

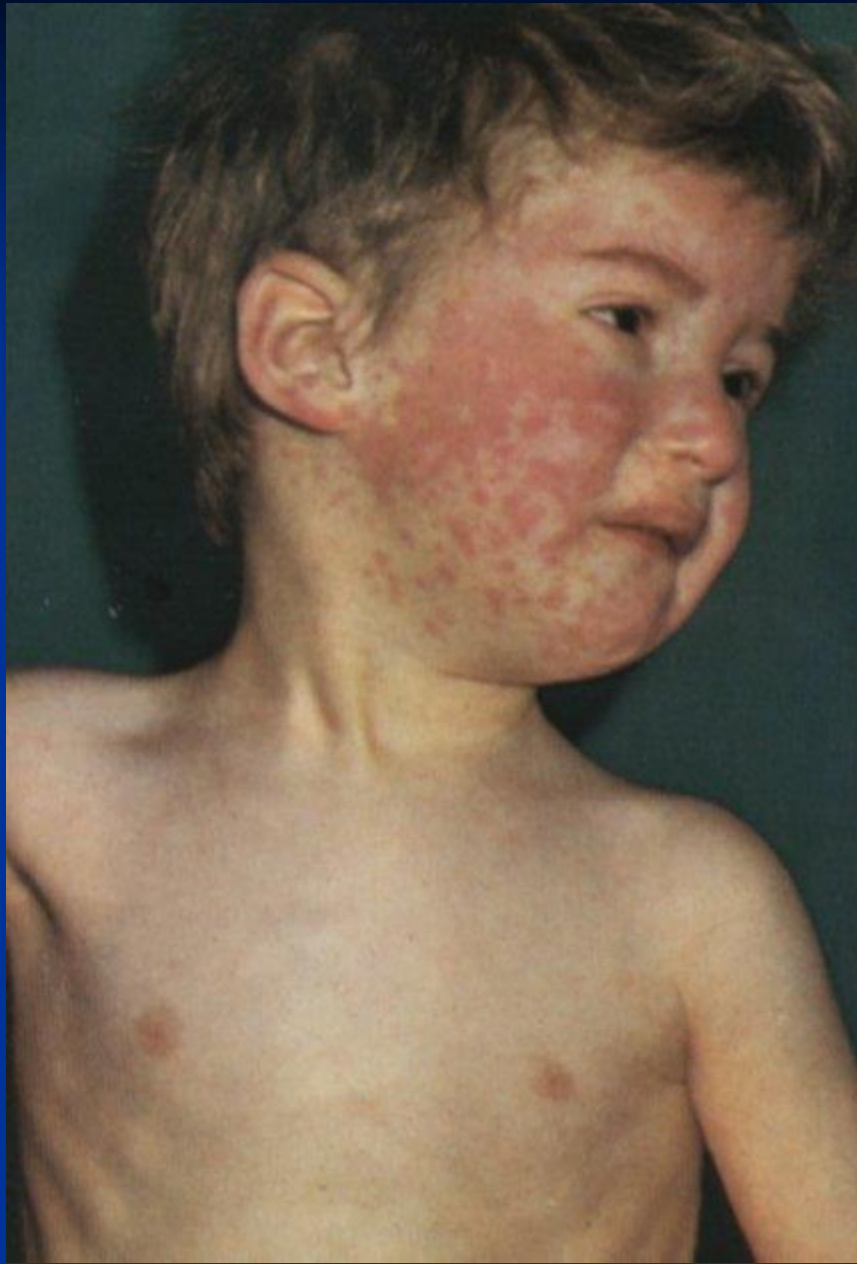
Epidemia odry na świecie – czy jesteśmy bezpieczni ?

Dr n. med. Ewa Duszczyk

Poznań, 06.03.2015 r.















Ustępowanie wysypki odrowej



Dlaczego obawiamy się odry ?

