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**Outbreak of measles at the children's department of the Uppsala University Hospital, Sweden**


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**Background:** Measles outbreaks are unusual in Sweden due to a good coverage of the national immunization program for children which started in 1982. Today the symptoms of measles are not commonly recognized by health-care personnel and contagious cases can easily be missed.

We describe an outbreak of measles which involved a total of ten persons related to the children's department of the Uppsala University Hospital, Sweden.

**Methods & Materials:** By ordinary surveillance and management of clinical measles cases, an epicentre of the outbreak was linked to two days, and all medical records from patients (total 177) at the outpatients clinic for those days was retrospectively reviewed to find further cases.

**Results:** An unvaccinated man and a woman vaccinated once with clinical signs of measles, both working at the hospital where admitted to the infection ward. During the following week an additional three children are diagnosed with measles, all unvaccinated. These five cases had all been at the children's hospital during the same two days. Medical records were reviewed. Our findings revealed that an unvaccinated teenage girl with Systemic lupus erythematosus had been admitted to the children's department during the days in question. Her symptoms were typical of measles, but these had been interpreted as due to her underlying disease combined with a respiratory infection and drug rashes. Another two unvaccinated children who had visited the children's department was diagnosed serologically with measles, and a further two secondary cases to these, one man vaccinated twice and a 3-year-old child vaccinated once, succumbed with clinical infection.

**Conclusion:** Despite good vaccination coverage, if presented at a hospital, measles may easily spread among immune suppressed and non vaccinated individuals. Although rarely seen, measles must always be considered as a differential diagnosis among rash-patients, even if previously vaccinated against measles. Vaccinations of the health-care personnel should be promoted. These outbreaks are costly to manage.

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**Urinary schistosomiasis and health education in Anambra state of eastern Nigeria**


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**Background:** *Schistosomiasis haematobium* has long existed in Agulu lake area of Anambra state, Nigeria. Many researchers involved in studies here had employed use of health education to sensitize community members on the transmission and prevention of urinary schistosomiasis. The question then is whether these campaigns were effective.

**Methods & Materials:** Four communities in the area known to be afflicted with the disease were selected. Five hundred respondents from 200 randomly selected households were involved. Individuals aged between 20 and 40 years formed the bulk of respondents. Questionnaire was the main instrument used during this study. It consisted of a series of open-ended and closed questions with discriminatory statements on popular beliefs and practices on *S. haematobium* in which agreement or disagreement was required

**Results:** Of the 500 respondents 120(24.0%) were previously infected with the disease. Eight six percent of the respondents associated the disease with passing of blood in urine. Thus they refer to it as *Oya obala* (disease with blood). In spite of the fact that the symptoms are well known, majority 280(56%) did not associate the disease with swimming or wading in infected water. Drinking of dirty water, eating water snails, curse from gods, stage through which every child must experience during development were some of the reasons given for suffering from *S. haematobium*.

**Conclusion:** The findings revealed a reasonable ignorance on the mode of transmission and causation and even treatment of the disease. This will therefore retard efforts in the control of the disease. It is therefore advocated that intensified efforts using health education campaigns should be mounted. This is not only by researchers but should also involve health workers in the Local Government Area as well as community members. Provision of essential amenities like water boreholes should also be instituted.

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