

*但是，倘若某個體對麻疹具有部分（有限）的免疫力，將出現「**皮疹型態改變麻疹**」，症狀通常不典型。是另一種獨特的麻疹臨床表徵，其特徵是**症狀較輕和皮疹較輕微**。¹⁰

麻疹可以很嚴重。麻疹的**併發症**包括：

- 中耳炎;
- 嚴重腹瀉及相關併發症，例如脫水；
- 失明；
- 肺炎；
- 腦炎；
- 懷孕期間的併發症（未接種 MMR 疫苗的孕婦）；
- 死亡。



麻疹治療:

麻疹沒有具體的治療方法。父母和照護人員應專注於緩解症狀、讓患者感到舒適並觀察併發症。

容易感染麻疹的高風險族群和感染麻疹後患併發症機會較高的人士：

麻疹在所有年齡層都可能很嚴重。然而有幾個群體更有可能患有麻疹併發症。

- 年齡太小而無法接種麻疹疫苗或完成兩劑麻疹疫苗接種的嬰兒；
- 未接種麻疹疫苗或未完成兩劑麻疹疫苗接種的人士；
- 前往麻疹流行地區的人士；¹¹
- 接觸過從麻疹流行地區返回呈現發燒和呼吸道徵狀的人士；
- 孕婦(孕婦應遠離疫區)；
- 家庭內接觸到麻疹感染人士；
- 患有免疫缺陷的人士（先天性或後天性，例如白血病或患愛滋病的人士）；
- 營養不良、缺乏維生素 A 的人士。

給父母 / 孩童照顧者 / 市民 / 醫生 / 醫學界專業人員的建議

一. 家長 / 照顧者應注意什麼?

- 家長 / 照顧者應確保子女根據「**香港兒童免疫接種計劃**」接種最新的麻疹疫苗，以獲得及時和全面的保護。根據香港目前的建議，兒童應在十二個月大時接種 麻疹、腮腺炎、德國麻疹(MMR) 混合疫苗，並在十八個月大時接種 麻疹、腮腺炎、德國麻疹、水痘 (MMR-V) 混合疫苗，以預防麻疹感染。^{12,13}
- 若孩子造訪麻疹流行地區之後出現發燒、出有斑點的皮疹及 / 或患結膜炎，請告知家庭醫生其準確發病時間、病徵和外遊史。
- 患有麻疹的兒童應在出現皮疹後四天內停止上學，以防止感染傳播給學校內未免疫的人。



二. 市民應注意哪些事項？

甲、接種麻疹疫苗

- 在香港，如果個人符合以下條件，被視為對麻疹沒有免疫力：
 - 沒有經實驗室化驗免疫力的證據（即沒有做過實驗室檢驗麻疹免疫球蛋白 IgG 或檢驗結果呈現陰性 / 不確定）；
 - 過去沒有經實驗室化驗確診的麻疹感染；
 - **尚未接種兩劑含麻疹疫苗或疫苗接種史不明。**
- 所有未接種疫苗或接種史不明的人士應接種兩劑 MMR 疫苗，而過去已接種一劑麻疹疫苗的人士應再接再種一劑 MMR 以完成接種。
- 於一九六七年推出麻疹疫苗之前，麻疹已經在全港流行。所以一九六七年以前在香港出生的人士可被預料透過「天然麻疹」感染而已經有麻疹免疫抗體，和獲得了對應感染的免疫力。
- 一九六七年及之後在香港出生的人士應通過全面的全港性兒童疫苗接種計劃接種麻疹疫苗，免受麻疹的侵害。
- 對於少數本地出生的市民，之前沒有接種過兩劑麻疹疫苗的人，可以向醫生諮詢接種麻疹疫苗的建議。
- 孕婦應等到不再懷孕後再接再種 MMR 疫苗。女性在接種 MMR 疫苗後至少三個月內應避免懷孕。¹³
- 因為海外麻疹疫苗接種涵蓋範圍各有不同，海外入境人士、外籍勞工及海外來港就讀學生如未在原籍國接種兩劑麻疹疫苗，應諮詢家庭醫生，並儘快在香港完成麻疹疫苗接種。
- 計劃前往麻疹高發生或爆發地區的市民，應檢查自己的疫苗接種史和過往病歷史。
- 請謹記麻疹疫苗需要兩週才能發揮保護作用。

