Short Communication Clinical Pediatric Dermatology 2020
Vol.6 No.2

Euro Pediatrics-2020: The clinic-epidemiologic profile and the correlation of nutrition and immunization status with outcome of measles patients during an outbreak - Princess Alexandra - Jose B. Lingad Memorial Regional Hospital

Princess Alexandra B
Jose B. Lingad Memorial Regional Hospital, Philippines

Measles is an incredibly contagious disease that regularly leads to sizable morbidity among pediatric patients specially while now not addressed properly. While vaccination has already been carried out inside the use of a, there's nonetheless a resurgence of measles outbreak. The look at goals to explain the demographic and medical profile of pediatric sufferers diagnosed with measles in the course of the recent measles outbreak in a tertiary sanatorium in Central Luzon, Philippines; and to analyze the connection of nutrition and measles immunization popularity with the effects of measles infection A ross sectional analytic study, conducted in Tertiary education authorities hospital situated in Pampanga. Patients included within the have a look at have been less than 19 years antique, admitted among January to April 2019, and manifested the subsequent standards for suspected measles: fever, generalized maculopapular rash, cough, coryza, conjunctivitis. A total of 373 patients have been blanketed in this study, 60% (224) had been adult males and forty% (149) have been women. Majority had been underneath zero-6 months, forty% (149). Most cases got here from Pampanga, 333 (89.2%). Three Hundred fifty 5 (95%) have been categorized as clinically compatible measles, seven (2%) have been laboratory showed and all seven had Measles IgM antibodies, at the same time as 4 (1%) had been epidemiologically linked instances. Most of the instances manifested the traditional signs and symptoms of measles: fever a hundred%, rashes 99%, cough 96%, colds 84%, and conjunctivitis 55% at the same time as Koplik's spots changed into visible in most effective thirteen% of instances. As to exposure, people with exposure (49%) and without exposure (51%) are nearly the same.

Majority of the patients (285, 76%) had no measles vaccine and the pinnacle purpose for non-immunization is the difficulty on the sufferers being too younger for vaccination (9 months and beneath). Majority had normal nutritional reputation (72.4%). 312 suggested the prevalence of medical complications in patients with measles. Pneumonia become seen in 75% of cases and 9.3% had diarrhea. The prevalence of diarrhea isn't without delay correlated (p cost 0.823) with the final results of measles even as Pneumonia indicates enormous correlation (p-price<0.001) with outcomes of measles. Death among patients was seen on cases of with pneumonia. The occurrence of pneumonia is not significantly correlated with nutritional status (p value 0.083) while diarrhea is significantly correlated with nutritional status (p value 0.027). Two hundred forty eight patients with normal nutritional status did not develop diarrhea.

Vaccination status shows significant correlation with occurrence of pneumonia (p-value 0.001). Out of the 285 non-vaccinated cases, 223 developed pneumonia. Vaccination status did not show significant correlation with occurrence of diarrhea (p-value 0.946). Nutritional status and vaccination status was not significantly correlated with measles outcome with the following p value of 0.605 and 0.120.In terms of outcome, 90% of the patients were discharged and 10% of the patients died. SSPE is caused by persistence of measles virus in central nervous system tissue for several years, followed by a slowly progressive infection and demyelination affecting multiple areas of the brain. The initial SSPE symptoms, usually decreased school performance and behavioral disorders, are often misdiagnosed as psychiatric problems. Subsequently, myoclonic seizures develop, and a characteristic burst-suppression pattern may be seen on electroencephalography. Measles antibody is present in the cerebrospinal fluid. The disease slowly progresses until affected persons are in a vegetative state.

Wild-type measles viruses, but not measles vaccine viruses, have been found in brain tissue. SSPE occurs on average in 1 per 8.5 million persons who develop measles in the United States but the rate appears to be higher in some other countries. Factors responsible for persistence of measles virus in these persons are not known, nor is it known whether measles virus persists in otherwise normal hosts. Geographic clustering of SSPE occurs in several countries, and there is an increased incidence in children residing in rural areas. In 2 studies, children with SSPE had more close exposure to birds than did control subjects. These data suggest that as-yet-undefined environmental factors, most likely another infectious agent, contribute to this disease. A progressive central nervous system measles virus infection, termed "measles inclusion body encephalitis," occurs in immunocompromised persons with disorders such as human immunodeficiency virus (HIV) infection or leukemia. Onset is usually 5 weeks to 6 months after acute measles. The illness begins with mental-status changes and seizures in the absence of fever; >80% of deaths arise inside weeks.

This Work is partly submitted to 31st European Pediatrics Conference September on 30 - October 01, 2020, Webinar