



CODEN [USA]: IAJPBB

ISSN : 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

<http://doi.org/10.5281/zenodo.4432424>

Available online at: <http://www.iajps.com>

Research Article

EXAMINATION OF THE OCCURRENCE OF CONTAGION VIRUS BETWEEN THE POPULACE OF LAHORE AND ITS EXISTENCE BETWEEN KIDS WHO ARE NOT IMMUNIZED

¹Syed M Ahmad Gilani, ²Ehsan Ullah, ³Bahawal Sana

¹Gulab Devi Chest Hospital Lahore, ²Ghazi Hospital D. G. Khan, ³PHFMC Company Dera
Ghazi Khan.

Article Received: November 2020 Accepted: December 2020 Published: January 2021

Abstract:

Objective: Measles is a prevalent in Pakistan and it has history of outburst in certain part of country. The contamination is produced by a virus and it is shared in infantile. Measles can be deadly for young children. Due to improved reporting of immunization the death rate is lessening but still it is nastiest in Pakistan. The determination of the study is to examine the pervasiveness of measles virus between the populaces of Lahore and to scrutinize either it is contemporary in immunized children or among children who are not immunized.

Materials and Methods: The research was led in Lahore, Punjab. It is crowded city and is measured Punjab economic hub. The climate of Lahore is very hot in summer and cold in winter. Statistics from Tehsil Hospital and District Hospital was collected.

Results: Measles were current among 76 percent of the children age group fluctuating from 9 months to 10 years. Usual indications and defensive events are also deliberated in the paper.

Conclusion: The fresher children are at developed danger of measles occurrences and those children who are underfed get problems of the sickness. Immunization position of the children should also be enhanced. The EPI system of Punjab is enlightened and government with the help of WHO is annoying to reach to all the children. Consciousness movements are also led but inopportunately the measles are still out breaking. It is since the children who are wasted of inoculations and when they are showing to disease, they fastening the contamination directly and due to highly transmissible in nature it feast quickly. The unhealthy children should be inaccessible and should be given medicinal conduct along with break and nutritious food so that they may recuperate soon.

Keywords: Conjunctivitis, Measles, Pneumonia, immunization.

Corresponding author:

Syed M Ahmad Gilani

Gulab Devi Chest Hospital Lahore.

QR code



Please cite this article in press Syed M Ahmad Gilani *et al*, Examination Of The Occurrence Of Contagion Virus Between The Populace Of Lahore And Its Existence Between Kids Who Are Not Immunized., *Indo Am. J. P. Sci.* 2021; 08[1].

INTRODUCTION:

Measles is produced by a virus Morbilli and is highly communicable in countryside. The development time of the virus variety from 8 to 12 days. It is not fatal for children and those who have cooperated protected system due to many details like previous disease, malnourishment and communication with diseased people are at high danger. According to WHO (World Health Organization) measles stated cases are on cumulative in Pakistan as associated to past. From the statement of WHO the data of Measles-Rubella cases amplified significantly from 2845 cases to 6494 cases in 2017 as likened to 2016 in Whole Pakistan. Rendering to the National Schedule of EPI the children from 9 to 15 months should be immunized but the illiterate people mostly do not bring their children for vaccination and hence the EPI forced to get failed to target unimmunized population. Therefore, it become hard for Public Health officials to prediction the measles outbreak in the year 2016 and 2017. But now the Government is violently following the immunization campaign in high danger areas to cover the unimmunized children and also indorsing awareness campaign in TV and in newspapers to get free immunization. The situation in Punjab, province Pakistan is not as disturbing as in Sindh and in KPK provinces. Measles was a global widespread in the past but due to creation of serum it has prohibited the millions of deaths. Measles related humanity and illness mostly happens at the younger age. In emerging countries, the immunization program for measles is suggested after 9 month of age. Babies less than 6 months old get antibodies from mother milk which help them to fight in contradiction of sicknesses. In EPI program the first dose of serum is given at 9

months and second dose is given at 12 month of age. In case if some children slip the second dose it can be given up to five years of age and after preserving period of four weeks among two dosages. The present study will examine the measles eruption in Lahore, Punjab.

MATERIALS AND METHODS:

Many government and private hospitals are in operating. Accesses to health facilities are satisfactory. The study was conducted in Lahore, Punjab. It is populous city and is considered Punjab economic hub. The weather of Lahore is very hot in summer and cold in winter. The study was conducted in the Lahore City Government Hospital as well as THQ hospitals in which the children with measles infections were brought and hospitalized from the age group of 9 months to 10 years. In the study according to the definition of WHO measles patients were categorized as having rash and high grade fever.