- Nie ma leczenia swoistego – wyłącznie objawowe
- Ryzyko powikłań jest dość wysokie

Powikłania częste

- Infekcje dróg oddechowych i biegunka 1/10 zachorowań

Powikłania poważne

- Zapalenie płuc 1/20 zachorowań (najczęstsza przyczyna zgonów niemowląt i małych dzieci)

Powikłania z układu oddechowego

- Zapalenie płuc wirusowe (odrowe)
- Zapalenie płuc bakteryjne
- Podgłośniowe zapalenie krtani (dławiec rzekomy)
- Ostre zapalenie ucha środkowego

Powikłania ze strony układu pokarmowego

- biegunka
- zapalenie wyrostka robaczkowego
- jelita krętego i krezki
- zapalenie wątroby

Powikłania neurologiczne

- Zapalenie mózgu 1/1000 przypadków odry
- Najczęściej pod koniec okresu wysypkowego
- Śmiertelność - około 10 do 30%
- Trwałe następstwa neuroinfekcji odrowej występują u około 20-40%
- Leczenie wyłącznie objawowe

SSEP

- *Subacute sclerosing panencephalitis* (SSEP, podostre stwardniające zapalenie istoty białej mózgu)
- Pojawia się 1-18 lat (średnio 7-10 lat) po przebytej odrze
- Częstość występowania ocenia się na 1 na 100 tysięcy przypadków odry.
- Wirus wywołujący SSPE jest cząstką niepełną. Od wirusa odry różni się brakiem jednego z białek o symbolu M (matrix protein).
- Choroba w 100% śmiertelna

Inne powikłania

- Ostra małopłytkowość ze skazą krwotoczną
- Zapalenie spojówek
- Zapalenie mięśnia sercowego

