

Study: Fatal measles complication not as rare as previously thought

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A fatal measles complication appears to be occurring at higher rates than experts thought.

In a new study, researchers found one in 609 infants with measles later developed **subacute sclerosing panencephalitis (SSPE)**, prompting them to call for more education to increase vaccination rates.

“Where many people fall down on this is they start talking about risk of vaccines when we should talk about risk of disease,” said James D. Cherry, M.D., M.Sc., FIDSA, FAAP, an author of the study “Subacute Sclerosing Panencephalitis: the Devastating Measles Complication Is More Common Than We Think.”

Dr. Cherry and his colleagues presented the findings at IDWeek 2016, the annual meeting of the Infectious Diseases Society of America, the Society for Healthcare Epidemiology of America, the HIV Medicine Association and the Pediatric Infectious Diseases Society.

SSPE is a neurological disorder that can appear years after a person is infected with measles and is always fatal.



To assess the rate of SSPE, researchers looked at cases in California from 1998-2015 based on data from death certificates, the Centers for Disease Control and Prevention (CDC) and the California Encephalitis Project.

They found 17 cases of SSPE, 12 of whom had a history of measles or a measles-like rash. All 12 were sick prior to 15 months of age and had not yet been vaccinated.

The median age of being diagnosed with SSPE was 12 years, but it developed in patients as young as 3 years and as old as 35.

In a subanalysis of California cases from 1988-'91, researchers determined one in 1,367 children under 5 years at the time of a measles diagnosis and one in 609 children under 1 year later developed SSPE.

Previously, experts believed SSPE rates to be about one in 100,000, although a recent study in Germany found SSPE in one in 1,700 children who had measles before age 5 years.

The CDC and the Academy recommend children receive the first dose of the measles, mumps and rubella (MMR) vaccine at 12-15 months and the second dose at 4-6 years. Infants between 6 and 11 months should

receive a dose if they are going to be traveling abroad.

Dr. Cherry, distinguished research professor at the David Geffen School of Medicine at UCLA, and Gary S. Marshall, M.D. FAAP, professor of pediatrics at the University of Louisville, moderated the talk at the conference. They both stressed the importance of herd immunity or vaccinating as many people as possible to protect infants and people who are immunocompromised.

“Every unvaccinated child is taking another chip away from the wall that prevents the community from having outbreaks of measles,” Dr. Marshall said. “And if enough of them chip away at the wall, there will be disease again and there will be bad complications.”

Researchers also recommend children too young to be vaccinated avoid travel to endemic areas. In addition, clinicians should consider SSPE in patients with a measles history and symptoms such as behavior change and seizures.

Resources

- [CDC's measles webpage](#)
- [AAP webpage on immunizations](#)
- [AAP Red Book Online, Measles Chapter](#)

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