

**Another measles outbreak:
recognize measles in your
child**



A typical measles rash, courtesy of the public health library, Centers for Disease Control and Prevention

It saddens us that we need to post about how to recognize measles, but the recent measles outbreaks in the United States force parents to be vigilant for a disease that was nearly eradicated in this country.

Both an increase in international travel and a decrease in parents vaccinating their kids is thought to be responsible for the increase in measles cases.

Measles typically starts out looking like a really bad cold – kids develop cough, runny nose, runny bloodshot eyes, fever, fatigue, and muscle aches.

Around the fourth day of illness, the fever spikes to 104 F or more and a red rash starts at the hairline and face and works its way down the body and out to arms and legs, as shown here at the [Immunization Coalition](#) site. Just before the rash, many kids develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base.

Call your child's doctor if you suspect that your child has measles. Parents should be most suspicious if their children have not received MMR vaccine and were exposed to a definite case of measles or visited an area with known measles.

In the US, one in 10 kids with measles will develop an ear infection and one in 20 will develop pneumonia. Roughly one in 1000 kids develop permanent brain damage, and up to two in 1000 who get measles die from measles complications. Kids under age 5 years are the most vulnerable to complications. These statistics are found [here](#). For global stats on measles, please see this [World Health Organization page](#).

Check that your child is up to date on their MMR (measles)

vaccine. The first dose is given between ages 12-15 months and the second dose is given at school entry, typically at 4-6 years of age. If you are traveling internationally with your baby between the ages of 6-12 months, ask your pediatrician about getting an early dose of vaccine.

Preventing measles is key because there is no cure.

Julie Kardos, MD and Naline Lai, MD

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Measles outbreak: Would you recognize measles in your child?



A typical measles rash, courtesy of the public health library, Centers for Disease Control and Prevention

Who knew when we first published this post in June 2014 that another measles outbreak would occur in the US. In light of the numerous measles cases that emerged out of the California Disneyland exposure, we re-publish signs of measles in children. Parents who have children who are not completely

immunized against measles should be especially vigilant.

Measles typically starts out looking like almost every other respiratory virus— kids develop cough, runny nose, runny bloodshot eyes, fever, fatigue, and muscle aches.

Around the fourth day of illness, the fever spikes to 104 F or more and a red rash starts at the hairline and face and works its way down the body and out to arms and legs, as shown here at the Immunization Coalition site. Many kids also develop Koplik spots on the inside of the mouth: small, slightly raised, bluish-white spots on a red base 1-2 days before rash. Call your child's doctor if you suspect that your child has measles. Parents should be most suspicious if their children have not received MMR vaccine or if their immunized child was exposed to a definite case of measles or visited an area with known measles.

In the US, one in 10 kids with measles will develop an ear infection and one in 20 will develop pneumonia. Roughly one in 1000 kids develop permanent brain damage, and up to two in 1000 who get measles die from measles complications. Kids under age 5 years are the most vulnerable to complications. These statistics are found here. For global stats on measles, please see this World Health Organization page.

There is no cure for measles and there no way to predict if your child will have a mild or severe case. Fortunately, one dose of the MMR (Measles, Mumps, Rubella) vaccine is 92-95% effective at preventing measles, and two doses are 97-99% effective at preventing measles. That's the best we can do, and this protection rate works great when everyone is vaccinated. The American Academy of Pediatrics recommends giving the first dose of MMR vaccine at 12-15 months and the second dose at school entry, between 4-6 years of age.

If parents refuse the MMR vaccination for their children, then more people are left susceptible to measles. This leads to

more people who can spread the disease when it hits a community. Measles is one of the most contagious diseases known: 9 out of 10 unvaccinated people exposed to measles will become sick, and infected people are contagious even before symptoms appear. One of the reasons behind the increase in measles cases is the increase in unvaccinated children. One patient of Dr. Kardos's was a four-year-old boy who was behind on his vaccines and hospitalized for measles pneumonia. Before he was diagnosed he exposed an entire Emergency Department to measles.

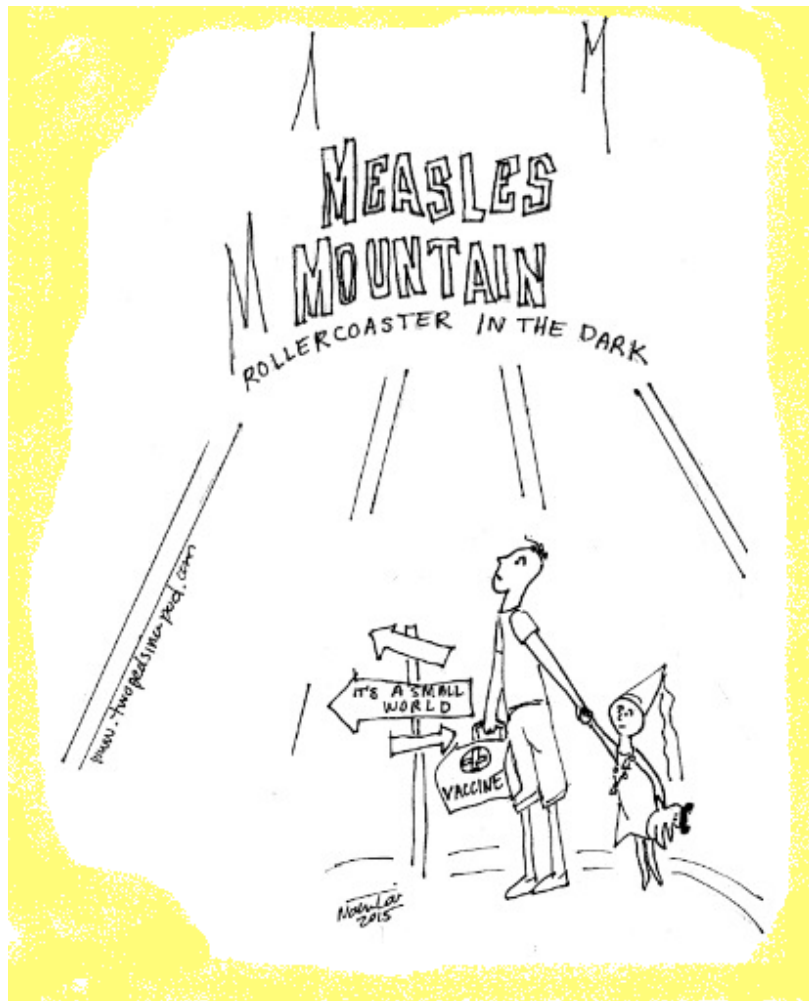
In our global world, another reason for the spike in measles cases is the increase in travel between countries. In fact, young children traveling internationally should now get the MMR vaccine outside of the routine schedule. If you plan on traveling, check here to see if you need to give your child the MMR vaccine on an early schedule.

