

MEASLES – RUBELLA VACCINATION

- The State of Maharashtra is conducting the MR vaccination campaign as part of the national strategy to eliminate Measles and control Rubella / CRS in the country. All children aged 9 months to less than 15 years will be provided with an additional dose of MR vaccine, regardless of any previous vaccination status or history of measles / rubella – like illness.
- **Measles** is a highly infectious disease caused by a virus. An estimated nearly 49,000 children die from measles annually, making it one of the leading causes of child deaths in India. Measles can be prevented by immunizing children with two doses of measles vaccine, which is safe and effective. A MR campaign offers a second opportunity to ensure immunity against measles and rubella. The aim of the campaign is to cover 100% of the targeted children.
- **Rubella** is an infectious yet mild viral illness affecting both children and adults that can cause death. Disabilities in new born are observed if an unprotected pregnant woman gets infected with rubella virus in early pregnancy. Rubella virus has the potential to cause abortions, stillbirths and severe birth defects known as congenital rubella syndrome (CRS), including deafness and blindness in the new born child. This may lead to serious lifelong disabilities, which is a huge burden on the family and society (nearly 30000 estimated CRS cases in the country per year).
- Under the Campaign, the Departments of Health and Education are partnering with schools to bring students and teachers to jointly participate in the MR Campaign.
- The entire programme would be managed by the trained staff from the Municipal Health Department. The programme will be implemented in Maharashtra in the month of November 2018.
- The school is providing only the platform, for the programme, for the benefit of the children and the society. The consent form is hereby sent to all the parents. **Consent forms have to be submitted by 16th November 2018.**
- Parents may consult their family pediatrician / family members / relatives / friends and other doctors before signing the consent form for their ward's vaccination. Particularly, as a matter of abundant precaution, the parents of children with previous medical history must consult their doctor.
- A video with all the necessary details has been uploaded on the school website and school app. Parents are requested to view it to clarify their doubts and queries. **In case parents still have any concern about the vaccination - fill in the request form given below and submit the same to the grade teacher by 16th November 2018.**
The school will conduct a session to address those queries on 17th November 2018.
Other parents must fill the consent form and submit it to the grade teacher.
- **This programme is scheduled in our school on 28th November 2018. Parents must accompany their children on the vaccination day. Timings for the same will be intimated later.**
- Children should carry food / snacks on the vaccination day, as the vaccine should not be administered on an empty stomach.


Principal

Request for attending doubt session.

Date: _____

I, parent of Ms./Mst. _____ studying in Grade: _____ Div: _____ would like to attend the doubt clearing session regarding MR vaccination on 17 November 2018. (I shift 8:30 am sharp, II shift 10:00 am sharp)

Name of Parent: _____

Signature: _____

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CONSENT FORM

Date: _____

To
The Principal,
Neo Kids
Airoli

Sub: Measles – Rubella Vaccination

Madam

I have gone through the circular and understood the details of the Measles –Rubella Vaccination campaign, undertaken by the Government of India to eradicate Measles and control Rubella by 2020.

I also support the school in organizing this programme in the school premises. I understand that the school is providing only the platform and the entire programme is organised by the Maharashtra State Health and Education Departments.

I hereby give my consent to my son / daughter _____ studying in Grade _____ Div : _____ to participate in the campaign in the school and get him / her inoculated.

I undertake that I shall not hold the school responsible for side effects, if any.

Yours sincerely

(Signature of the Parent)

Name of the Parent: _____

Emergency Contact No. 1. _____ 2. _____