

## Why immunise?

Children starting school are exposed to a large number of people and to a range of potentially dangerous diseases.

Immunisation is a proven and safe way to be protected against diseases that cause serious illness and sometimes death.

Enrolling in primary school is a good time to check your child's immunisations are up to date.

By law, your child must have an immunisation status certificate to enrol in primary school.

## What is an immunisation status certificate?

It is a statement showing the immunisations your child has received.

By law, you must provide an immunisation status certificate to the primary school when enrolling your child.

If your child has not received any immunisations, you must still provide a certificate.

The school keeps a copy of the certificate so that, in the event of a disease outbreak, unimmunised children can be quickly identified and excluded from school until the risk of infection has passed.

If you do not provide the certificate to the school your child may also be excluded from school as their immunisation status will be unknown.

Homeopathic treatment is not a legally recognised form of immunisation and cannot be listed on an immunisation status certificate.

How do I obtain an immunisation status certificate?

From the Australian Childhood Immunisation Register

- phone 1800 653 809 or
- email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)
- visit your local Medicare Office.

The most common type of immunisation status certificate is a *Child History Statement* from the Australian Childhood Immunisation Register (ACIR).

You will be sent this statement when your child turns five years old, however you can request a certificate at any time.

You should also contact ACIR if you:

- are moving or have recently moved, to ensure your contact details are up to date
- think your child's statement is incomplete or incorrect.

### From your doctor or local council

If your child is not eligible for a Medicare card, then contact your doctor or local council immunisation service who will be able to assist you in obtaining an immunisation status certificate.



# How can I find out more?

For more information and for translated versions of this document go to [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)



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Department of Health

## Starting primary school?

Immunisation information for parents enrolling a child

Primary schools, early childhood services and immunisation providers can order free copies of this brochure online:  
[www.health.vic.gov.au/resources-immunisation.asp](http://www.health.vic.gov.au/resources-immunisation.asp)

Or download and print an A4 version:  
[www.health.vic.gov.au/immunisation/factsheets](http://www.health.vic.gov.au/immunisation/factsheets)

To receive this document in an accessible format email [immunisation@health.vic.gov.au](mailto:immunisation@health.vic.gov.au).  
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## Measles

Measles is a contagious viral illness that causes a skin rash and fever. Serious and sometimes fatal complications include pneumonia and encephalitis (brain inflammation). Measles is also known as rubeola, not to be confused with rubella (German measles). Worldwide, measles is the fifth highest cause of illness and death in children.

Measles is rare in Australia because of the widespread use of the measles vaccine. It is important to continue immunising children in Australia, because there is a risk that the infection can be brought in by people arriving or returning from overseas.

### Symptoms of measles

The signs and symptoms of measles may include:

- fever
- general discomfort, illness or lack of wellbeing (malaise)
- runny nose
- dry cough
- sore and red eyes (conjunctivitis)
- red and bluish spots inside the mouth (Koplik's spots)
- red and blotchy skin rash that appears first on the face and hairline, and then spreads to the body.

### Complications of measles

Possible complications of measles include:

- otitis media – inflammation of the middle ear
- diarrhoea and vomiting – may cause further complications such as dehydration
- respiratory infections – such as bronchitis, croup or laryngitis
- pneumonia – a type of lung inflammation that causes about 60 per cent of measles deaths
- pregnancy problems – if a pregnant woman contracts measles, she risks miscarriage or premature labour
- encephalitis – or brain inflammation, affects about one person with measles in every 1000. About 10 to 15 per cent of people with encephalitis die and 15 to 40 per cent of survivors have permanent brain damage to varying degrees
- subacute sclerosing panencephalitis (SSPE) – occurs in about one in every 100,000 cases of measles. SSPE is an extremely rare progressive inflammation of the brain that causes loss of personality and intellectual problems. SSPE usually begins about seven years after the measles infection.

### Causes of measles

Measles is most commonly spread when someone swallows or inhales the cough or sneeze droplets from an infected person. The measles viruses are carried inside mucus or saliva droplets and remain alive for several hours. Infection can also occur if someone touches contaminated surfaces or objects and then touches their own mouth or nose or eats before washing their hands. Symptoms usually occur about 10 to 12 days after infection.

Measles is very contagious. Estimates suggest that a person with measles will infect about nine in every 10 people they have contact with who have not been immunised or previously infected with measles.

## High-risk groups

Measles is rare in Australia because of the immunisation program, but cases still occur. Anyone who hasn't been immunised, particularly children and healthcare workers, are at high risk of infection.

People who are at increased risk of potentially fatal measles complications include:

- anyone with a chronic illness
- children younger than five years
- adults.

## Diagnosis of measles

Tests used to diagnose measles may include:

- medical history, including immunisation status and travel history
- physical examination
- blood test.

## Treatment for measles

A case of measles without complications usually lasts about 14 days and most people make a full recovery. Antibiotics don't work because the illness is viral. Treatment aims to ease symptoms and reduce the risk of complications. Options may include:

- bed rest
- plenty of fluids
- paracetamol to reduce pain and fever
- isolation to reduce the risk of transmission.

Occasionally, measles develops into a serious disease that requires urgent treatment and can even be life threatening. Sometimes, people can die from complications even if they receive prompt medical attention.

Treatment depends on the complication but may include:

- hospitalisation
- supportive care – for example, to maintain hydration, and to check for fever and infection
- antibiotics – to treat bacterial infection.

## Contact with someone with measles

If you've been in contact with someone with measles and you are not immune to measles (have not been immunised or have not had a measles infection), there are different treatment options. Speak with your doctor about your options.

Depending on your situation, these may include:

- Contact in the last 72 hours – have a measles immunisation immediately.
- Contact in the last three to seven days – immunoglobulin can be given for interim protection. This is known as passive immunisation. Measles vaccination, or active immunisation, should be given later to prevent further risk of infection, but not until three months after you received the immunoglobulin. Normal human immunoglobulin is given as an injection.

## Immunisation against measles

Immunisation is the best protection against measles. A person who receives the recommended two doses of a measles vaccine has 99 per cent immunity against measles infection. If you have been infected with measles, you will usually have lifelong immunity.