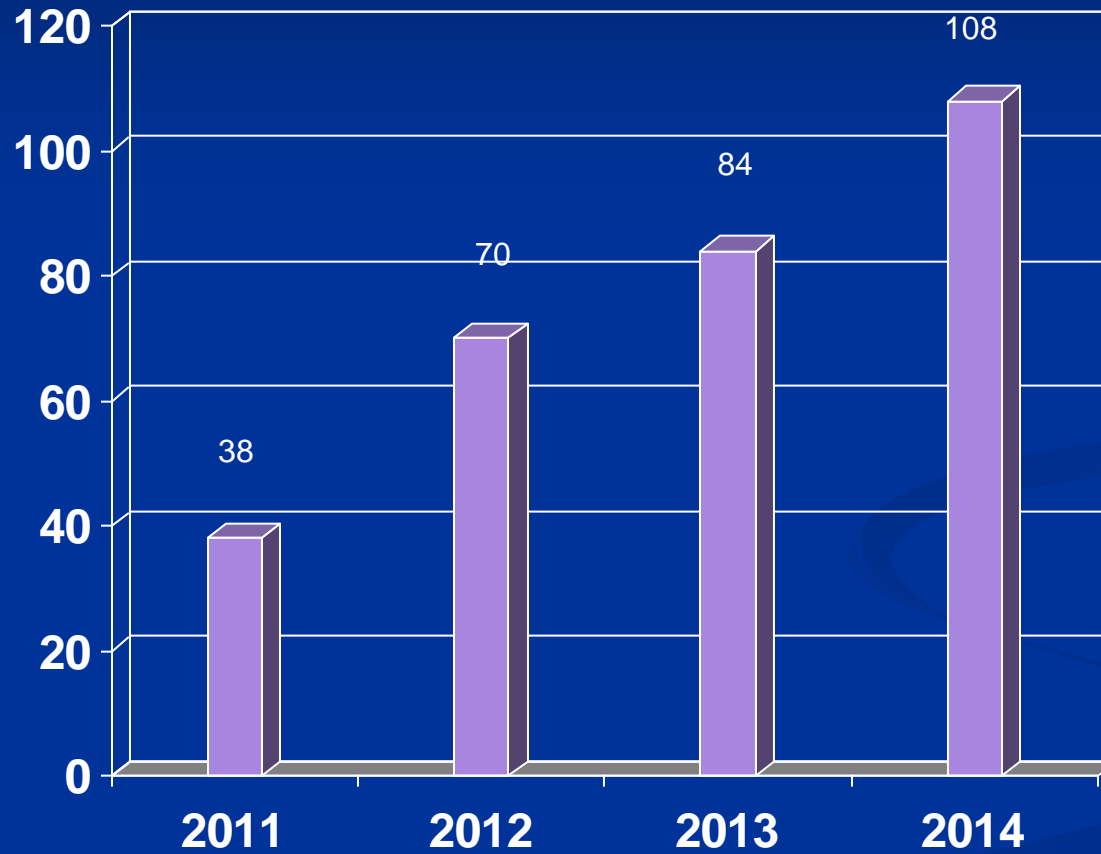
Rokowanie

- u osób bez zaburzeń odporności, bez powikłań - dobre
- gorsze w przypadku powikłań:
ostre zapalenie mózgu niepewne, często złe
- SSPE – złe
- wysoka śmiertelność w przypadkach zapalenia płuc lub zapalenia mózgu u pacjentów z niedoborami immunologicznymi

