).

Subacute sclerosing panencephalitis (SSPE) caused by vaccination is reported to be extremely rare, occurring 1/10 as frequently as in patients infected with natural measles virus.

## 3) Main side effects of the rubella vaccine

(This vaccine is used for vaccination against rubella alone.)

The main side effects are rash, urticaria, erythema, itch, fever, swollen lymph nodes, and joint pain.

Rare serious side effects include shock, anaphylactic reactions, and acute thrombocytopenic purpura (in 1 of a million patients).

### 3 Systems to support people with adverse events associated with vaccination

○ A person with side effects caused by routine vaccination who requires medical treatment or whose ability to perform normal daily activities is impaired due to injury can be compensated by the government according to the Preventive Vaccination Law.

○ The compensation consists of payment of medical expenses, medical benefits, an annuity for disabled children, a disability annuity, lump-sum death benefits, and funeral expenses, which are classified by law according to the severity of the injury. Respective compensation is paid according to the provisions of the law. All compensation, except lump-sum death benefits and funeral expenses, is continuously paid until the completion of treatment or the improvement in health.

○ Compensation is paid to the patient after the relevant injury is certified by the governmental review committee to be caused by vaccination. This committee comprises specialists in vaccination, infectious medicine, law, and other relevant disciplines, who discuss the causal relationship of the relevant injury with vaccination, that is, whether the relevant injury is caused by vaccination or other factors (infection before or after vaccination, or other causes).

○ From 2008 through 2012, measles and rubella vaccination (including single measles and rubella vaccination) is to be given to children at an age corresponding to the first year of junior high school and the third year of high school, from April of that year through the following March. If a child wishes to be vaccinated after the designated period, vaccination is considered not to be covered under the Preventive Vaccination Law (voluntary vaccination). In such cases, where a child is harmed by vaccination, he/she is supported by compensation according to the Pharmaceuticals and Medical Devices Agency Law; however, the compensation is generally about half of that provided by the Preventive Vaccination Law (medical expenses, medical benefits, and funeral expenses are similar).

\* If you believe you need to submit an application for compensation, consult the doctor who interviewed your child before vaccination, the healthcare center, or the municipal office in charge of vaccination.

### 4 Cautions for vaccination

Vaccination should generally be given to a child in good health. If your child is unwell, please consult your doctor and decide whether your child should be vaccinated.

When your child meets any of the following criteria, he/she cannot receive a vaccination.

- 1) Obvious fever (37.5°C or higher)
- 2) Severe acute illness
- 3) A history of anaphylaxis caused by any component of the vaccine preparation
- 4) Any disease associated with an obviously abnormal immune system, or treatment causing immunosuppression
- 5) Pregnancy
- 6) Other conditions that a doctor considers inappropriate

#### [Cautions for women]

If you are pregnant or might be pregnant, you should not be vaccinated. We recommend that you be vaccinated after delivery or when you are confirmed not to be pregnant.

When you are vaccinated, consult the doctor who gives you the vaccine, the healthcare center, or the municipal office in charge of vaccination.

You should avoid becoming pregnant for at least 2 months after vaccination.

同意欄（保護者の方が同伴しないで接種される場合）

## CONSENT FORM (If child is unaccompanied by parent/guardian)

Please sign below if you consent to your child being vaccinated (**without parental consent, your child would not be able to receive vaccination**). If you do not consent to your child being vaccinated, there is no need to fill out the section below.

I wish to have my child vaccinated after having read and understood the explanations regarding vaccination against measles and rubella, its advantages and possibility of serious side-effects, and compensation for vaccine injury.

Upon having understood that the purpose of the explanation form regarding vaccination for measles and rubella is to educate parents and guardians of the immunization program, I consent to this form being submitted to the local authority.

Signature of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

\* From 2008 to 2012, this form must be filled out for children of ages corresponding to First Grade of Junior High School and Third Grade of High School, who will undertake vaccination against measles and rubella without being accompanied by a parent/guardian. Any unaccompanied child must submit this form in order to receive vaccination..

