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CHARACTERISTICS OF THE COURSE OF MERBES IN PERSONS WITH IMMUNODEFICIENCY

Abstract :

This article deals with the specifics of the course of measles in immunocompromised individuals. The necessity and effectiveness of vaccination against the measles virus in all segments of the population has been studied and proven.

Material and methods : *A systematic search was conducted in PubMed, Web of Science, Embase, Google Scholar and Cochrane Library as material for the work . Only published articles with fully available data were included.*

Key words : *immunodeficiency, measles, epidemic, disease*

Introduction. Measles is a vaccine-controlled viral disease caused by a virus genus Morbillivirus. Recently, the prevalence of this infectious disease is increasing in connection with the increase in the number of people who did not receive the measles vaccination in full and did not get sick in childhood. This is evidenced by observations according to which a large part of adolescents and adults do not have a sufficient level of antibodies to the measles virus in their blood. All this creates a dangerous epidemiological situation for persons with immunodeficiency. In this article, the course of the measles virus in persons with secondary (acquired) immunodeficiency will be considered.

Discussion Measles outbreaks continue to occur year after year due to a general decline in vaccination rates, which in turn is associated with increasing levels of misinformation about vaccine safety combined with concerns about adverse effects of vaccination and vaccination failure. As a result, the refusal of vaccination increases and this leads to the appearance of unvaccinated subgroups, which causes fluctuations in collective immunity in the general population. The presence of this problem creates an increased epidemiological risk for persons with immunodeficiency. For example, due to dysfunction of the immune system, persons with HIV who have contracted measles may have an atypical course and higher mortality rates.[1;3]

In persons with impaired cell-mediated immune response, the course of measles is particularly severe. This group of patients includes HIV-infected persons, cancer patients undergoing chemotherapy and persons receiving immunosuppressive therapy. In a large part of patients of this group, namely 20-40% of patients, the absence of a typical crusted rash is noted, which significantly complicates the diagnosis of this disease and delays the start of treatment, measures to control the epidemiological situation and prevent the outbreak of the disease. In the remaining patients, exanthema can be atypical and short-lived. During the study of HIV-infected patients with measles, the presence of runny

nose, cough and fever was noted. A typical rash in the form of an erythematous micropapular exanthema was observed in 20% of patients. The presence of pulmonary complications in the form of bronchopneumonia was also noted. Mortality in the case of pulmonary complications was 50%.[5 ;2]

Individuals with a lower viral load had a more favorable prognosis, whereas individuals with a high viral load and more severe immunosuppression had an unfavorable prognosis, with more frequent fatal outcomes.[4]

Cases of complications of measles with myoclonic encephalitis in patients with HIV have been described. In all patients, the clinical onset was sudden, with unilateral myoclonus. There were lesions in the gray matter of the brain, and these neurological symptoms rapidly progressed to coma and eventually death. This particular form of subacute cortical encephalitis is a slowly progressing opportunistic disease. This pathology is usually accompanied by progressive neurological deterioration, including changes in psychological status, lethargy, focal motor seizures, continuous epilepsy, and weakness. In addition, visual disturbances, motor aphasia, and somatosensory disturbances were observed in some patients. Treatment is not highly effective and this disorder is accompanied by frequent mortality. [6;7]

The high mortality from measles in HIV-infected persons is explained by the fact that this category of patients may lose antibodies to the measles virus, which were previously obtained by active natural or artificial means. As a result, susceptibility to measles increases during the progression of immunodeficiency. [8]

Complete vaccination and previous diagnosis of measles in HIV patients do not exclude the possibility of a new episode of this disease. People with HIV, even those already vaccinated against measles, should receive active immunization during measles outbreaks, and those who develop measles should receive passive immunization with gammaglobulin because of the high

risk of antibody loss. In addition, antiretroviral therapy helps to reduce the replication of the measles virus, which in turn reduces the damage to the patient's body.[6;8]

Conclusions : Since measles infection in immunocompromised individuals is often accompanied by severe complications and a high mortality rate, it is worth remembering that timely and correct immunization of the population is critical and extremely necessary. The lower the spread of the measles virus among the population, the better the epidemiological situation and the lower the risk of complications for people with immunodeficiency diseases.

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