

Louisiana Pharmacists Association Educates Patients about Measles

With spring in Louisiana in full session, the flowers are beginning to bloom, and temperatures are increasing. The changing weather usually means spending and enjoying more time outdoors with family and friends. At the moment, circumstances are different, and we are keeping apart from each other because of the coronavirus pandemic. While coronavirus is currently the hot topic on the minds of many, it is important to not overlook other communicable diseases also on the return and rise, such as measles.

The Centers for Disease Control and Prevention estimates that 3 to 4 million people in the United States were once affected by measles every year. This changed after the measles vaccination program was started in 1963, and by 2000 the U.S. declared that measles was eliminated from the nation. Since then, however, the number of reported cases per year has seen an increase from 37 people in 2004 to 667 people in 2014. By 2019, the number of cases was 1282, nearly double those reported in 2014.¹ This represents a resurgence of measles, and it is important that we take measures, like raising vaccine awareness, to prevent it from completely reasserting itself in our country through outbreaks.

What is measles, and what makes it so dangerous for us?

Measles, which is also known as rubeola, is a contagious viral disease that typically causes a flu-like illness. Despite the introduction and availability of a vaccine, it remains a leading cause of death among children around the world. The virus replicates in the nose and throat of an affected child or adult. It can be spread through droplets in the air when someone coughs, sneezes, or talks. Signs and symptoms generally appear about 7 to 14 days after exposure to the virus. Common ones include fever, runny nose, sore throat, dry cough, bloodshot eyes, and small white spots on the inside of the mouth.² After another 3 to 5 days, a noticeable rash forms, beginning on the face and upper neck areas before spreading down to the arms and legs. The rash, which consists of tiny red spots, is a hallmark indication of the virus, and it often runs together with the fever as it becomes worse.³

Some risk factors for getting the virus are being unvaccinated, traveling internationally, and having a vitamin A deficiency.¹ If you have not received the measles vaccine, you are highly likely to be affected by the disease and it can spread faster to others in your community who also have decided to not vaccinate. If you travel to some developing countries where measles is more widespread, you are at a greater risk of catching the disease, but the risk can be lowered if you receive the vaccine before going to these nations or by simply traveling to other countries where measles is not as common. Finally, if you do not have enough vitamin A in your diet, you may experience more serious symptoms and complications. Common sources of vitamin A include eggs, orange and yellow fruits and vegetables, and dark, leafy vegetables, among others.

Severe cases of measles are more likely to be reported among children younger than 5 years of age, adults older than 20, pregnant women, and individuals whose immune systems have been weakened by leukemia, AIDS, and other diseases.¹ The most serious of complications include ear infections, severe diarrhea and dehydration, and pneumonia. The latter can be fatal in people with compromised immune systems. Swelling in the brain and blindness have also been reported in rarer cases. Pregnant patients must take great care to avoid getting measles because it may lead to low birth weight, pre-term labor, and even maternal death.²

How can we prevent getting measles, and why does vaccination matter?

Vaccination at a young age, combined with massive immunization campaigning in developing nations having lower regular coverage, are crucial public health strategies aimed at lowering global deaths associated with this disease.² To prevent measles in children, doctors advise getting a two-dose series of the MMR vaccine, which provides protection against measles, mumps, and rubella. The first dose is given at between 12 and 15 months of age, and the second is typically given during ages 4 and 6. If your child is younger than 12 months and you are traveling, it is crucial to talk with your doctor about receiving the vaccine earlier. Teenagers and adults with no proof of immunity who have not been previously vaccinated should receive an MMR dose as soon as possible.³

Isolation via social distancing may also help, but vaccination is the most successful approach to dealing with the disease. It is important to promote and maintain widespread immunity through vaccination and becoming more educated about immunizations and their benefits and common side effects. Some possible side effects include soreness in the arms, fever, rash, and brief pain or stiffness in the joints, while the risk of seizures or allergic reactions is very low. There have been some rare cases of death in immunocompromised children due to the side effects of the vaccine, so it is recommended that they do not get it. When it comes to autism, according to The Infectious Diseases Society of America, there is a significant amount of evidence that proves getting the vaccine does not trigger the condition.³

As more people refuse vaccination and rates continue to drop nationwide, herd immunity, or the resistance to a particular infection that occurs in a group of people when a very high percentage of individuals have been vaccinated or previously exposed to the infection, decreases. If this decline continues over a prolonged period, then measles will return in devastating ways. Therefore, it is critical to raise awareness about the benefits of vaccination. Although the vaccine may be costly, most insurance plans cover the cost with no patient out-of-pocket expenses, and government programs may also be available to cover the cost.

References:

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