乙、保持良好的個人及環境衛生

- 市民應保持良好個人衛生及勤洗手。進食前後、上廁所後或接觸髒物體後，用肥皂和水洗手至少二十秒。記得也要清潔手指和手腕。
- 在徹底洗手之前，避免觸摸眼睛、鼻子和嘴巴。
- 咳嗽或打噴嚏時用紙巾遮住口鼻，然後小心地將紙巾扔進有蓋的垃圾桶內，並徹底清潔雙手。
- **保持家中室內空氣流通。**多開窗，因為良好的通風可以有效地讓病毒隨氣流帶走。HEPA 過濾器可有效過濾病毒。

三. 醫生 / 醫學界業內專業人員應注意哪些事項？

- 若懷疑患者患有麻疹，請採取適當的隔離措施：**將患者置於空氣傳播感染隔離室（AIIR）。**
- 請提取適當的標本進行病毒學鑑定：
 - 鼻咽拭子、鼻咽吸出物、喉嚨拭子和尿液都是適當的標本。

- **請適時進行抗麻疹 IgM 檢查：**¹⁴
 - I. 如果在皮疹出現後七十二小時內進行抗麻疹 IgM 檢查，則有機會出現假陰性（約 30% 假陰性）。倘若太早進行檢查產生不確定的結果，有需要考慮重複進行檢查。
 - II. 抗麻疹 IgM 呈陽性可能表示正在被麻疹感染或顯示已經接種疫苗。
 - III. 皮疹發作超過四天之後採集的抗麻疹 IgM 陰性結果可安全排除麻疹。
- **所有懷疑或確診麻疹個案應通報衛生署衛生防護中心中央通報辦公室。**
- 所有患有麻疹的兒童或成人應服用兩劑**維生素 A 補充劑**，相隔二十四小時服用。這可以恢復維生素 A 低水平的情況，維生素 A 低水平情況即使在營養良好的兒童中也會出現的。維生素 A 補充劑不但可以幫助防止眼睛損傷和失明，還可以減少麻疹死亡人數。
- 醫生可能會考慮使用抗生素來治療繼發性細菌感染，例如繼發性細菌感染肺炎，以及耳部和眼部感染。
- **請注意兒童出現皮疹還有其他醫學原因**，詳情請參閱參考表列清單中的 YouTube 影片。^{15,16}
- 醫生應建議尚未有足夠免疫力的人士接種麻疹疫苗，尤其是過往可能沒有在本國接種過麻疹疫苗的非本地出生人士（例如新移民、海外地區的工人和學生等）。
- 建議對麻疹沒有免疫力的孕婦和備孕婦女，以及未接種第一劑 MMR 疫苗的一歲以下兒童，避免前往麻疹疫情爆發的地區。

四. **接種麻疹疫苗是預防麻疹感染最有效的方法** - 香港兒科醫學會、澳門兒科專科醫學會、香港兒童免疫過敏及傳染病學會、香港中華醫學會有限公司、香港感染及傳染病醫學會、立法會（醫療衛生）議員林哲玄醫生、香港醫務委員會執照醫生協會、香港婦產科學會、香港兒童及青少年皮膚科學會、香港護理學院、香港兒科護理學院、香港兒科護士學會、亞洲醫療專科學院、香港助產士會和香港學校護士學會謹在此作出聯合呼籲。



「慎防社區麻疹爆發」



二零二四年三月二十五日

*但是，倘若某个体对麻疹具有部分（有限）的免疫力，将出现「**皮疹型态改变麻疹**」，症状通常不典型。是另一种独特的麻疹临床表征，其特征是症状较轻和**皮疹较轻微**。¹⁰

麻疹可以很**严重**。麻疹的**并发症**包括：

- 中耳炎；
- 严重腹泻及相关并发症，例如脱水；
- 失明；
- 肺炎；
- 脑炎；
- 怀孕期间的并发症（未接种 MMR 疫苗的孕妇）；
- **死亡**。



麻疹治疗:

