

Measles

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Measles is one of the most contagious infectious diseases in the world. It has a secondary infection rate of about 90% in susceptible people. It is a childhood disease, but it can affect people of all ages (1, 2). Uncomplicated measles presents with a generalized rash, temperature of 38.3°C or higher, coryza, conjunctivitis, and a cough lasting 7 days or more. Laboratory confirmation is made by serologic testing for measles-specific IgM or IgG antibodies, isolation of the virus, and reverse-transcriptase polymerase chain reaction (RT-PCR) (1-3). The treatment of measles is mainly supportive, including well hydration and sometimes intravenous (IV) hydration if the dehydration is severe. Vitamin A supplementation also should be considered. The complications of measles occur more often in people younger than 5 years of age or older than 20 years; complications also occur in people with vitamin A deficiencies, malnutrition, immune deficiency disorders, such as human immunodeficiency virus (HIV) infection, and in those with a history of inadequate vaccination (2-5). The risk of death among patients is usually 0.2%, but it can rise to 10% in those with malnutrition and other immunodeficiency disorders. Immunocompromised patients are susceptible and are at risk of severe illness and superinfections, such as pneumonia and otitis. Patients should be under follow-up care for surveillance of complications of the infection. The measles vaccine is effective in preventing the disease. Vaccination has resulted in a 90% reduction of death due to this infection between 2000 to 2013 (1, 2, 5). About 85% of children globally are currently vaccinated. Post-exposure prophylaxis is necessary for unvaccinated contacts (1-4). In 1997, the Eastern Mediterranean Regions (EMR) countries decided to eliminate the disease from the region by 2010. Studies in this region reported a 93% reduction in measles-related deaths by the end of 2008 compared to 2000 (1). Since 2004, Iran has attempted all of the global

and regional recommended strategies to have low disease incidence with high population immunity and a suitable surveillance system to eliminate the disease. During recent years, there has been a significant reduction in the incidence rate of the infection (3, 4). However, Southeastern Iran is faced with an outbreak of measles in the Sistan and Baluchestan provinces and other provinces on the border of Afghanistan and Pakistan, where the rate of vaccination is low (2). To prevent an epidemic in the country, the Iran Health Ministry has decided to do a global vaccination in children between 9 months and 15 years in the Southeastern provinces, such as Kerman, Hormozgan, South Khorasan, Sistan, and Baluchestan.

Footnote

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