

ANNOUNCEMENT

Date: June 30, 2011

Dear Valued Clients:

Measles (Rubeola) virus is a member of the family paramyxoviridae, which also includes mumps, respiratory syncytial virus, and parainfluenza viruses. Clinical infection with virus is characterized by a prodromal phase of high fever, cough, coryza, conjunctivitis, malaise, and koplik's spots on the buccal mucosa. An erythematous rash then develops behind the ears and over the forehead, spreading to the trunk.

Since intensive immunization began in United States more than two decades ago, the incidents of measles infection has been reduced from approximately ½ million cases annually in the 1960s to fewer than 500 cases in recent years. 80% of measles cases occurred in people under the age of 20. Several cases of measles were reported in children infected with the human immunodeficiency virus; therefore, it was recommended that the children infected with HIV be immunized with vaccines for measles, mumps and rubella. This recommendation has recently been extended to adults with HIV infection.

Atypical measles can occur in patients who received killed measles vaccine and subsequently have been infected with the wild type strain of the virus. In addition, many individuals remain susceptible to measles because of vaccine failure or non-immunization. Screening for these antibodies aid in identifying the non-immune individuals.

Specimen Requirements:

- Specimen requirements serum (SST)
- Separated Serum specimen need to be shipped refrigerated
- Rejection criteria: Hemolysis

Turn Around Time:

- 4 days

For supplies and other needs please contact your Foundation Laboratory representative.

Sincerely,

Reza M. Massoumi, Ph.D.
Laboratory Manager