

A Short Note on Measles: Viral Infection

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DESCRIPTION

Measles is a viral disease caused by the morbillivirus of the paramyxovirus family. The prodromal stage is characterized by the onset of fever, malaise, coryza, conjunctivitis and cough. Erythematous and maculopapular lesions, begin in the head and spread to the trunk and limbs within three to four days. Koplik spots (small red dots with white spots) may appear on the mucous membranes of the mouth one to two days before the eruption and may appear a day or two later. Measles is transmitted by air or droplets. Individuals become infected from the beginning of the prodromal period (when the first sign appears) to four days after the eruption. The incubation period is ten days (ranging from between seven and 18 days) and another two to four days before the eruption. Common causes of measles:

- Rash for at least three days
- Fever for at least one day
- Cough, coryza or conjunctivitis

The most common complications of measles are otitis media (7 to 9% of cases), pneumonia (1 to 6%), diarrhea (8%) and convulsions (0.5%). Also, less common complications include encephalitis (one to four cases per 1000-2000 measles cases) and Subacute Sclerosing Pan Encephalitis (SSPE). Prior to 2006, the last major deaths from measles in England and Wales were in 1992. Between 2006 and 2016 four people were reported dead. The mortality rate for measles is reduced and higher in children under one year of age, lower in children aged one to nine years and higher in adolescents and adults as well. Problems are more

common and more severe in children who are malnourished and/or chronically ill, including those who do not have antibodies.

There are different types of measles encephalitis that occur at different times in relation to the onset of the outbreak:

Post-infectious encephalomyelitis occurs about one week after the onset of the outbreak. Infectious viruses are rarely found in the brain. This condition is associated with a weakening of the immune system and is thought to have an autoimmune effect.

The parasite infestation of the body with encephalitis (also known as acute encephalitis of the delayed type) occurs in patients who are not physically able. It may occur without a disease such as previous measles although there may be a history of measles exposure a few weeks or a few months before Measles RNA can usually be detected in clinical models for a few days or weeks.

CONCLUSION

SSPE is a rare, deadly, late-onset form of measles infection. One case of SSPE occurs in all 25,000 measles cases. Of the infected children under the age of two, the rate is one in 8000. Growing tumors under one year of age have a 16-fold higher risk of SSPE than those with the disease over the age of five. The average time from measles infection to the onset of symptoms is about seven years but it can be as much as twenty to three years. SSPE may detect anonymous measles infection. The wild measles virus has been found in the brains of people with SSPE, including those who do not have a history of measles.

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