

麻疹

父母须知



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1. 什么是麻疹？

麻疹是一种自限性的儿童病毒感染。

- 麻疹前驱 (初始) 期的病症包括咳嗽、流鼻涕、眼部刺激及发热, 在发病4-10天后会出现全身性皮疹。¹
- 麻疹在前驱期和出疹后的3-4天内具有传染性。¹
- 大多数麻疹病例是良性的, 未向公共卫生部门报告。²
- 在麻疹疫苗接种计划开始推行之前, 几乎每个人都会得麻疹, 15岁以后会终生免疫。¹
- 在极个别情况下, 麻疹会导致脑损伤和死亡。^{3,4}

美国疾病控制和预防中心 (CDC) 是根据报告的病例发布麻疹病例死亡率的。不过, 近90%的麻疹病例是良性的, 且未报告给疾病预防控制中心。2根据报告的病例 (仅占有所有病例的10%) 计算所得的病死率比实际全体病例的病死率高10倍。此处的数据分析是基于全部麻疹病例的 (包括已报告及未报告的)。



2. 有什么风险？

在现代美国, 很少有人因麻疹而导致终生残疾或死亡。1900年至1963年期间, 由于生活条件、营养和医疗水平的提高, 人口中的麻疹死亡率从每10万病例中13.³人致死下降至每10万病例中0.2人致死——下降了98% (图1)。^{2,5}营养不良, 尤其是维生素A缺乏, 是导致不发达国家每年约90000例麻疹病例死亡的主要原因。⁶ 在美国和其他发达国家, 75-92%的住院治疗麻疹病例是由于维生素A缺乏。^{7,8}

麻疹的研究资料和国家追踪记录中记录了以下内容:

- 万分之一, 即0.01%的麻疹病例会致死。³
- 万分之三至万分之三点五, 即0.03-0.035%的麻疹病例会导致癫痫。⁹
- 两万分之一, 即0.005%的麻疹病例会导致麻疹脑炎。⁴
- 八万分之一, 即0.00125%的病例因引发麻疹脑炎导致终生残疾。⁴
- 千分之七, 即0.7%的病例会入院治疗。¹⁰
- 百万分之六至百万分之二十二, 即0.0006-0.0022%的病例会导致亚急性硬化性全脑炎 (SSPE)。¹¹

1900-1963年期间, 麻疹死亡率下降^{2,5}

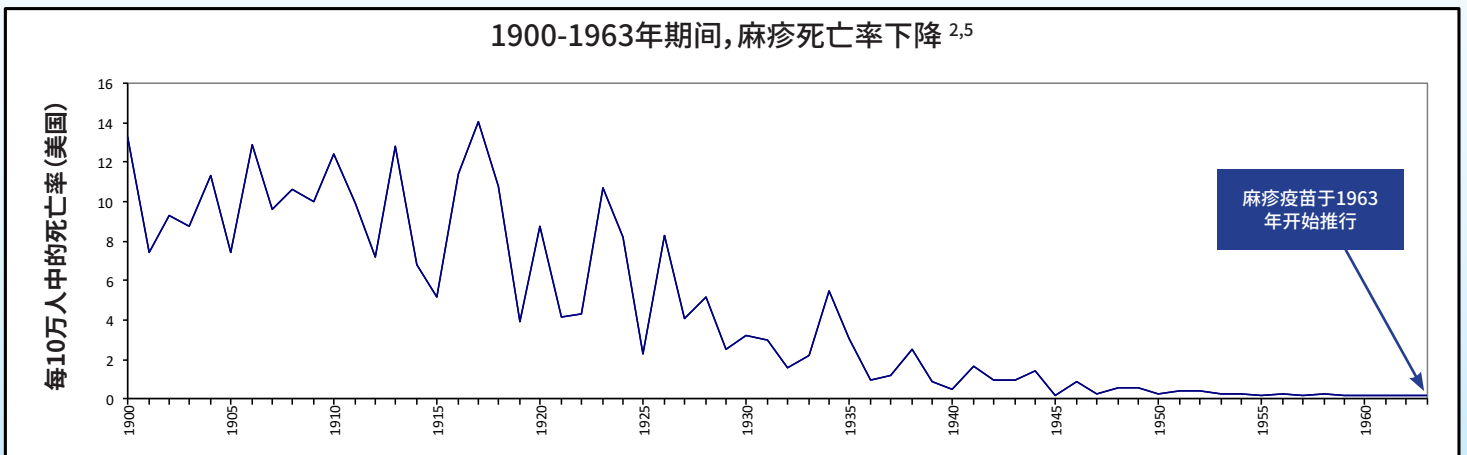


图 1: 麻疹疫苗开始推行前, 从1900年至1963年, 麻疹死亡率下降了98%。



3. 麻疹有哪些治疗方法？

由于几乎所有麻疹病例的病症都能自行消退,所以通常只需要辅助性治疗。因此,治疗方案包括以下内容:

