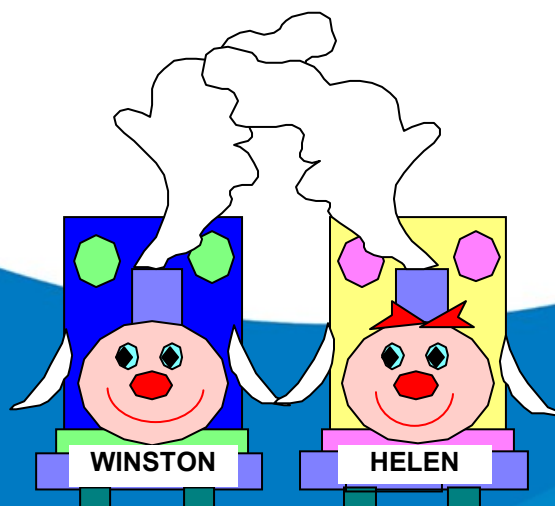


# Measles

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## The nature of the condition

Few parents today will remember the potentially devastating effects of measles before the introduction of a vaccine against this disease. In fact, complications were relatively common, and measles claimed the lives of around 85 children every year in the UK (more in epidemic years) before the vaccine became part of the routine immunisation schedule in 1968.

Fortunately the vast majority of children in the UK are now protected against measles. A huge amount of research worldwide has overwhelmingly confirmed the safety of the MMR vaccine, and has led to a return in public confidence following scare stories raised by one doctor in the late 90s.

But in some areas where uptake of the vaccine is low, there have recently been outbreaks of measles. For instance, between May and October 2007, 544 cases of measles in preschool and primary age children were confirmed in North East London. At least two of these children needed intensive care treatment because their lungs were affected. So it is worth knowing a bit about measles – what to look out for, and how the vaccine can protect your child.

### **Measles is a highly contagious viral infection. It spreads easily from an infected person via coughs and sneezes, and even just by breathing.**

Symptoms develop between six and 19 days after contact with the infection.

Children with measles are usually infectious themselves for one or two days before the rash appears – in other words, before it is confirmed that they have measles.

The first symptoms, which usually last two or three days, include feeling generally unwell and having a runny nose, cough, sore eyes, and a fever which may be as high as 40C. Children may also complain that bright light hurts their eyes. A day or two before the rash appears, some children develop 'Koplik's spots' – tiny white spots on a red background inside the mouth. The rash appears on the fourth day of the illness and is red and blotchy.

It starts at the hairline and travels down the body over a period of about three days, although it is mainly confined to the face and upper body. After three to four days, the rash turns a brownish colour and gradually fades. Having measles is believed to give a child lifelong immunity against the infection. The condition does have what is known as an 'immunosuppressive' effect – so for a period of months after the attack, your child might be more susceptible than usual to other infections.

## Complications

Most children with measles make a full recovery – but unfortunately, around one in 15 suffer from complications.

These include pneumonia, middle ear infections and convulsions.

One in 70 have to be admitted to hospital. The risks are higher in children under the age of one.

## Making a diagnosis

The measles rash is very distinctive, but it is important to see your GP. Your doctor will take a sample of your child's saliva for testing to confirm the diagnosis.

Measles is a notifiable disease – each case needs to be reported to the Health Protection Agency which your GP or hospital doctor will be able to do. It is best to call the surgery or hospital beforehand to warn them your child might have measles, as there may be a separate waiting area for people with infectious diseases.

## Benefits of treatment

There is not any specific treatment for measles itself – only the symptoms. You will be advised to ensure your child has plenty to drink, offer paracetamol to reduce fever and to contact the surgery or hospital if you suspect your child's condition is deteriorating.

Measles can be dangerous to the unborn child. It is really important to keep a child with measles away from anyone who is pregnant during the infectious period, as the woman may not have had measles.

## Prevention

The most effective way of preventing measles is through the MMR immunisation. Most children in the UK receive the MMR immunisation; the first dose is offered at 13 months and the second at three years four months to five years old. However, the second dose can be given as soon as three months after the first dose. One dose of a measles containing vaccine is about 90 per cent effective against measles. A second dose of MMR was introduced to the UK vaccination schedule in the mid 90s, before children started school, which is very important as it raises their immunity against the disease to almost 100 per cent.

## Herd immunity

Vaccination is important. As measles is so infectious, a high level of immunity is needed before 'herd immunity' can be reached. Herd immunity occurs when a certain percentage of a population is vaccinated and the spread of the disease is effectively stopped.

To reach this level of protection, about 85 per cent of preschool children should be immune (for this to happen, 90-95 per cent need to be immunised with at least one dose of vaccine).

Currently in the UK, around 85 per cent of children receive two doses of MMR but some areas are below this. The decline in the uptake of the vaccine is the result of publicity surrounding a paper that suggested an association between the MMR vaccine and autism. This has since been discounted as incorrect.

If you have any further questions, please contact your child's consultant via their secretary via the hospital switchboard. The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

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