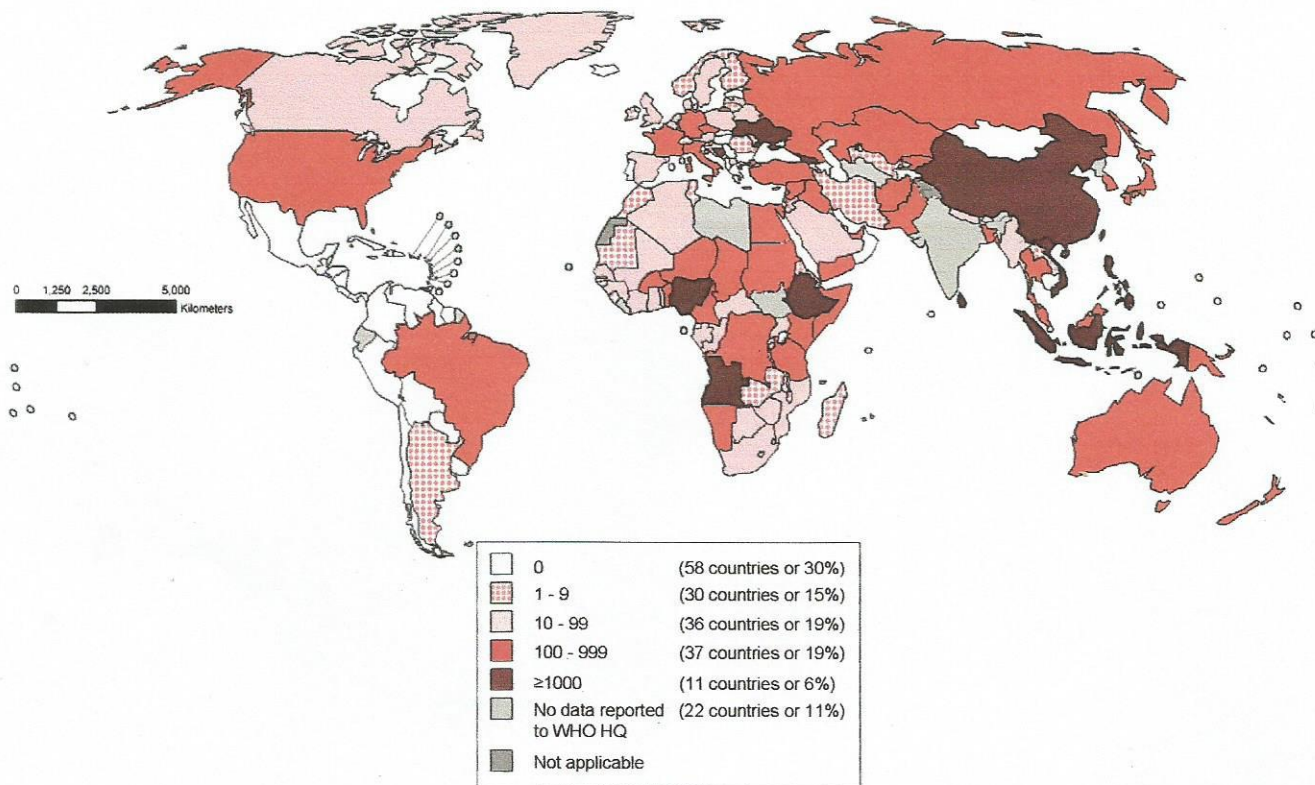
Odra w Polsce

■ rok	zachorowania	zapadalność	zgony
■ 1960-64	124492	406	255
■ 1985	35680	95,9	5
■ 1990	56471	148,1	12
■ 1994	864	3,7	
■ 1998	2285	5.8	1
■ 2001	132	0,34	
■ 2003	48	0,13	
■ 2004	11		
■ 2005	13		
■ 2006	120		
■ 2007	40		
■ 2008	100		
■ 2009	115		
■ 2010	13		

Odra w Polsce



Number of Reported Measles Cases with onset date from Apr 2014 to Sep 2014 (6M period)



Data source: surveillance DEF file
Data in HQ as of 11 November 2014

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2014. All rights reserved.



Odra na świecie przed erą szczepień

- W 1980 roku zarejestrowano 2,6 miliona zgonów
- W poprzednich latach dane były podobne

Odra na świecie

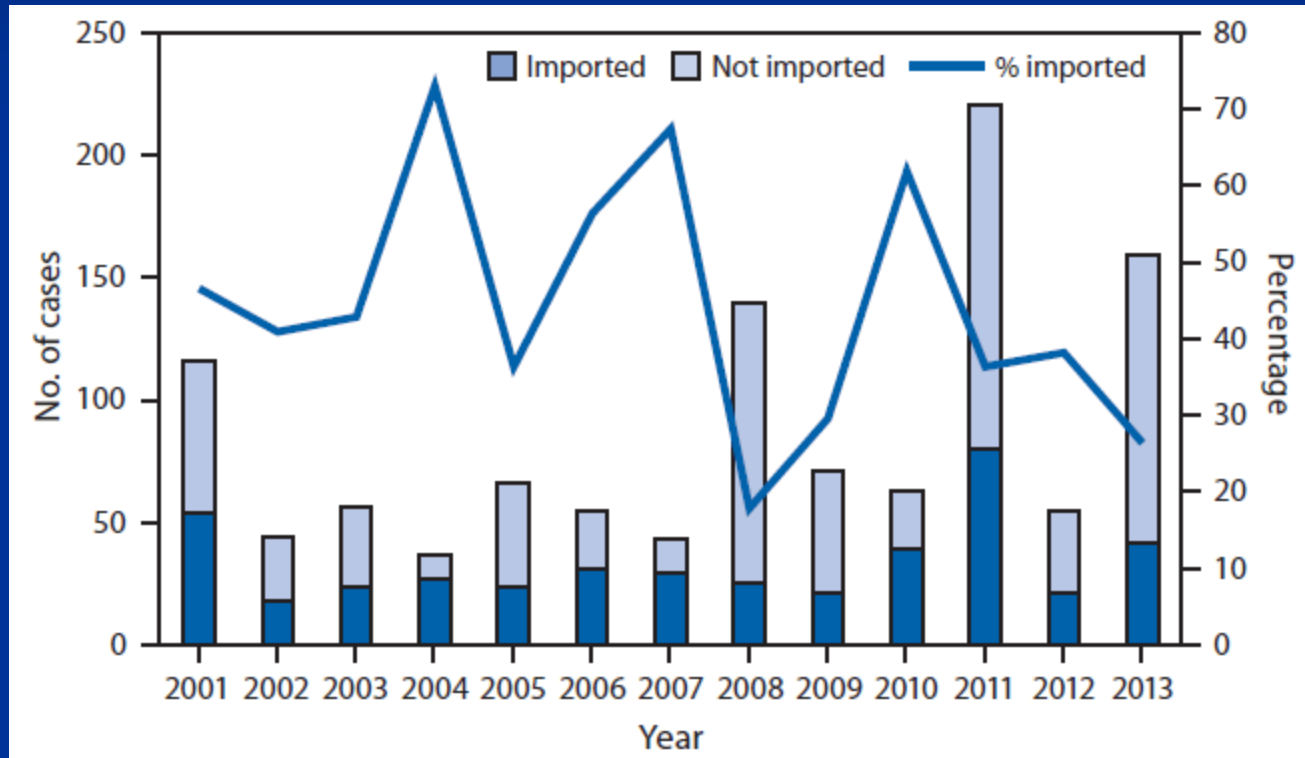
Zgony z powodu odry - rok 2013

- Liczba zgonów – 145 700
- Około 400 zgonów dziennie
- Co godzinę 16 zgonów
- Najwięcej u dzieci poniżej 5 roku życia