RESULTS:

Measles is a disease which infects the children and this study supports the fact that the children from the age of 9 months up to 10 years were the victim of disease. The sign and symptoms usually appear after 8 to 14 days when the patient remained exposed to virus. The major symptoms of the measles are mostly sore throat, dry cough, runny nose, fever, skin rash, inflamed eyes and Koplik's spots. The gender and age wise distribution of measles patients were as follow. Total of 150 cases were registered and among them 76 % (114) cases were measles positive and 24 % (36) cases were measles negative.

Table: 01 Gender distribution of cases

	Gender	Measles positive	Measles negative
1	Female children	44	20
2	Male children	70	16
	Total	114	36

The difference is due to the male children interact with other male children in homes and in streets too so they are at higher risk of getting virus as compared to female children who remain mostly at homes. The above table shows that the measles occurrence in male children (70) was common as compared to female children (44). The negative cases were also higher in girls as compared to boys.

Table 02: Age group distribution

Sr #	Age	Male	Female	Positive	Negative
1	9 months to 1 year	12	6	18	14
2	1-3 years	26	18	44	8
3	4-6 years	18	10	28	6
4	7 to 9 years	8	6	14	6
5	10 years	6	4	10	2
	Total	70	44	114	36

Among the children from the age group of 9 months to 1 year the presence of disease was 20.52 % (18). From the year 7 to 9 the total cases were 15.96 % (14). From the 10 years and above the ratio of disease prevalence was 11.4 % (10). The age group distributions showed that the maximum patients were observed within the range group of 1 to 3 years which were 50.16 % (44), followed by the age group 4 to 6 years which is 31.92 % (28).

DISCUSSION:

The cases which became complicated and the patients who were hospitalized suffered the complications like conjunctivitis, pneumonia, diarrhea, corneal ulcer, encephalitis and bronchitis. The sign and symptoms of measles were almost similar in all cases of measles including rash, fever, dry cough and runny nose.

Table: 03: Symptoms associated with Measles:

Sr #	Symptoms	Prevalence	Percentage
1	Fever	114	100
2	Rash	114	100
3	Dry cough	110	96
4	Runny Nose	110	96
5	Pneumonia	40	45.6
6	Diarrhea	55	62.67
7	Conjunctivitis	70	79.8
8	Corneal ulcer	12	13.68
9	Encephalitis	18	20.52
10	Sore throat	75	85.5
11	Bronchitis	40	45.6

The graphical illustration shows the common symptoms and also the symptoms after complications associated with measles and their prevalence rate and percentage is obvious. The Patients who were timely treated did not develop any complications and the patients who were without vaccinations and started treatment late developed complications associated with measles like Pneumonia 45.6 %, diarrhea 62.67%, encephalitis 20.52 %, bronchitis 45.6% and Corneal ulcer 13.68%. The patients who got measles were both who were immunized before with a single dose and got the second dose of the vaccination too. The patients who were measles negative in test but having rash and fever were those who later diagnosed with dengue fever another common viral disease in rainy and humid season. The children with vaccination had mild and acute attack of measles. There is no specific treatment for measles. The patient who never got vaccination developed the complications of measles. In addition, the children should be prescribed vitamin A so that they might not get complications after the virus attack. Children should take rest with plenty of liquids. The patients are given treatments for fever and in complicated cases antibiotics are considered supportive medicine.

CONCLUSION:

Vaccination status of the children should also be improved. The younger children are at higher risk of measles attacks and those children who are

malnourished get complications of the disease. Awareness campaigns are also conducted but unfortunately the measles are still out breaking. The EPI system of Punjab is progressive and government with the help of WHO is trying to reach to all the children. The infected children should be isolated and should be given medical treatment along with rest and nutritional food so that they may recover soon. The surveillance system for vaccine preventable diseases should be improved and strengthened so that outbreak can be avoided. It is because the children who are missed of vaccines and when they are exposed to virus, they catch the infection immediately and due to highly contagious in nature it spread quickly.

REFERENCES:

1. Bhatti AM. Measles Outbreak in Pakistan. Medical Forum Monthly jan, 2013.
2. World Health Organization. Measles? fact sheet N, 2015, 286.
3. WHO. Disease early warning system and response in Pakistan. World Health organization. 2013.
4. Park K. Epidemiology of communicable diseases. In: K Park (ed.), Textbook of preventive and social medicine, 21st ed. Jabalpur, India: Banarsidas Bhanot Publishers, 2011.
5. World Health Organization. Measles? fact sheet N, 2015, 286.

6. Usman A. Disease control: 4 children die from measles, 17 new cases reported. Lahore, Pakistan. 2013.
7. WHO. Measles. World Health Organization. 2013.
8. WHO. Measles deaths decline, but elimination progress stalls in some regions. Improved vaccination rates critical for success Geneva: World Health Organization; 2013.
9. CDC. Measles Overview. Centers for disease control and prevention. 2013.