Measles is an acute, highly contagious viral disease. Those at highest risk include unvaccinated people (includes babies too young to be vaccinated), travelers to areas where measles are prevalent, and health care workers. A small number of cases are capable of quickly producing epidemics, and the disease can be very serious, even fatal for some patients. As of Feb. 28, 2014 there have been 28 cases of measles reported in the U.S.; five in Oregon. In 2013, there were 187 cases of measles in the U.S.; five in Oregon. There is no specific treatment for measles.

The best way to protect yourself and your family against measles and other vaccine-preventable diseases is by immunization. Children should receive their first dose of measles vaccine between 12 and 15 months of age; another dose at kindergarten. Measles/mumps/rubella (MMR) vaccine is generally first given at 12 months of age in the United States, but is sometimes recommended for children as young as 6 months of age who are traveling outside the United States or could be infected in an outbreak (with a repeated dose separated by at least 28 days).

In Oregon, two doses of measles vaccination, given at least 4 weeks apart, have been required for school children since 1998. Unvaccinated children may be excluded from school in the presence of diseases. Each year, about 90 percent of 2 year olds have had their initial measles vaccination. Despite repeated introduction of measles into Oregon, we have seen five or fewer cases annually in Oregon in the last decade. As long as vaccination rates remain high, the risk to Oregonians is low. Immunization protects the entire community.

Measles symptoms generally appear in two stages. In the first stage, the individual may have a runny nose, cough and slight fever. The eyes may become reddened and sensitive to light, while the fever consistently rises each day. The second stage begins on the third to seventh day, and consists of a temperature of 103° to 105° and a red rash lasting four to seven days. The rash usually begins on the face and then spreads over the entire body. Koplik’s spots (little white spots) may also appear on the gums and inside of cheeks.

Symptoms usually appear in 10 to 12 days, although they may occur as early as 8 or as late as 18 days after exposure. An individual is able to transmit measles from four days prior and four days after rash onset. Sometimes, it’s possible for the virus to linger on for an hour or two after the patient has left the vicinity.

There are health complications associated with measles. Pneumonia occurs in up to 6 percent of reported cases and accounts for 60 percent of deaths attributed to measles. Encephalitis (inflammation of the brain) may also occur. Other complications include middle ear infection and convulsions. Measles is more severe in infants than adults. In developed countries, the measles case fatality rate is about 1 in 2000.

Permanent immunity is acquired after contracting the disease. Anyone (health care workers especially) born on or after January 1st, 1957, who does not have a history of physician-diagnosed measles or serologic confirmation of measles immunity, should receive two doses of MMR vaccine (with appropriate spacing) for maximum protection.
The first dose should be given at 12 to 15 months of age. The second dose should be given at four to 5 years of age (school entry). Children as young as 6 months of age who are traveling outside the United States or who live in a community experiencing an outbreak of measles should also be vaccinated. MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases; measles, mumps and rubella. Measles immunization is required of all children enrolled in schools and pre-kindergarten programs. Since August 1st, 1990, college students have also been required to demonstrate immunity against measles.