麻疹**没有具体的治疗方法**。父母和照护人员应专注于缓解症状、让患者感到舒适并观察并发症。

容易感染麻疹的高风险族群和感染麻疹后患并发症机会较高的人士：

麻疹在所有年龄层都可能很严重。然而有几个群体更有可能患有麻疹并发症。

- **年龄太小而无法接种麻疹疫苗或完成两剂麻疹疫苗接种的婴儿；**
- 未接种麻疹疫苗或未完成两剂麻疹疫苗接种的人士；
- **前往麻疹流行地区的人士；¹¹**
- 接触过从麻疹流行地区返回呈现发烧和呼吸道征状的人士；
- **孕妇(孕妇应远离疫区)；**
- 家庭内接触到麻疹感染人士；
- 患有免疫缺陷的人士（先天性或后天性，例如白血病或患爱滋病的人士）；
- 营养不良、缺乏维生素 A 的人士。

给父母 / 孩童照顾者 / 市民 / 医生 / 医学界专业人员的建议

一. 家长 / 照顾者应注意什么?:

- 家长 / 照顾者应确保子女根据「**香港儿童免疫接种计划**」接种最新的麻疹疫苗，以获得及时和全面的保护。根据香港目前的建议，**儿童应在十二个月大时接种麻疹、腮腺炎、德国麻疹(MMR)混合疫苗**，并在十八个月大时接种**麻疹、腮腺炎、德国麻疹、水痘(MMR-V)混合疫苗**，以预防麻疹感染。^{12,13}
- 若孩子造访麻疹流行地区之后出现发烧、出有斑点的皮疹及 / 或患结膜炎，请告知家庭医生其准确发病时间、病征和外游史。
- **患有麻疹的儿童应在出现皮疹后四天内停止上学**，以防止感染传播给学校内未免疫的人。



二. 市民应注意哪些事项？

甲、 接種麻疹疫苗

- 在香港，如果个人符合以下条件，被视为对麻疹没有免疫力：
 - 没有经实验室化验免疫力的证据（即没有做过实验室检验麻疹免疫球蛋白 IgG 或检验结果呈现阴性 / 不确定）；
 - 过去没有经实验室化验确诊的麻疹感染；
 - **尚未接种两剂含麻疹疫苗或疫苗接种史不明。**
- 所有未接种疫苗或接种史不明的人士应接种两剂麻疹、腮腺炎、德国麻疹 (MMR) 疫苗，而过去已接种一剂麻疹疫苗的人士应再接种一剂麻疹、腮腺炎、德国麻疹 (MMR) 以完成接种。
- 于一九六七年推出麻疹疫苗之前，麻疹已经在全港流行。所以一九六七年以前在香港出生的人士可被预料透过「天然麻疹」感染而已经有麻疹免疫抗体，和获得了对应感染的免疫力。
- 一九六七年及之后在香港出生的人士应通过全面的全港性儿童疫苗接种计划接种麻疹疫苗，免受麻疹的侵害。
- 对于少数本地出生的市民，之前没有接种过两剂麻疹疫苗的人，可以向医生咨询接种麻疹疫苗的建议。
- 孕妇应等到不再怀孕后再接种 MMR 疫苗。**女性在接种 MMR 疫苗后至少三个月内应避免怀孕。**¹³
- 因为海外麻疹疫苗接种涵盖范围各有不同，海外入境人士、外籍劳工及海外来港就读学生如未在原籍国接种两剂麻疹疫苗，应咨询家庭医生，并尽快在香港完成麻疹疫苗接种。
- 计划前往麻疹高发或暴发地区的市民，应检查自己的疫苗接种史和过往病历史。
- 请谨记麻疹疫苗需要两周才能发挥保护作用。