With increased vigilance and vaccination, hopefully measles will once again become a disease few doctors have ever encountered. After all, vaccines did eradicate small pox. The last case of smallpox in the United States was in 1949, and the last case in the world was in 1977. In the meantime, you'll know how to "spot" a case of measles too.

Julie Kardos, MD and Naline Lai, MD

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Should I vaccinate my child?



“Let’s skip this ride.”

Should I vaccinate my child? Yes, yes, yes!

The recent measles outbreak originating in Disneyland among mostly-unvaccinated children and adults highlights how important it is to continue to immunize children against preventable infectious diseases, even if we think they are rare.

There are many deadly diseases we can’t prevent, but we do have the power to prevent a few. We now have the ability to prevent your children from getting some types of bacterial meningitis, pneumonia, and overwhelming blood infections. With vaccines we can prevent cases of mental retardation, paralysis, blindness, deafness, and brain infections. Immunizations are a safe way of boosting children’s natural immune systems. Yet some of our parents continue to doubt the

benefits of vaccines and to fear harm from them.

Let's look at another kind of prevention. You would never drive your car without putting a seatbelt on your child. Even if you don't know anyone who was in a fatal car accident, you still buckle you and your child up. You may know a kid who emerged from a car accident with only a scrape, yet you still buckle you and your child up.

You may never know a child who is paralyzed by polio or who died of whooping cough, but it does happen and can be prevented. Just like with car accidents, it's better to prevent the injury than to play catch-up later. Dr. Kardos's grandfather routinely rode in the front seat of his car without his seatbelt because he "had a feeling" the seatbelt might trap him in the car during an accident. Never mind that epidemiologists and emergency room doctors have shown people are much more likely to die in a car accident if they are not wearing a seat belts, he just "had a feeling."

We know no one likes a needle jab, but for most vaccines, no one has invented any better way of administration.

When it comes to your children, parental instinct is a powerful force. We routinely invite our patients' parents to call us about their children if their instincts tell them something might be wrong, and we always welcome and at times rely on parents' impressions of their children's illnesses to help us make a diagnosis and formulate a treatment plan.

However, in the face of overwhelming evidence of safety and benefits of vaccines, we pediatricians despair when we see parents playing Russian roulette with their babies by not vaccinating or by delaying vaccinations. We hope fervently that these unprotected children do not contract a preventable debilitating or fatal disease that we all could have prevented through immunizations.

There is no conspiracy here. We both vaccinate our own

children. We would never recommend any intervention where the potential for harm outweighs the potential for good. We have valid scientific data that every year vaccines save thousands of lives. One of them could be your child's life.

Should you vaccinate your child?

YES!

Julie Kardos, MD and Naline Lai, MD

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Updated from our earlier 2011 post

Visit these posts for more information about vaccines: How Vaccines Work, Evaluating Vaccine Sites on the Internet, Do Vaccines cause autism? and Closure: there is no link between the MMR vaccine and autism

Also, please visit the recent Institute of Medicine's analysis of vaccine side effects.

Closure: there is no link between the MMR vaccine and autism



It's confirmed. Dr. Wakefield was a fraud. Recently, on January 5, 2011, reporter Brian Deer published a report in the British Medical Journal exposing more flaws in the Wakefield study- the study which proposed a link between Measles, Mumps, and Rubella vaccine (MMR vaccine) and autism. Of note:

- Lawyers who were trying to win a law suit for parents who believed that the MMR caused their children's autism paid Wakefield to do the study.
- Wakefield falsified his findings. The medical records of all 12 children in the study were inconsistent with Wakefields's data.
- Almost half of the children in the study already showed signs of developmental abnormalities before they received the MMR vaccine. Therefore, the MMR vaccine did not cause their disabilities.
- Rather than randomly choosing the children for the study, Wakefield obtained most of his subjects through an anti-MMR campaign group.
- Ten out of twelve other authors of Wakefield's paper have withdrawn their support of the paper.

To read about the original study and the controversy around it, please see our earlier post, "Do vaccines cause autism?" For more information about how vaccines work, please read "How vaccines work." To learn signs of early communication delays in your infant, please see "How do I know if my baby has autism?"

Too bad it's too late for some children. Since Wakefield published his paper, measles cases have steadily risen in the UK. Hopefully the damage caused by Wakefield's 1998 paper will be mitigated by more parents who vaccinate their children.

Julie Kardos, MD with Naline Lai, MD

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