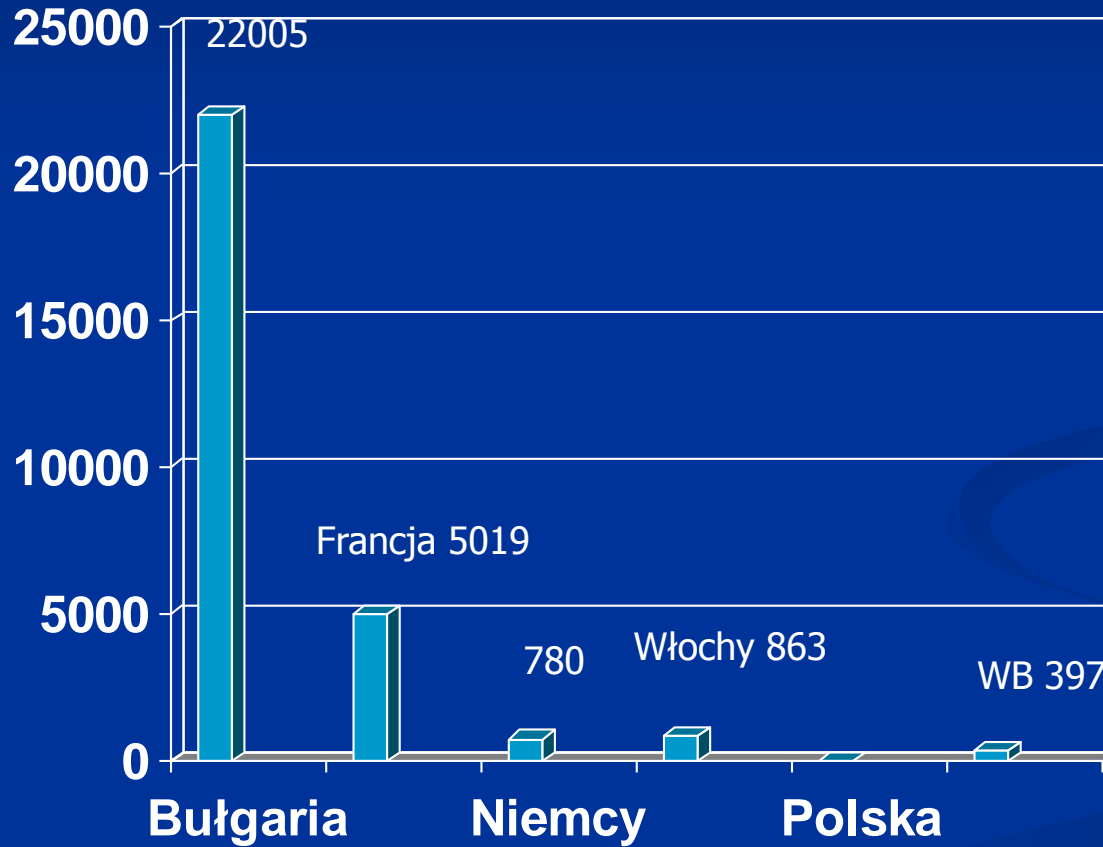
Odra w USA

- Przed erą szczepień umierało rocznie 400-500 dzieci chorych na odrę
- Rok 2014 zarejestrowano 610 zachorowań – liczba większa niż w 1994 roku

