# Measles on the Rise <br> The importance of vaccination 

## "Elias A. Said and Mohamed S. Al-Balushi

## ارتفاع معدل الإصابة بمرض الحصبة

أهمية التطعيمم

اليـاس سعيد و محمد البلوشي

MEASLES WAS THOUGHT TO BE ALMOST ERADIcated, however, recent reports from around the world are proving otherwise. In 2018, the World Health Organization (WHO) received reports of approximately 229,000 cases of measles; this represents an increase of approximately 35\% compared to 2017. ${ }^{1,2}$ According to the United Nations International Children's Emergency Fund (UNICEF), 98 countries have reported a rise in measles cases in 2018. The countries that had the highest increase in the number of measles cases were Philippines, Yemen, Sudan, Thailand, Ukraine, France, Brazil, Venezuela, Serbia and Madagascar. ${ }^{1,2}$ In Oman, no cases of measles have been reported in 2018, which reflects a significant drop since a measles outbreak in 2016-2017. ${ }^{3}$ However, measles should be constantly monitored worldwide as, for example, Brazil declared the eradication of measles in 2017 yet had 10,262 cases in 2018. ${ }^{2}$

Measles is a very contagious disease that can be transmitted via aerosol particles or through contact with infected throat and nasal secretions. The disease can effectively spread in a travel-related manner especially in under-vaccinated populations. ${ }^{4}$ When exposed to the virus, individuals who are not immunised against measles have an approximately $90 \%$ chance of infection and each infected person can infect 9-18 other individuals in a susceptible population. ${ }^{4}$ Before the introduction of the anti-measles vaccine in 1963, the disease caused 2-3 million deaths per year worldwide, with a significant drop to $<90,000$ deaths per year in 2016. However, 2018 witnessed the death of 136,000 individuals due to measles, which constituted a $51 \%$ increase. ${ }^{2,4}$

Several factors might have led to the current outbreaks of measles. These include wars and conflicts, unavailability of healthcare, lack of health education and the hesitancy to be vaccinated. ${ }^{2}$ The challenge of eradicating measles is related to human factors rather than issues associated with the microorganisms themselves.

Measles can be completely prevented using existing vaccination. Two doses of the live-attenuated measles vaccine provides $97 \%$ protection, which classifies them as potent vaccines. ${ }^{4}$ The side-effects of the measles vaccine are minor, particularly when compared to the protection that the vaccine offers. ${ }^{4}$ Aside from medical contraindications-such as immunosuppression, pregnancy, among others-there is no valid scientific reason not to be vaccinated. ${ }^{5}$ Refusing vaccination is often related to incorrect beliefs regarding its safety. There is a widespread misconception that vaccination for measles has the potential to trigger the development of autism spectrum disorder. ${ }^{6}$ Such 'fake news' has been spread easily by the anti-vaccination movement, especially through social media and plays an important role in making people hesitant to be vaccinated. ${ }^{2,4,7}$ Vaccination hesitancy is among the top threats to global health according to the WHO. ${ }^{2,4,7}$ The relation between antivaccine campaigns and measles outbreaks suggests that the rate of other infectious diseases, that can also be prevented by vaccination, may increase as well. ${ }^{2}$

What are the solutions? Awareness and vaccination constitute an efficient arsenal to fight measles. Physicians, healthcare providers and educational institutions should discuss the importance of vaccinations and encourage the public to get vaccinated. Such healthcare providers can disseminate knowledge about the benefits of vaccination and clarify false information about its alleged detrimental effect. The public should be informed that the risk vaccination entails is similar to the side-effects of commonly utilised medications. It is highly advised to take the vaccine when the benefits are vital and outweigh the potential risks.

The measles vaccination led to an approximately 96.5\% decrease in the number of measles-related deaths around the world. ${ }^{2,4}$ For example, the number of measlesrelated deaths in Brazil was estimated to be approximately 900 deaths per year before the introduction of vaccination

[^0]campaigns, which consequently reduced this number by $98 \%$. ${ }^{8,9}$ An approximate $53 \%$ decrease in the percentage of children who have received the second dose of a measles vaccine preceded the surge in the number of measles cases in 2018. ${ }^{10}$ Social media companies should take measures to limit the spread of false antivaccination information and legislators and goverments should take action to avoid the spread of such information.

Assessing the level of hesitancy to be vaccinated in a community will help establish strategic plans, potentially based on target groups, to deal with this hesitancy. Access to vaccinations should be available to all as vaccination is the most effective tool to eliminate the spread of measles. In addition, vaccination campaigns should be encouraged when necessary. A significant drop in the number of reported measles cases was observed after an anti-measles vaccination campaign in 2017 in Oman. ${ }^{3,11}$

Healthcare providers, educational institutions, social media companies, legislators and governments should collaborate on strategies to spread knowledge about the benefits of vaccination, block false anti-vaccine information and establish successful vaccination campaigns.

## References

1. World Health Organization. Measles and Rubella Surveillance Data. From: https://www.who.int/immunization/monitoring_ surveillance/burden/vpd/surveillance_type/active/measles_ monthlydata/en/ Accessed: Jun 2019.
2. Cousins S. Measles: A global resurgence. Lancet Infect Dis 2019; 19:362-3. https://doi.org/10.1016/S1473-3099(19)30129-X.
3. World Health Organization. Measles monthly bulletin 2019. From: https://www.who.int/immunization/monitoring_surveil lance/burden/vpd/surveillance_type/active/measles_ monthlydata/en/. Accessed: Jun 2019.
4. Paules CI, Marston HD, Fauci AS. Measles in 2019 - Going backward. N Engl J Med 2019; 380:2185-7. https://doi.org/10.1056/ NEJMp1905099.
5. Centers for Disease Control and Prevention. Routine Measles, Mumps, and Rubella Vaccination. From: https://www.cdc.gov/vac cines $/ \mathrm{vpd} / \mathrm{mmr} / \mathrm{hcp} /$ recommendations.html Accessed: Jun 2019.
6. Hviid A, Hansen JV, Frisch M, Melbye M. Measles, Mumps, Rubella Vaccination and Autism: A nationwide cohort study. Ann Intern Med 2019; 170:513-20. https://doi.org/10.7326/M 18-2101.
7. Shao C, Ciampaglia GL, Varol O, Yang KC, Flammini A, Menczer F. The spread of low-credibility content by social bots. Nat Commun 2018; 9:4787. https://doi.org/10.1038/s41467-018-06930-7.
8. Pan American Health Organization. Measles elimination in the Americas. From: https://www.paho.org/hq/index.php?option= com_content\&view=article\&id=12526:measles-elimination-in-the-americas\&Itemid=40721\&lang=en Accessed: Jun 2019.
9. Pannuti CS, Moraes JC, Souza VA, Camargo MC, Hidalgo NT. Measles antibody prevalence after mass immunization in São Paulo, Brazil. Bull World Health Organ 1991; 69:557-60.
10. World Health Organization. WHO and UNICEF estimates of immunization coverage: 2018 revision. From: https://www.who. int/immunization/monitoring_surveillance/data/bra.pdf. Accessed: Jun 2019.
11. Ministry of Health. National Measles Immunization Campaign, 10-16 September 2017. From: https://www.moh.gov.om/en/-/---499 Accessed: Jun 2019.

[^0]:    Department of Microbiology and Immunology, College of Medicine and Health Sciences, Sultan Qaboos University, Muscat, Oman
    "Corresponding Author's e-mail: elias.said@gmail.com

