

# Unprotected People #29

## Measles

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### **Measles shots are common sense: Personal reflections of an Alaska physician**

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I am a recently retired pediatrician who would like to share some of my memories and experiences with measles. I once read a newspaper article that quoted a naturopathic doctor as saying that vaccinating against measles was “a volatile issue,” and that she “considers measles to be a fairly mild disease in healthy children.” With all due respect, I strongly disagree with this opinion. Measles is NOT a mild disease, rather it is a pretty serious illness.

When my family developed measles in December 1943, we were living on a farm in Illinois and World War II was going on. There were five children in the family, and I was the eldest. Dr. H.P. Moulton, our family doctor who was exempted from military service, made several house calls. He told my mom, “Elizabeth, I think your children have the whooping cough and measles at the same time.” Whooping cough, or pertussis, is a bacterial illness, and measles is a viral illness. Though there are vaccines for both these diseases now, a vaccine wasn’t available for either one during those years.

The symptoms and signs of measles are a very high fever, coughing in severe episodes, conjunctivitis with red eyes and the eyes being sensitive to light, “Koplik’s spots” (little blue spots within the mouth), and coryza (severe runny nose). Our farmhouse had no central heat, and it was such a cold winter that the water froze in the sink in the kitchen while our parents tried to keep us warm by the stove in the living room. We were feverish, coughing, and thoroughly miserable.

Current articles emphasize complications such as encephalitis, pneumonia, etc., may accompany

measles. I don’t think they emphasize enough the fact that secondary infections are very common. My baby brother Ronnie developed a serious case of pneumonia and Dr. Moulton told us, “I’m not sure he’s going to get over this.” As the nearest hospital was 30 miles away, and our parents couldn’t leave the rest of us, Ronnie was treated at home with sulfa drugs and eventually recovered after a very miserable illness.

Fast forward several years to the late 1950s when I was in medical school in Louisville, Kentucky. For some reason I missed the lecture on measles in my pediatric rotation and, sure enough, when I took my oral examination during my senior year, one of the questions dealt with measles. My examiner, Dr. Frank Faulkner, a courtly Englishman, asked me one simple question: “Mr. Moss, if you have a case of the measles, is the fever a high-grade or low-grade fever?” I decided I had a 50–50 chance to punt and answered very hesitantly, “Er . . . I think a low-grade fever.” Dr. Faulkner simply replied. “Oh, no, Mr. Moss, I think that you will find that it is a very high fever. The rash of measles erupts during the height of the fever, and it may be quite high, 103 or 104 degrees or more. You must be thinking about German measles, or rubella, which often has a lower-grade fever.”

Well, Dr. Faulkner could have, or should have, flunked me, but I am glad he did not. After seeing many children with measles in emergency departments, clinics, and hospital wards, I have had many opportunities to see for myself that measles is indeed an illness with a high fever. By 1963, I was a resident at the Cincinnati Children’s and General Hospital where I spent a lot of time in the emergency wards and receiving wards. As house staff physicians, we saw hundreds of cases of the last big measles epidemic that was sweeping the country.

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Again, it was not a mild illness at all. A large proportion of the children had pneumococcal pneumonia. Many had lymphadenitis and ear infections, some with mastoiditis. All of them had raging headaches, photophobia, listlessness, dehydration, and lethargy. Lots of penicillin shots were given to try to keep kids out of hospital beds, but sometimes they wound up there simply because they were so sick they could not be cared for at home.

One day I was on the neurological ward at the Children's Hospital and saw a very handsome lad of about ten years old. He was sitting in a large crib and rocking back and forth, staring vacantly, and moaning. When I reviewed his chart, it revealed that he'd suffered the measles complication of encephalitis. This is unusual—one in 1,000 cases incidence—but for this boy it meant he was left in a nonverbal, blind state from damage to his nervous system from the measles virus.

Fast forward again to 1966 when I was working in pediatrics at the Alaska Native Medical Center in Anchorage. We provided immunizations for many of the interior villages, using an early MMR vaccine. Out at the village of Chevak, we gave 200 children this relatively new vaccine at a temporary school-house clinic. Everyone was quite willing for us to vaccinate against a disease they knew all too well, and I went back home to Anchorage very proud of my work. About ten days later, the health aide reported that 200 children from this village now had fevers and a rash. The vaccine had not been attenu-

ated as much as it is now, and though none of the children became terribly ill, they did suffer some symptoms. The only comfort I had was to think that if they reacted this much to a weakened strain of virus, it was fortunate that they had been protected against the wild strain.

Finally, we come to the 1990s. In 1996, the Auke Bay School in Juneau had more cases of measles than any other part of the country. Because of this experience, the state of Alaska decided to require a second dose of MMR vaccine before school entrance to counteract the effect of the 5 percent primary immunity failure and the possibility of waning secondary immunity. Of course, this still left out lots of kids who had received only one dose of MMR vaccine but were already past kindergarten entrance age. In 1998, a measles epidemic in Anchorage convinced the State Department of Public Health to provide MMR vaccine for all those who need a second dose.

Check your patients' immunization records. If there is no record of a second (or first) MMR immunization, help your patient get caught up. Measles is not a mild disease, it is a serious one. It is preventable, and the prevention is safe. Prevention can save much misery, and sometimes, life. Don't hesitate to protect children against measles. Believe me, it is worth it.

*Kenneth Moss, MD  
Great Falls, MT*