In the 9th century, a Persian doctor published one of the first written accounts of measles disease.

Francis Home, a Scottish physician, demonstrated in 1757 that measles is caused by an infectious agent in the blood of patients.

In 1912, measles became a nationally notifiable disease in the United States, requiring U.S. healthcare providers and laboratories to report all diagnosed cases. In the first decade of reporting, an average of 6,000 measles-related deaths were reported each year.

In the decade before 1963 when a vaccine became available, nearly all children got measles by the time they were 15 years of age. It is estimated 3 to 4 million people in the United States were infected each year. Also each year an estimated 400 to 500 people died, 48,000 were hospitalized, and 4,000 suffered encephalitis (swelling of the brain) from measles.

**Measles Elimination**

In 1978, CDC set a goal to eliminate measles from the United States by 1982. Although this goal was not met, widespread use of measles vaccine drastically reduced the disease rates. By 1981, the number of reported measles cases was 80% less compared with the previous year. However, a 1989 measles outbreaks among vaccinated school-aged children prompted the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) to recommend a second dose of MMR vaccine for all children. Following widespread implementation of this recommendation and improvements in first-dose MMR vaccine coverage, reported measles cases declined even more.

Measles was declared eliminated (absence of continuous disease transmission for greater than 12 months) from the United States in 2000. This was possible thanks to a highly effective vaccination program and better measles control in the Americas region.

**Let's Talk About Measles & Vaccinations**

**ANTI-VACCINATION MOVEMENT**

Since the late 1990s, a growing number of American parents have become convinced — against all scientific evidence — that the risks of immunization outweigh the benefits. Their fears are rooted in a now-discredited 1998 study by a British doctor, Andrew Wakefield, who claimed that the onset of autism in 12 British children was linked to their being vaccinated for measles, mumps, and rubella (MMR). But subsequent studies failed to replicate Wakefield's findings, and an investigation found that his study was "an elaborate fraud," with deliberately falsified data. Nonetheless, Wakefield's bogus study started a wave of apprehension and confusion that continues to spread. In some states, from 5 to 8 percent of parents got a "personal belief" exemption to prevent their children from being vaccinated in 2012. Overall, more than 10 percent of parents are either delaying when their children are vaccinated or not getting the shots at all. "Every year, the number of kids getting exempted [from vaccines] grows," said Dr. Lawrence Madoff, director of epidemiology and immunization for Massachusetts. "When immunization rates fall, it doesn't take long, even in a developed country, for diseases to resurge."

The Week 3/1/14

In 2007 there was an increase in celebrities promoting anti-vaccination rhetoric. Because of their celebrity status they appeared on several television shows and published multiple books advising parents not to vaccinate their children. This has led to an increase in the number of vaccine preventable illnesses as well as an increase in the number of vaccine preventable deaths.

Anti-Vaccine_Body_Count.com
WHAT HAPPENED IN DISNEYLAND?

42 out of 59* recent measles cases reported in January 2015 can be traced to December visits to Disneyland, CA. Five park employees contracted measles and spread the disease to mostly unvaccinated visitors to the park. Over 82% of those infected in this outbreak were not vaccinated, either because they’re too young, or because they elected not to.

CNN 1/23/15

*As of 2/2/15 there are now 92 reported cases of measles in California.

Considered to have been eliminated in the United States back in 2000, there have since been 644 reported cases of measles from 27 states.

What is measles?

Measles is an infectious viral disease that occurs most often in the late winter and spring. It begins with a fever that lasts for a couple of days, followed by a cough, runny nose, and conjunctivitis (pink eye). A rash starts on the face and upper neck, spreads down the back and trunk, then extends to the arms and hands, as well as the legs and feet. After about 5 days, the rash fades the same order in which it appeared.

How can I catch measles?

Measles is highly contagious. Infected people are usually contagious from about 4 days before their rash starts to 4 days afterwards. The measles virus resides in the mucus in the nose and throat of infected people. When they sneeze or cough, droplets spray into the air and the droplets remain active and contagious on infected surfaces for up to 2 hours.

How serious is the disease?

Measles itself is unpleasant, but the complications are dangerous. Six to 20 percent of the people who get the disease will get an ear infection, diarrhea, or even pneumonia. One out of 1000 people with measles will develop inflammation of the brain, and about one out of 1000 will die.

Why is vaccination necessary?

In the decade before the measles vaccination program began, an estimated 3–4 million persons in the United States were infected each year, of whom 400–500 died, 48,000 were hospitalized, and another 1,000 developed chronic disability from measles encephalitis. Widespread use of measles vaccine has led to a greater than 99% reduction in measles cases in the United States compared with the pre-vaccine era.

However, measles is still common in other countries. The virus is highly contagious and can spread rapidly in areas where vaccination is not widespread. It is estimated that in 2006 there were 242,000 measles deaths worldwide—that equals about 663 deaths every day or 27 deaths every hour. If vaccinations were stopped, measles cases would return to pre-vaccine levels and hundreds of people would die from measles-related illnesses.

The largest outbreak this year [before Disneyland] was in NY where 58 people contracted measles in a community where many refuse to be vaccinated for religious reasons.

92% were not vaccinated or had unknown vaccination status.

The outbreak stemmed from an unvaccinated 17 year old who returned to NY infected with measles after visiting London.

Upcoming H & W Events

*February 4th
How Money Works

*March 11th
Care to Garden?

