INTERNATIONAL MULTIDISCIPLINARY JOURNAL FOR RESEARCH & DEVELOPMENT
SJIF 2019: 5.222 2020: 5.552 2021: 5.637 2022:5.479 2023:6.563
eISSN 2394-6334 https://www.ijmrd.in/index.php/imjrd
Volume 10, issue 10 (2023)

MEASLES VIRUS CURRENTLY OCCURS IN STATISTICS AND SIMTOMAS OF THE DISEASE

Oripov Shavkatjon Yuldashevich

Department of Phthisiology and Pulmonology, Andijan State Medical Institute, Andijan, Uzbekistan

Annotation: Health departments in two Midwestern states—Wisconsin and Illinois—have reported measles cases, according to official statements. In Wisconsin, Milwaukee's health department last week reported an infection in a Milwaukee resident who works in Waukesha County. City, county, and state health officials are working to identify people who may have been exposed.Meanwhile, the Illinois Department of Public Health (IDPH) on October 13 announced that a measles infection has been confirmed in Cook County, which includes Chicago. The case is the state's first since 2019. The patient is unvaccinated and had been exposed during international travel. The patient's rash began on October 9, and the IDPH said the infectious period likely ranges from October 5 through October 13. Sameer Vohra, MD, IDPH director, said the case is a reminder that up-to-date vaccination can prevent the disease. "I urge everyone to make sure they and their family members are up-to-date on measles/mumps/rubella (MMR) vaccine and all other age-appropriate immunizations," he said. The Centers for Disease Control and Prevention said that, as of September 29, a total of 29 cases have been reported this year in 16 jurisdictions.

Key words: measles virus, children , blood, IDPH.

The Department of Health Services (DHS) received a report of a confirmed a case of measles in a resident of southeast Wisconsin. We are actively coordinating with the City of Milwaukee Health Department and Waukesha County Health and Human Services to identify those who may have been exposed and to implement measures to help prevent others from becoming ill.

Measles is a disease caused by the measles virus. Measles can be dangerous, especially for infants and young children.

One out of every four people who get measles in the United States will be hospitalized. One or two out of every 1,000 children in the United States who get measles will die from the disease, even with the best care.

Measles can cause serious health problems, such as:

- Pneumonia, an infection of the lungs.
- Brain damage caused by swelling.
- Deafness

You can protect yourself and the people around you from measles. The best protection against measles is the measles-mumps-rubella (MMR) vaccine.

Two doses of the measles vaccine are about 97% effective at preventing measles. The vaccine provides long-lasting protection against all strains of measles.

Measles is one of the most contagious diseases. The virus easily spreads from person to person. It can spread through coughing and sneezing. People who are infected can spread measles to others four days before, and up to four days after, the rash appears. The measles virus can stay in the air for up to two hours after a sick person coughs or sneezes.

You can get measles by **breathing contaminated air or touching an infected surface**, and then touching your eyes, nose, or mouth. That means you can catch measles nearly anywhere, such as the grocery store, movie theaters, or on a bus or plane. A vaccine is your best protection.

Symptoms of measles start showing seven to 14 days after getting infected. The first symptoms of measles may include:

- Fever, sometimes over 104º Fahrenheit.
- Runny nose.
- Cough.

- Red, watery eyes.
- Sore throat.
- Tiredness.

These early symptoms are followed by a rash that spreads over the body. The rash tends to appear three to five days after the first symptoms.

Measles can be serious in all age groups. However, there are several groups that are more likely to suffer from measles complications:

- Children younger than 5 years of age
- Adults older than 20 years of age
- Pregnant women
- People with compromised immune systems, such as from leukemia or HIV infection

Common complications can include ear infections and diarrhea. Severe complications include pneumonia (infection of the lungs), encephalitis (swelling of the brain), and death.

Learn more about the signs and symptoms of measles.

The only way to diagnose measles is through appropriate testing. If you think you have measles, it’s important to see a doctor for a nose and throat swab and a blood test.

There is no specific treatment for measles.

If you have measles, it's important to stay home so you don't spread measles to other people. Call your doctor if you are concerned about your symptoms. Medical care could help relieve symptoms and address complications, such as bacterial infections. Your doctor can tell you when it's safe to be around other people again.

The MMR vaccine protects against measles, mumps, and rubella. Two doses of the vaccine are about 97% effective at preventing measles.

The Centers for Disease Control and Prevention (CDC) recommends two doses for:

- Children.
  - First dose at 12–15 months of age.
  - Second dose at 4–6 years of age, before entering school.
- College students.
- Children and adults who Plan for Travel internationally.
- Health care personnel.

The CDC recommends one dose of the measles vaccine for:

- Adults born during or after 1957 who haven't had measles.
- Adults who haven't been fully vaccinated against measles.

Find out if you and your children are up to date on the measles vaccine. Check our Wisconsin Department of Health Services (DHS) Wisconsin Immunization Registry. If you're not up to date, call your doctor, pharmacy, or local health department to schedule the vaccine.

If you're worried about cost, your family may be eligible for free vaccines. Read about our Vaccines For Children and Vaccines For Adults programs.

Measles is a Wisconsin Disease Surveillance Category I disease

Report it right away to the patient's local public health department. Call as soon as you identify a confirmed or suspected case. The health department then notifies the state epidemiologist.

Within 24 hours, submit a case report through one of the following:

- Wisconsin Electronic Disease Surveillance System (WEDSS)
- Mail or fax—Acute and Communicable Disease Case Report, F44151 (Word)

Read more about required disease reporting in Wisconsin.