Odra w USA

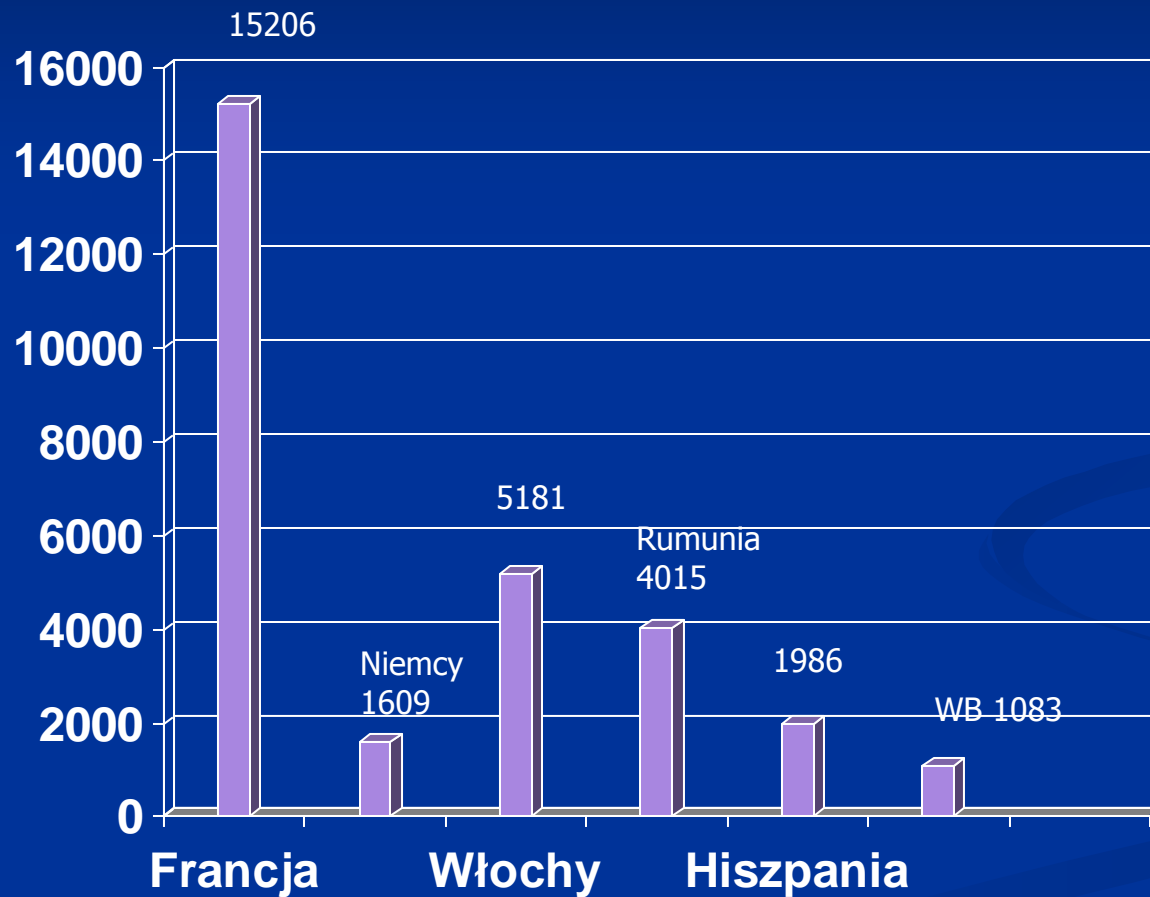


Odra w Europie 2010 r.



Zarejestrowano 30 265 zachorowań

Odra w Europie 2011 r.



Zarejestrowano 30 567 zachorowań

Odra w Europie 2012 r.

- Zarejestrowano 10 271 zachorowań
- 91% Włochy, Niemcy, Holandia, Rumunia
- 88% zachorowań u osób nie szczepionych
- 3 zgony
- 8 zapaleń mózgu
- W GB zachorowania po powrocie z Filipin

Dlaczego tak się dzieje ?