- 休息
- 补水
- 高剂量维生素A¹²
- 免疫球蛋白 (可用于免疫功能低下的患者,如化疗患者)¹³



维生素 A

世界卫生组织 (WHO) 推荐重症麻疹病例使用高剂量维生素A进行治疗,50000-200000国际单位 (IU),连续两天口服。¹³



4. 得麻疹有什么好处吗？

有研究表明,自然获得性麻疹感染有助于降低患霍奇金淋巴瘤和非霍奇金淋巴瘤的风险,同时降低患花粉热、湿疹和哮喘等异位性疾病的风险。¹⁴⁻¹⁸此外,麻疹感染者成年后



5. 如何看待麻疹疫苗？

麻疹疫苗是从1963年开始在美国推行的,现在仅作为麻疹、腮腺炎和风疹 (MMR) 疫苗的组成之一。它大大降低了麻疹的发病率;然而,已经出现过疫苗无效的报告,疫苗无法预防所有接种者免于麻疹感染。²¹ 制造商的药品说明书包含关于疫苗的成分、不良反应和疫苗评估的信息。例如,“M-M-R II疫苗尚未进行是否有可能致癌、引发病变或损害生育能力的评估。”¹¹此外,尚无证据证明MMR疫苗导致永久性伤害和死亡的风险低于麻疹 (图2)。^{22, 23}

10岁以下儿童的麻疹死亡率及主要死因 (每10万人) ²²⁻²⁵

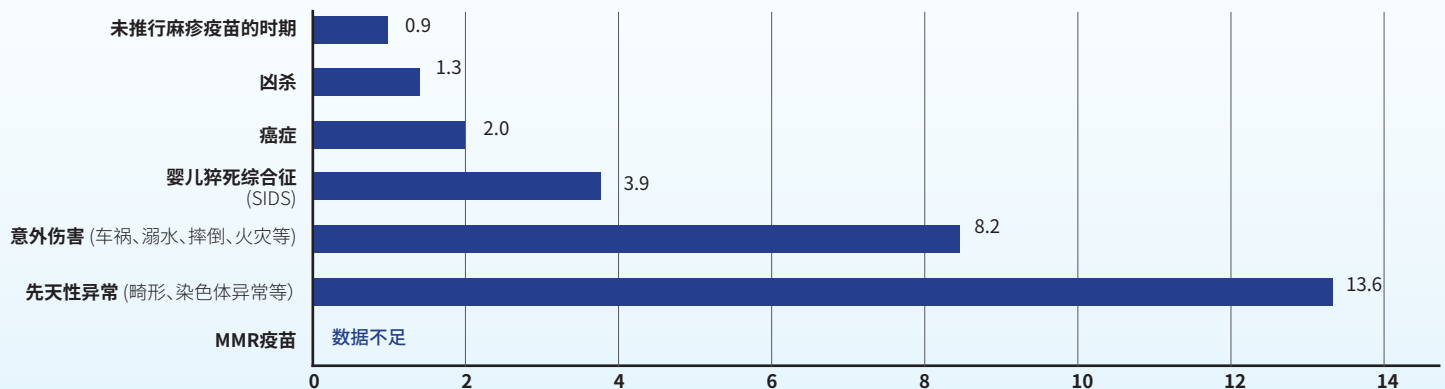


图 2: 该图显示了推行疫苗之前,在麻疹还是一种常见的儿童病毒感染时,当时的麻疹死亡率,并将其与今天10岁以下儿童的主要死亡原因进行比较。结果是:在推行疫苗接种之前,10岁以下儿童的麻疹死亡率为10万分之0.9。2015年,凶杀导致的死亡率为10万分之1.3,其次是癌症 (10万分之2.0)、婴儿猝死综合征 (10万分之3.9)、意外伤害 (10万分之8.2) 和先天性异常 (10万分之13.6)。因为现有的研究无法做出精确的计算,所以MMR疫苗导致死亡或永久性伤害的几率不详。^{22, 23}

所有参考文献及麻疹疫苗风险声明 (VRS) 均可见于 physiciansforinformedconsent.org/麻疹。

这些说明仅供参考,不应被视为个人医疗建议使用。

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