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

J. Hedlund *, B. Ardung, I. Andersson von Rosen, M. Ericsson

Uppsala County Council, Uppsala, Sweden

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 outpatient 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.

http://dx.doi.org/10.1016/j.ijid.2014.03.1222