

Measles is a very contagious virus that can make children very sick. In a community where no one is vaccinated, one person with measles can infect between 12 and 18 other people.

Transmission

- Coughing, sneezing or close personal contact (infected droplets in the air are breathed in by another person)
- Direct contact with infected nose or throat mucous

Symptoms

- Can start with high fever, runny nose, cold, cough, red and watery eyes and sometimes white spots inside the mouth.
- After a few days, a flat red blotchy rash appears, usually starting on the head, face and upper neck, and continues to spread to the rest of the body.
- In severe cases, measles can cause blindness, encephalitis (an infection that causes brain swelling), severe diarrhoea and dehydration, ear infections, or severe respiratory infections such as pneumonia.

Prevention

- Routine vaccination of children
- Mass vaccination campaigns with social mobilization in countries where the disease is common and causes many deaths
- Rapid detection and referral of suspected cases to health facilities
- Reduced overcrowding in shelters
- Improved ventilation in shelters
- Separation of people sick with measles for four days after they develop a rash
- Coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand)
- Handwashing with soap
- Social mobilization and behaviour change communication

Vulnerable people

- Children who are not vaccinated, especially those who are poorly nourished or have vitamin A deficiency
- Adults aged more than 20 years old
- Pregnant women
- Displaced populations and those living in cramped or crowded conditions
- People whose immune systems are compromised (for example, by leukaemia or HIV infection)



A child with measles

If an epidemic occurs

- Rapidly detect and refer suspected cases to health facilities.
- Support mass vaccination campaigns and social mobilization for them.
- Provide vitamin A supplements for children with measles who are between 6 months and five years of age.
- Isolate people sick with measles for four days after they develop a rash.
- Promote handwashing with soap.
- Reduce overcrowding in shelters.
- Improve ventilation in shelters.
- Promote coughing etiquette (cough into sleeve, handkerchief or tissue, NOT the hand).
- Increase social mobilization and behaviour change communication.
- Monitor for malnutrition.

Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with measles?
- How many people have fallen sick with measles? Where?
- How many people have died? Where?
- How many people live in the affected community or area? How many children under five years of age live in the area?
- Who and where are the vulnerable people?
- Are children under five most affected? Or are other age groups, occupations, etc., more affected?
- Are children in the affected community generally well nourished?
- Do people always have enough food?
- How common is breastfeeding?
- Are children in the affected community vaccinated for measles or not?
- Is a vaccination campaign planned?

- Do strong cultural beliefs or perceptions about vaccination prevent children from being vaccinated?
- Where are the local health facilities and services? (Include traditional and community carers.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people? When babies and infants are sick, do women continue to breastfeed them?
- Is a social mobilization or health promotion programme in place?
- Which sources of information do people use most?
- Are rumours or is misinformation about the disease spreading in the community?

Volunteer actions

See the following action tools for more information on what actions to take against measles:

- 1 - Community-based surveillance
- 2 - Community mapping
- 3 - Communicating with the community
- 4 - Referral to health facilities
- 5 - Volunteer protection and safety
- 12 - Managing fever
- 13 - Breastfeeding
- 14 - Infant and young child feeding in emergencies
- 15 - Measuring acute malnutrition in emergencies
- 16 - Measuring the height and weight of children
- 17 - Measuring mid upper arm circumference (MUAC)
- 18 - Measuring oedema (water retention) in children
- 19 - Psychosocial support (Psychological first aid (PFA))
- 20 - Isolating sick people
- 22 - Vitamin A supplementation
- 24 - Routine vaccinations
- 25 - Mass vaccination campaigns
- 26 - Coughing etiquette
- 27 - Shelter and ventilation
- 28 - Social distancing
- 34 - Handwashing with soap
- 43 - Social mobilization and behaviour change