Case reporting and public health guidelines

- Case Reporting and Investigation Protocol (previously called EpiNet)—Measles, P-01989 (PDF)

- CDC recommendation from the Advisory Committee on Immunization Practices (ACIP)—MMR ACIP Vaccine Recommendations (Measles, Mumps and Rubella
- CDC—Transmission-Based Precautions
- DHS Division of Public Health Surveillance and Control Guidelines—Measles, P-00892 (PDF)
    - Section 1: About the Disease
    - Section 2: Reporting Criteria and Laboratory Testing
    - Section 3: Reporting Responsibilities and Case Investigation
    - Section 4: Controlling Further Spread
- Wisconsin State Laboratory of Hygiene—Clinical Testing Reference Manual

A statewide survey of hospitals and nursing homes in Maryland found that colonization with two multidrug-resistant pathogens is common in patients receiving mechanical ventilation, researchers reported last week in JAMA.

For the statewide cross-sectional point-prevalence study, researchers with the Maryland Multi-Drug Resistant Organism Prevention Collaborative obtained surveillance cultures from patients receiving mechanical ventilation at 33 acute care hospitals and 18 long-term care facilities from March 7 to June 8, 2023.

Their aim was to determine the prevalence of Acinetobacter baumannii and Candida auris, two emerging multidrug-resistant pathogens with limited treatment options that have been identified as an urgent health concern by the World Health Organization and the Centers for Disease Control and Prevention.

All eligible facilities in the state participated, with a total of 482 patients screened for A baumannii and 470 for C auris. Among the 482 patients who had samples collected, 148 (30.7%) grew A baumannii, 88 (59.5%) of which were carbapenem-resistant A baumannii (CRAB). C auris was identified in 31 (6.6%) of 470. Both pathogens were more common in patients in long-term care facilities.

Assessment of relative risk (RR) found that patients in long-term care facilities were more likely to be colonized with A baumannii (RR, 7.66; 95% confidence interval [CI], 5.11 to 11.50), CRAB (RR, 5.48; 95% CI, 3.38 to 8.91), and C auris (RR, 1.97; 95% CI, 0.99 to 3.92) compared with patients in acute-care hospitals. Nine patients (29.0%) with cultures positive for C auris were previously unreported to the Maryland Department of Health.

"This prevalence represents a substantial burden to the health care system and suggests a large reservoir for potential transmission both to other patients within health care facilities and among different health care facilities when patients are transferred between care settings," the study authors wrote.

The authors conclude that increased surveillance and prevention efforts should be directed at long-term care facilities, given that both pathogens were more common in these settings. They also suggest that the study should be repeated in patients receiving mechanical ventilation in other states.

References:

1. Ferri C, Sebastiani M, Giuggioli D, Colaci M, Fallahi P, Piluso A, et al. (March 2015). "Hepatitis C virus syndrome: A constellation of organ- and non-organ specific autoimmune disorders, B-cell non-Hodgkin's lymphoma, and cancer". World Journal of Hepatology. **7** (3): 327–343. doi:10.4254/wjh.v7.i3.327. PMC 4381161. PMID 25848462.
2. ^ Rusyn I, Lemon SM (April 2014). "Mechanisms of HCV-induced liver cancer: what did we learn from in vitro and animal studies?". Cancer Letters. **345** (2): 210–215. doi:10.1016/j.canlet.2013.06.028. PMC 3844040. PMID 23871966.
3. Nozimjon o'g'li, S. S., & Makhmudovich, A. H. (2023). NUTRITION RECOMMENDATIONS FOR CARDIAC PATHOLOGIES. IQRO, 1(1), 3-6.
4. Nozimjon o'g'li, S. S. (2022). First Aid Medication and Remedies for Heart Failure. Academia Open, 7, 10-21070.
5. Nozimjon o'g'li, S. S. (2022). Emergency medical care in case of drowning and measures to restore the patient's health. Academia open, 7, 10-21070.
6. Nozimjon o'g'li, S. S. (2022). INFORMATION ABOUT THE STRUCTURE OF THE MEMBRANE OF EPITHELIAL TISSUE AND GLANDS. British Journal of Global Ecology and Sustainable Development, 10, 65-69.
7. Nozimjon O'g'li, S. S. (2022). CAUSES OF THE ORIGIN OF OSTEOCHONDROSIS, SYMPTOMS, DIAGNOSIS AND TREATMENT METHODS. Conferencea, 76-77.
8. Nozimjon O'g'li, S. S., & Maksimovna, M. M. (2022). THE ORIGIN OF MIASTHENIA DISEASE AND METHODS USED IN TREATMENT. Conferencea, 31-33.
9. Mozimjon o'g'li, S. S., & Makhmudovich, A. H. (2023). Causes of the Origin of Cardiovascular Diseases and their Protection. AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI, 2(2), 185-187.
10. Mavlonovna, R. D., & Akbarovna, M. V. (2021, July). PROVISION OF FAMILY STABILITY AS A PRIORITY OF STATE POLICY. In Archive of Conferences (pp. 34-39).
11. Mavlonovna, R. D. (2021, May). PARTICIPATION OF WOMEN IN EDUCATION AND SCIENCE. In E-Conference Globe (pp. 158-163).
12. Mavlonovna, R. D. Participation of Uzbek Women in Socio-economical and Spiritual Life of the Country (on the Examples of Bukhara and Navoi Regions). International Journal on Integrated Education, 4(6), 16-21.