- Utrata czujności – mała liczba zachorowań
- Wyraźny spadek liczby zaszczepionych
- Działanie ruchów anty szczepionkowych

Szczepienie 2 dawkami

	2006	2007	2008	2009	2010	2011
Polska	98,9%	98,4%		94,6%	93,8%	
Niemcy	76,6%	83,2%	88,6%			
WB	75,1%	74,4%	75%	79%	87%	88%
Austria	61,0%	56%	62%	64%		
Francja		28%				
Grecja			77%	77,1%		77%

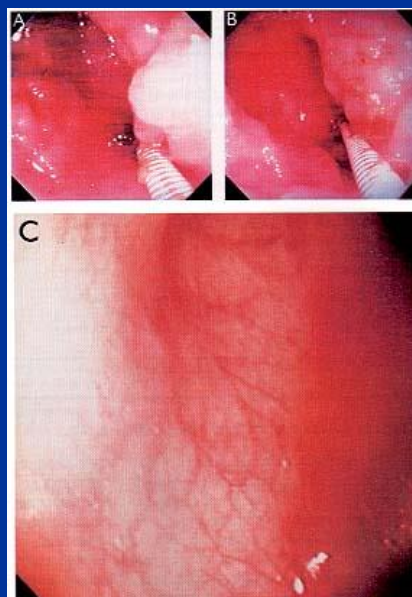
Plotki o szczepieniu przeciwko odrze

Ruchy antyszczepionkowe



Lancet

1998;351:637-41



EARLY REPORT

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

Gdzie popełniono błąd?

- Podejrzenie podano do powszechnej wiadomości bez komentarza, a w opinii społeczeństwa przyjęte zostało za pewnik.

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Po kilku latach w 2006

The Daily Telegraph

CATAPULTS, TREE HOUSES
AND HOW TO TREAT GIRLS
WE TEST THE DANGEROUS BOOK FOR BOYS P19



2 for 1
PUB

BRITAIN'S BEST-SELLING QUALITY DAILY

Thursday, June 12, 2008 16p (RP) 100

Doctor who sparked MMR scare could face misconduct charges

NEWS FEATURES

Is this doctor a hero or a health risk?

Andrew Wakefield's career in Britain is in ruins because of his opposition to the MMR vaccine. Tom Leonard assesses whether he is right or wrong

If you were wrong I will be a bad person because I will have ruined this patient. But I have to address the question my patients put to me. My duty is to investigate their illness," he said Dr Andrew Wakefield in March 2006, a week after his published research linking the MMR vaccination and autism.

The establishment view is not too different from that he was "wrong", very dangerously wrong. And now the General Medical Council seems to think there's a strong case for saying that Dr Wakefield may be a "bad person", too. In fact, indeed, that he could be charged with serious professional misconduct. The doctor issue will once again polarise opinion around the person of this charming but determined doctor. Is he the victim of a government-inspired witch-hunt or an irresponsible, publicity-hungry maverick, peddling dubious science that has done nothing to help public confidence in vaccination?

The GMC's ultimate sanction would be to strike him off the medical register and they have previously done this again, but this may be overdone. According to Dr Wakefield, 40, who now works in Texas where his conditions to research autism, the damage has already been done and nobody in this country will ever employ him again. The case promises to be a long and bitter one. Even the Royal Free Hospital in London says a list containing over 100 MMR claims has already been removed from its website and is standing in the medical and scientific communities.

Such a reputation fall from grace has - both his supporters and detractors would agree - much to do with the "case with a name" man that has enthralled Dr Wakefield and seems to indicate in that early research about his "duty" to investigate the safety of vaccines.

The parent of an autistic child and the head of a government health department are likely to have



Man with a mission, Wakefield said he should be allowed to continue his research



Dr Wakefield is a major investigator in the MMR scare to publish a report linking the MMR vaccine with autism

...score with a deadly legacy

...the MMR vaccine with autism

...the MMR vaccine with autism

...the MMR vaccine with autism

Digest

23 9 2008

Badania kliniczne

- W żadnym z wiarygodnych badań naukowych nie potwierdzono związku pomiędzy szczepionką MMR a autyzmem
- Ale niektórzy wiedza „lepiej”

Podsumowanie

- Zaniechanie szczepień prowadzi do powrotu chorób zakaźnych
- Możemy wobec odry zostać bezradni !!!