*April 21st
Ergonomics and Back Pain

Click here to register
Is measles still a problem in the United States?

We still see measles among visitors to the United States and among U.S. travelers returning from other countries. The measles viruses these travelers bring into our country sometimes cause outbreaks; however, because most people in the United States have been vaccinated, these outbreaks are usually small.

In the last decade, measles vaccination in the United States has decreased the number of cases to the lowest point ever reported. Widespread use of the measles vaccine has led to a greater than 99% reduction in measles compared with the decade before the measles vaccination program began, when an estimated 3–4 million persons in the United States were infected each year, 400–500 died, 48,000 were hospitalized, and another 1,000 developed chronic disability from measles encephalitis.

If the chance of the disease is so low, why do I need the vaccine?

It is true that vaccination has enabled us to reduce measles and most other vaccine-preventable diseases to very low levels in the United States. However, measles is still very common—even epidemic—in other parts of the world. Visitors to our country and unvaccinated U.S. travelers returning from other countries can unknowingly bring (import) measles into the United States. Since the virus is highly contagious, such imported cases can quickly spread, causing outbreaks or epidemics among unvaccinated people and under-vaccinated communities.

To protect your children, yourself, and others in the community, it is important to be vaccinated against measles. You may think your chance of getting measles is small, but the disease still exists and can still infect anyone who is not protected.

What kind of vaccine is given to prevent measles?

The MMR vaccine prevents measles and 2 other viral diseases—mumps and rubella. These 3 vaccines are safe given together. MMR is an attenuated (weakened) live virus vaccine. This means that after injection, the viruses grows and causes a harmless infection in the vaccinated person with very few, if any, symptoms. The person’s immune system fights the infection caused by these weakened viruses and immunity develops which lasts throughout that person’s life.

How effective is MMR vaccine?

More than 95% of the people who receive a single dose of MMR will develop immunity to all 3 viruses. A second vaccine dose gives immunity to almost all of those who did not respond to the first dose.

Why is MMR vaccine given after the first birthday?

Most infants born in the United States will receive passive protection against measles, mumps, and rubella in the form of antibodies from their mothers. These antibodies can destroy the vaccine virus if they are present when the vaccine is given and, thus, can cause the vaccine to be ineffective. By 12 months of age, almost all infants have lost this passive protection.

What is the best age to give the second dose of MMR vaccine?

The second dose of MMR can be given at any time, as long as the child is at least 12 months old and it has been at least 28 days since the first dose. However, the second dose is usually administered before the child begins kindergarten or first grade (4–5 years of age) or before entry to middle school (11–12 years of age). The age at which the second dose is required is generally mandated by state school entry requirements.

As an adult, do I need the MMR vaccine?

You do not need the MMR vaccine if you

- had blood tests that show you are immune to measles, mumps, and rubella
- are someone born before 1957
- already had two doses of MMR or one dose of MMR plus a second dose of measles vaccine
- already had one dose of MMR and are not at high risk of measles exposure

- You should get the measles vaccine if you are not among the categories listed above, and

"Anyone who is not protected against measles is at risk of getting infected when they travel internationally," the CDC says. "They can bring measles to the United States and infect others. Unvaccinated people put themselves and others at risk for measles and its serious complications."
received killed measles vaccine, which was available in 1963–1967 and was not effective.

Why are people born before 1957 exempt from receiving MMR vaccine?

People born before 1957 lived through several years of epidemic measles before the first measles vaccine was licensed. As a result, these people are very likely to have had the measles disease. Surveys suggest that 95% to 98% of those born before 1957 are immune to measles. Note: The "1957 rule" applies only to measles and mumps—it does NOT apply to rubella.

Precautions and Possible Reactions

Do people who received MMR in the 1960s need to have their dose repeated?

Not necessarily. People who have documentation of receiving live measles vaccine in the 1960s do not need to be revaccinated. People who were vaccinated prior to 1968 with either inactivated (killed) measles vaccine or measles vaccine of unknown type should be revaccinated with at least one dose of live attenuated measles vaccine. This recommendation is intended to protect those who may have received killed measles vaccine, which was available in 1963–1967 and was not effective.

MMR does not pose a risk to a pregnant household member.

I am breastfeeding my 2-month-old baby. Is it safe for me to receive the MMR vaccine?

Yes. Breast feeding does not interfere with the response to MMR vaccine, and your baby will not be affected by the vaccine through your breast milk.

My 15-month-old child was exposed to chickenpox yesterday. Is it safe for him to receive the MMR vaccine today?

Yes. Disease exposure, including chickenpox, should not delay anyone from receiving the benefits of the MMR or any other vaccine.

What is the most common reaction following MMR vaccine?

Most people have no reaction. However, 5–10 percent of the people receiving the MMR vaccine experience a low-grade fever and a mild rash.

Chair Massages are available in Room 105C Strebel Student Center on the 3rd Friday of every month.

"Chair Massage" describes the type of massage that is performed while the client sits fully clothed in a special chair.

This unique massage chair is ergonomically designed and offers full support of the head (face forward), arms, torso and legs. Chair massage is performed by certified and insured practitioners who use a combination of deep tissue and Swedish massage techniques, usually on the muscle groups in the neck, shoulders, back, arms and hands.

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Still tangling and need help? Contact Caren at cbsummers@utica.edu