

MMR vaccine

This is a vaccine containing live attenuated viruses. It is administered subcutaneously to prevent three diseases caused by viruses: measles, rubella, and mumps.

Measles is a highly contagious infectious disease. It can be very serious in young children and adults. Complications such as otitis, pneumonia, or encephalitis may occur.

Rubella is usually mild and may go unnoticed. However, when a pregnant woman contracts rubella, it is dangerous for the fetus, as it can suffer from congenital rubella syndrome, which can affect the development of its organs and cause premature birth or miscarriage.

Mumps causes swelling of one or more salivary glands, usually the parotid glands. It is usually benign, but complications sometimes arise (especially in adults). The most common complication in adolescent males is orchitis (inflammation of the testicle) and in females is oophoritis (inflammation of the ovary).

In Catalonia, one dose is routinely administered at 12 months and a second dose at school at 3 years of age. Adults who were not vaccinated as children, especially women of childbearing age, should receive two doses at least 4 weeks apart.

This vaccine is 95% effective and can be administered together with other vaccines, although in different areas of the body.

Adverse effects of the vaccine

In most cases, the vaccine does not cause any reaction. Sometimes, between 5 and 12 days after administration, symptoms such as pain and redness at the injection site, fever, or a rash that disappears after a few days may appear.

It cannot be administered during pregnancy and pregnancy should be avoided for one month after administration, as it can cause serious complications in the fetus. It is essential to acknowledge this condition.

If you have a serious illness, are taking medication that weakens your immune system, or are scheduled to receive a blood transfusion, consult with your healthcare provider beforehand.

Informed consent

I have been informed of the risks associated with the rubella vaccine. I declare that I am not currently pregnant and I agree to take the necessary contraceptive measures for a period of one month after receiving the MMR vaccine. I also assume full responsibility in the event of pregnancy.

Patient's name:

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ID number:

Name of the professional administering the vaccine:

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Vaccination center:

Date of vaccination:

☐ **I DO** authorize the administration of the MMR vaccine.

☐ **I DO NOT** authorize the administration of the MMR vaccine.

Signature
of the professional

Signature
of the patient