乙、 保持良好的個人及環境衛生

- 市民应保持良好个人卫生及勤洗手。进食前后、上厕所后或接触脏物体后，用肥皂和水洗手至少二十秒。记得也要清洁手指和手腕。
- 在彻底洗手之前，避免触摸眼睛、鼻子和嘴巴。
- 咳嗽或打喷嚏时用纸巾遮住口鼻，然后小心地将纸巾扔进有盖的垃圾桶内，并彻底清洁双手。
- **保持家中室内空气流通。**多开窗，因为良好的通风可以有效地让病毒随气流带走。HEPA 过滤器可有效过滤病毒。

三. 医生 / 医学界业内专业人员应注意哪些事项？

- 若怀疑患者患有麻疹，请采取适当的隔离措施：**将患者置于空气传播感染隔离室 (AIIR) 。**
- 请提取适当的标本进行病毒学鉴定：
 - 鼻咽拭子、鼻咽吸出物、喉咙拭子和尿液都是适当的标本。

- 请适时进行抗麻疹 IgM 检查：¹⁴
 - I. 如果在皮疹出现后七十二小时内进行抗麻疹 IgM 检查，则有机会出现假阴性（约 30% 假阴性）。倘若太早进行检查产生不确定的结果，有需要考虑重复进行检查。
 - II. 抗麻疹 IgM 呈阳性可能表示正在被麻疹感染或显示已经接种疫苗。
 - III. 皮疹发作 超过四天之后采集的抗麻疹 IgM 阴性结果可安全排除麻疹。
- 所有怀疑或确诊麻疹个案应通报卫生署卫生防护中心中央通报办公室。
- 所有患有麻疹的儿童或成人应服用两剂维生素 A 补充剂，相隔二十四小时服用。这可以恢复维生素 A 低水平的情况，维生素 A 低水平情况即使在营养良好的儿童中也会出现的。维生素 A 补充剂不但可以帮助防止眼睛损伤和失明，还可以减少麻疹死亡人数。
- 医生可能会考虑使用抗生素来治疗继发性细菌感染，例如继发性细菌感染肺炎，以及耳部和眼部感染。
- 请注意儿童出现皮疹还有其他医学原因，详情请参阅参考表列清单中的 YouTube 影片。^{15,16}
- 医生应建议尚未有足够免疫力的人士接种麻疹疫苗，尤其是过往可能没有在本国接种过麻疹疫苗的非本地出生人士（例如新移民、海外地区的工人和学生等）。
- 建议对麻疹没有免疫力的孕妇和备孕妇女，以及未接种第一剂麻疹、腮腺炎、德国麻疹(MMR) 疫苗的一岁以下儿童，避免前往麻疹疫情爆发的地区。

四. 接种麻疹疫苗是预防麻疹感染最有效的方法 - 香港儿科医学会、澳门儿科专科医学会、香港儿童免疫过敏及传染病学会、香港中华医学会有限公司、香港感染及传染病医学会、立法会（医疗卫生）议员林哲玄医生、香港医务委员会执照医生协会、香港妇产科学会、香港儿童及青少年皮肤科学会、香港护理学院、香港儿科护理学院、香港儿科护士学会、亚洲医疗专科学院、香港助产士会和香港学校护士学会谨在此作出联合呼吁。

「慎防社区麻疹爆发」



二零二四年三月二十五日



“Stay Vigilance Against Measles Outbreaks in the Community”

- Joint Recommendation to Parents / Carers / Citizens / Physicians / Healthcare Professionals by The Hong Kong Paediatric Society, The Macau Pediatric Society, The Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases, The Hong Kong Chinese Medical Association Ltd., The Hong Kong Society for Infectious Diseases, Dr. Hon David LAM Tzit-yuen, Member of the Legislative Council (Healthcare), The Association of Licentiates of Medical Council of Hong Kong, The Obstetrical and Gynaecological Society of Hong Kong, The Hong Kong Paediatric and Adolescent Dermatology Society, The College of Nursing Hong Kong, The Hong Kong College of Paediatric Nursing, The Hong Kong Paediatric Nurses Association, Asian Medical Expert Academy, The Hong Kong Midwives Association and The Hong Kong School Nurse Association Ltd.