No child will be vaccinated without the signature of parent/guardian.

A signature is also required on the Preliminary Examination Form.

予診欄

Preliminary Examination

麻疹風しん予防接種予診票 (麻疹風しん混合・麻疹・風しん)  
Measles and Rubella Vaccination Form (MR, Measles, or Rubella)

第3期 ・ 第4期  
3<sup>rd</sup> and 4<sup>th</sup> Phases

Address	Fukuoka City,
Name	Male / Female
Date of Birth	/ / ( Month / Date / Year )
Age	year/s month/s
Name of parent / guardian	Telephone number:

Question	Answer		Dr's note
	No	Yes	
Have you read the explanatory leaflet regarding today's vaccination that is distributed by the city?	No	Yes	
This is regarding the developmental history of the person being vaccinated: Did you have a low birth weight, or have you been told of any abnormalities during or after your birth, or at infant medical check ups?	Yes	No	
Do you feel unwell today? If yes, please specify ( )	Yes	No	
Have you been ill in the past month? Please specify ( )	Yes	No	
Has a relative or a close friend been ill in the past month with a disease such as measles, rubella, chicken pox, or mumps? Name of disease ( )	Yes	No	
Have you received a vaccination in the past month? Name of vaccination ( )	Yes	No	
Have you received medical attention for conditions such as congenital abnormality, or heart, kidney, liver, cerebral, immunity or other disorders? Name of illness:	Yes	No	
Did the Doctor who has been giving treatment for the above illness give consent to this vaccination?	No	Yes	
Have you ever had a convulsion? If yes, at what age? ( years old)	Yes	No	
Did you have a fever at the same time? If yes, what temperature?	Yes	No	
Have you had any rash, hives, or felt ill as a reaction to any medicine or food?	Yes	No	
Has any close relative been diagnosed with congenital immunodeficiency? Name of disease:	Yes	No	
Have you ever felt ill after receiving a vaccination? Name of the vaccination:	Yes	No	
Has any close relative ever felt ill after receiving a vaccination?	Yes	No	
Have you received a blood transfusion or a gamma globulin injection within the last six months?	Yes	No	

Question	Answer		Dr's note
This is for female patients: Is there a possibility that you may be pregnant (e.g. late menstrual period)? *It is necessary to avoid falling pregnant within two months after vaccination.	Yes	No	
Do you have any questions regarding today's vaccination? Specify:	Yes	No	

<If not accompanied by parent/guardian on the day> Do you wish for your child to undertake the vaccination after considering his/her medical history, general health condition, and physical condition on the day of the vaccination? Please circle the appropriate response.

(    Yes    /    No    )

<If accompanied by parent/guardian on the day, or the person being vaccinated is married>

Do you wish for your child (or yourself if married) to undertake the vaccination after having received a clinical examination by a Doctor and having understood the explanations regarding its advantages and possibility of serious side-effects, and compensation for vaccine injury? Please circle the appropriate response.

(    Yes    /    No    )

The purpose of this form is to ensure the safety of the vaccination.  
 Upon having understood the above, I consent to this form being submitted to the local authority.

Signature of a parent / guardian (Signature of the person receiving the vaccination if married)

To be filled out by the Doctor:

From the above questionnaire and the clinical examination, today's vaccination is

(    suitable    /    should be postponed    )

I have explained the advantages and the side-effects of the vaccination and about the compensation for vaccine injury to the parent / guardian (or person being vaccinated if married).

Signature or personal seal of the Doctor

Name of Vaccination	Dosage	Location and Name of Doctor
Name:		Location:
Lot No:		Doctor:
NOTE: Check expiration date	ml	Date of Vaccination:

NOTE: gamma globulin is a blood product given to prevent hepatitis A and to treat serious cases of infectious diseases. Those who have had a gamma globulin injection should wait 3-6 months before receiving vaccination against diseases such as measles as it may hinder the effects of the vaccination.