Measles Cases In Kansas

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Measles is one of the most recent contagious diseases reported in Kansas. According to the Kansas City Star newspaper, dated March 29, 2018, the University of Kansas Hospital has recently warned the employees and patients that there is a likelihood that they might have been exposed to measles. Reports coming from the hospital staff show that a patient who underwent therapy in the hospital from March 23 to March 26 tested positive for the highly contagious viral illness. Measles is a common infection in Europe, the Pacific, Africa and Asia, and unvaccinated passengers travelling to and from those geographical areas have been found to carry the disease to the U.S. The paper discusses measles, its causes and symptoms, and some of the ways to prevent it.

Causes

Measles is a viral disease that is spreading fast in the community. Morbilli and rubeola are terms used to refer to measles, which is an endemic infection, which means it is always present in society, and a lot of people develop resistance to the disease. Research shows that a virus known as *paramyxovirus* is responsible for causing measles. The disease is transmitted in tiny droplets, especially during coughing, sneezing and breathing by a person infected with the disease. Unlike other disease viruses such as Influenza, the virus responsible for causing measles can’t survive for long periods on telephones and doorknobs. *Paramyxovirus* is an airborne virus, meaning it is highly contagious. According to research, only 10% of people who are not vaccinated and share a house or room with a measles patient will escape the infection.

Signs and Symptoms

After infection, the virus multiplies in the human body for around 1 or 2 weeks without causing any visible signs. The period is known as the incubation period. Thereafter, initial symptoms like coughing, runny nose, fever and red eyes become common. Besides, the disease causes irritation in children. Small, red and irregular spots containing a bluish or whitish centre known as *Koplik spots* begin to appear just two days after the initial symptoms. These Koplik spots develop on the inner side of the cheek next to the molars. These spots are followed by the development of rashes behind the ears, on the face and forehead, and sometimes spread to the legs, trunk and arms. After five days, the rash begins to fade, starting with the ones on the forehead to the legs. The skin appears brownish after the disappearance of the rashes, and after some time, the top layer of the skin will peel off to the ground. In some people, measles increases the sensitivity to light and causes inflammation of the eyes. A

severe fever will develop at the peak of the illness, and it is serious because the temperatures may elevate to as high as 40 C.

Requirements of Local Health Community

There are various things my local health department requires me to do once I suspect that a person could have measles. Some of these include asking the patient about his or her vaccination status and current international travel. If the person is an international traveller, the local department requires me to ask the person about the domestic venues he or she has travelled to recently. Besides, I am supposed to interview the person to find out if he or she has had contact with someone who has travelled internationally. I am then supposed to report suspected cases of measles to my local health department with immediate effect. (Centers for Disease Control and Prevention, n.d.) Moreover, ensuring a person goes for a laboratory test is vital for all outbreaks and sporadic cases of measles. My local health community also requires all physicians to obtain a throat swab and a serum sample from persons suspected to have measles infections in their first contact with such patients. Moreover, research shows that urine samples carry the virus, and thus, collecting urine and respiratory samples increases the likelihood of detecting the measles virus, which is a requirement in my local health community (World Health Organization, 2026).

Available Resources

There are various books and publications available to the general public which discuss measles in more detail. One of these books that has proved useful to travellers is *Travelers Health: Yellow Book: Measles,* which describes the occurrence, risk factors, signs and symptoms, and prevention and treatment of measles. Besides, there are various materials available to healthcare workers. Some of these include the *Surveillance Manual, Chapter 7: Measles,* which offers current guidelines for the persons who take part in the surveillance of vaccine-preventable disorders, especially researchers at the health department. Other resources include *Epidemiology and Prevention of Vaccine-Preventable Diseases: Measles,* which gives a description of the *Paramyxovirus*, clinical characteristics, laboratory diagnosis, pathogenesis, complications, occurrence, secular trends, measles vaccine, transmission, and classifications of measles cases, vaccination and associated adverse reactions, precautions for the measles vaccine, contraindications among others.

Conclusion

Measles is a highly contagious disease caused by *Paramyxovirus.* Some of the common symptoms include coughing, runny nose, red eyes, fever, Koplik spots and increased sensitivity to light. All physicians should obtain a throat swab and a serum sample from persons suspected to have measles infections in their first contact with such patients because these are some of the surest ways of

testing measles. Other methods include testing urine and respiratory samples.

References

Centers for Disease Control and Prevention. (n.d.). About measles. https://www.cdc.gov/measles/about/index.html

World Health Organization. (2026). Measles. https://www.who.int/news-room/fact-sheets/detail/measles