Stay vigilance against “**measles**”, despite it is a **vaccine preventable disease**, it remains an important cause of death among young children worldwide. Globally, we are experiencing measles outbreaks in various regions and countries (United States, Europe, Central Asia, Southeast Asia) due to a setback in surveillance and decline in measles vaccination rate at the time of COVID-19 pandemic.^{1,2,3} Despite Hong Kong has declared “Measles Elimination” on 21st September 2016,⁴ we experienced a small outbreak in 2019 due to imported measles cases in the Hong Kong Airport.

Hong Kong citizens are well protected against measles infection, due to a well-performing surveillance system and a high measles vaccine uptake rate (>95%) in the community, the risk of large-scale outbreak of measles in Hong Kong is considered to be low. As of 25th March 2024, seven measles cases were notified in Hong Kong, two cases were confirmed local cases. We need to be aware of **imported measles cases** and the **local dissemination** within the community.

Route of transmission and the incubation period of Measles:^{5,6,7}

- Measles is a **highly contagious** virus transmitted by **airborne** route, also by **droplets** from the nose, mouth and throat of infected persons. Measles is so contagious that if one person is infected, up to 90% of the people in close contact with that person who are not immune will also become infected.
- The **incubation period** of measles is **7-21 days**. Infected people can spread measles to others from **four days before** through **four days after the rash appears**.
- Measles can spread from infected people to others through **coughing and sneezing**.
- If other people breathe the contaminated air or touch the infected surface, then touch their eyes, noses, or mouths, they can become infected.

Symptoms and Complications of Measles Infection:

The classical symptoms of measles include **Fever** and a combination of: **3 “C” + 1 “D”**. (**C** = **Cough**; **C** = **Coryza**; **C** = **Conjunctivitis** + **D** = **Diarrhoea**). An enanthem (pathognomonic) **Koplik’s spot**, followed by a **characteristic erythematous, maculopapular** (blotchy) **rash**.^{8,9}



*However, individuals with pre-existing partial (limited) immunity to measles will be presented with “**modified measles**”, i.e. a distinct clinical entity characterized by **less intense symptoms** and a **milder rash**.¹⁰

Measles can be **SERIOUS**. **Complications** of measles include:

- Otitis media;
- Severe diarrhoea and related complications, e.g. dehydration;
- Blindness;
- Pneumonia;
- Encephalitis;
- Complications during pregnancy (pregnant women who have not had the MMR vaccine);
- **Death.**



Treatment for Measles:

There is **no specific treatment** for measles. Parents and Care givers should focus on relieving symptoms, making the patients comfortable and to observe for complications.

Individuals at risk of Measles Infection and Complications:

Measles can be serious in all age groups. However, there are several groups that are more likely to suffer from measles complications.

- **An Infant who is too young to be vaccinated or complete two doses of vaccination;**
- An unvaccinated or partially vaccinated individual;
- **A person travelling to measles endemic areas;**¹¹
- Exposure to person(s) with fever and respiratory symptoms returning from endemic areas;
- **Pregnant women** (Pregnant women should stay away from the outbreak area);
- Household exposure to measles;
- Individual with immunodeficiency (congenital or acquired e.g. leukaemia or HIV infection);
- Individual with malnutrition, and vitamin A deficiency.

Recommendations to parents / carers / citizens / physicians / health care professionals

1. What parents / carers should be aware of?

- Parent / carer to ensure their children to receive up-to date measles vaccination according to the “**Hong Kong Childhood Immunisation Programme**” for timely and comprehensive protection. According to the current recommendation in Hong Kong, **children should receive Measles, Mumps & Rubella (MMR) vaccine at 12 months and Measles, Mumps, Rubella & Varicella (MMR-V) vaccine at 18 months of age for protection against measles.**^{12,13}
- If their child developed **fever, blotchy rashes** and / or **conjunctivitis** after visiting measles endemic areas, please tell their family doctors the exact time of symptoms onset, symptoms and travel history.
- **Children with measles should be kept out of school till four days from the appearance of a rash** to prevent the spread of the infection to non-immune persons in school.



2. What citizens / residents in Hong Kong should be aware of?

A. Measles Vaccination:

- In Hong Kong, individuals are considered as non-immune to measles if they:
 - do not have laboratory evidence of immunity (i.e. no laboratory test ever done or tested negative / indeterminate for measles immunoglobulin G);
 - do not have laboratory confirmed measles infection in the past;
 - **have not been vaccinated with two doses of measles-containing vaccine or have unknown vaccination status.**
- All those who are **unvaccinated** or **with unknown vaccination history should receive two doses of MMR vaccine**, while those who had already received one dose of measles vaccination in the past should receive a further dose of MMR to complete the course.
- There were territory wide measles endemics before the introduction of measles vaccination in Year 1967, citizens born in Hong Kong before 1967 are considered to have acquired immunity to the infection through “natural measles” .
- Citizens born in and after 1967 should have been protected from measles through a comprehensive territory-wide childhood vaccination programme.
- For a small proportion of local-born citizens who did not receive two doses of measles vaccine before, they could seek advice from doctor on measles vaccination.
- Pregnant women should wait to get MMR vaccine until after they are no longer pregnant. **Women should avoid getting pregnant for at least three months after getting MMR vaccine.**¹³
- **The measles vaccination coverage overseas varies, immigrants from overseas countries, foreign workers and overseas students who have not had two doses of measles vaccination in their home country should consult their family doctors and complete their measles vaccination in Hong Kong promptly.**
- **Citizens who are planning to travel to places with high incidence or outbreaks of measles should review their vaccination history and past medical history.**
- **Please be alert the measles vaccine takes two weeks to achieve its’ protective effect.**

B. Maintain good personal and environmental hygiene:

- Members of the public should observe good personal hygiene and wash his / her hands frequently. Wash both hands with soap and water for at least 20 seconds before and after eating, after using the toilet, or after touching soiled objects. Remember to clean the fingers and wrists as well.
- Avoid touching the eyes, nose and mouth before thorough hand washing.
- Cover mouth and nose with tissue paper when coughing or sneezing, and then carefully dispose the tissue in a covered rubbish bin, followed by cleaning his / her hands thoroughly.
- **Maintain good indoor ventilation at home.** Open more windows because good ventilation can effectively allow the virus to be carried away with the airflow. A HEPA filter is useful to filter off the virus.

3. What physicians / health care professionals should be aware of?

- If the patient is suspected of suffering from measles, perform proper isolation measures: **place patient in airborne infection isolation room (AIIR).**
- Please perform **appropriate specimens for virological identification:**
 - i. nasopharyngeal swab, nasopharyngeal aspirate, throat swab and urine are suitable specimens.
- Please **perform anti-measles IgM timely:** ¹⁴
 - i. Anti-measles IgM false negative if taken < 72 hours after rash onset (approximately 30% false negative). If the test is performed too early and produces inconclusive result, it may be necessary to consider repeating the test.
 - ii. Positive anti-measles IgM may indicate active infection or vaccination.
 - iii. **A negative anti-measles IgM collected \geq 4 days of rash onset can safely exclude measles.**
- **Suspected or confirmed measles cases should be notified** to the Central Notification Office of the Centre for Health Protection.
- All children or adults with measles should be prescribed with two doses of **vitamin A supplements**, given 24 hours apart. This restores low vitamin A levels that occur even in well-nourished children. It can help **prevent eye damage and blindness**. Vitamin A supplements may also **reduce the number of measles deaths**.
- Physicians may consider the use of antibiotics to treat secondary bacterial infection e.g. pneumonia and ear and eye infections.
- **Please be alert there are other differential diagnosis for childhood exanthema**, please refer to the YouTube videos in the reference list for details.^{15,16}
- To **advise non-immune individuals to receive MMR vaccine**, in particular non-local born individuals (such as new immigrants, workers and students from overseas regions, etc.) who might not have received any measles vaccination in their home country in the past.
- To advise **pregnant women and women preparing for pregnancy who are non-immune to measles** as well as **children aged under one year who are not due for the first dose of MMR vaccine should not travel to places with outbreaks of measles**.

4. Getting vaccinated against measles is the most effective way to prevent measles infection

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“Stay Vigilance Against Measles Outbreaks in the Community”



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