ANTIGENICITY OF VARIOUS TYPES OF MEASLES VACCINES AMONG EGYPTIAN INFANTS

THESIS

Submitted for the Partial Fulfilment of The Degree of M. D.

in

Paediatrics



Вy

MOHAMED SAMI AHMED KAMAL EL-SHIMI

M. C. C. Ch; M. Sc.

Supervisors

Prof. Dr. MAHMOUD ESSAWY

Professor of Paediatrics
Ain Shams University, Cairo

Prof. Dr. YEHIA EL-GAMAL

Professor of Paediatrics Ain Shams University, Cairo

Prof. Dr. IMAM ZAGHLOUL EL-SAYED IMAM

President of Egyptian Organisation for Biological & Vaccine Production, Agouza

AM

618

Faculty of Medicine Ain Shams University

1984

بسم الله الرحن الرحيم وقالوا سبحانك لا علم لنا الا ماعلمتنا انك انت العليم الحكيم، صدق الله العظيم (سورة البقرة الآية ٢٢)



ACKNOW LEDGEMENT

It has always been a pleasure for me to work under the supervision of Professor Dr. Mahmoud Essawy, Professor of Paediatrics, Ain Shams University. I was furtherly honoured to be his candidate and to be guided all through this work by his kind and valuable advices.

I am also indebted to Professor Dr. Yeala El-Gamal, Professor of Paediatrics, Ain Shams University. I will remain always remembering his excellent supervision, his helpful criticism and highly appreciated efforts throughout this work.

I would also appreciate the help, support and kind supervision of Professor Dr. Imam Zaghloul, President of Egyptian Organisation for Biological & Vaccine Production.

I also acknowledge the Co-operation of Mrs.

Ferial M. Omar and all the members of the Arthropode

Borne Viruses Laboratory of the Egyptian Organisation

for Biological & Vaccine Production, for their assistance
in the practical part of this work.

I could never forget the sincere help of Dr.

Mohsen A. Gad Allah, Lecturer of Community, Environmental
and Occupational Medicine, Ain Shams University, in
the preparation of the statistical analysis of the study.

• • •

CONTENTS

		Page
1.	INTRODUCTION AND AIM OF THE WORK	1
2.	REVIEW OF THE LITERATURE	2
	measles	2
	* Measles Vaccination	37
	- Development of the vaccines	39
	- Live attenuated measles vaccine	45
	- Comparative studies on Schwarz and	
	Moraten vaccines	59
3.	MATERIAL AND METHODS	68
4.	RESULTS	7 9
5.	DISCUSSION	96
6.	SUMMARY AND CONCLUSION	110
7.	REFERENCES	116
0	ADADTO CHAMADY	

* * *

TABLES

Table No.		Page
(I)	Complications of Measles Virus Infection (Katz, 1977)	25
(II)	Complication of Natural Measles and Vaccination Response. (Katz et al., 1962)	46
(1)	Number and % of Vaccines presented with & without any reactions to all vaccines	80
(2)	Number and % of vaccines presented. with any reactions at different ages for different vaccines	82
(3)	Incidence, onset and duration of fever in the inoculated groups	85
(4)	Incidence, onset and duration of rash in the inoculated groups	87
(5)	Incidence and % of symptoms and signs other than fever & rash in inoculated groups	88
(6)	Number and % of infants +ve for H.A.I. antibody after vaccination with the different vaccines	91
(7)	Measles H.A.I. antibody titers after vaccination with different vaccines at different ages	Q3

able No.		Page
(8)	Geometeric mean of H.A.I. antibody titer of infants inoculated with different vaccines at different ages	94
	• •	

FIGURES

Figure	No.		Page
(I)	Schema of paramyxovirus virion Components . (Hendley, 1979)	6
(II)	Schematic view of paramyxovirus virion production in infected cell (Hendley, 1979)	6
(III)	Pathogenesis of measles and host response to measles infection (Hoekelman et al., 1978)	11
(IV)	Schematic diagram of clinical course of typical case of measles. (Krugman and Ward, 1973)	18
(V)	Number of reported cases of measles, measles encephalitis, and subacute sclerosing panencephalitis (SSPE) in the United States, 1962-1981. (Krugman, 1983)	38
(V I)	Strains of measles virus derived from the Edmonston strain. (Hirayama, 1983)	43
(VII)	Measles hemagglutination-inhibition antibody response (Krugman and Ward, 1973)	48
(VIII)	Measles vaccination campaign evaluation, Yaounde, Cameroon	50

Figure No.		Page
(1)	Showing the scheme and results of H.A. test	75
(2)	Showing the scheme and example of the results of H.A.I. test	78
(3)	% of vaccinees presented with any reaction to the vaccines	81
(4)	Comparison of % of vaccinees presented with any reaction at different ages for different vaccines	84
(5)	Showing the mean No. of days to onset of fever and mean duration of fever in the inoculated groups	85
(6)	Showing the mean No. of days to onset of rash and mean duration of rash in the inoculated groups.	87
(7)	Geometric mean of H.A.I. antibody titer of different vaccines at different ages	9 5

. .

Introduction & Aim of the Work

INTRODUCTION AND AIM OF THE WORK

Measles is an acute communicable diseas, which is endemic over most of the world. In the past, epidemics tended to occur at intervals of 2 to 4 years. As it is extremely infectious, few children escape attack and thus the disease is relatively infrequent in adults.

Although it is a mild viral disease, but its complications are occasionally dangerous and its transmission to susceptible contacts often occurs before the diagnosis of the original case has been established.

(Barnett and Einhorn, 1968).

The availability of safe, effective means for inducing active immunity against measles, has led to the use of attenuated measles virus vaccine in 1963, which affords 95-100% protection against natural disease with a probably lifelong immunity. Although vaccination brought a marked decline in the incidence of clinical measles, recent experience indicates that a sizable reservoir of susceptible persons exists despite the widespread use of measles vaccines in the last years (Kempe et al., 1980).

The aim of this work is to study the antigenicity of various types of measles vaccines used in Egypt at various infancy periods.

REVIEW OF THE LITERATURE

REVIEW OF LITERATURE

Measles

Measles is an acute communicable disease characterized by 3 stages, an incubation stage of approximately 10 to 12 days (with few, if any, signs or symptoms); a prodromal stage (with an emanthem "koplik spcts" on the buccal and pharyngeal mucosa, mild to moderate fever, slight conjunctivitis, coryza and an increasingly severe cough); and a final stage (with a maculopapular rash erupting successively over the neck, face, body, arms and legs, and accompanied by high fever).

(Phillips, 1979).

There is some doubt about the origin of the name measles. Most probably it comes from the latin term "misellus" or misella", itself a diminutive of the latin "miser", meaning miserable. It was used in this way for the sufferer from various skin eruptions and sores by Langland in the 14th century, and also later by Shakespear. The anglicized form of misellus, namely "mesels", hence forward became applied not to the sufferer of ill-defined skin lesions but to the specific disease morbilli. (Measles). (Wilson, 1962).

History

No accurate information is available or the

3.

early history of measles. The disease was certainly confused with small pox and though the Arabian physician, Rhazes, was generally credited with having drawn a distinction in the 10th century between the two diseases.

By the beginning of the 17th century the demarcation between them was becoming clearer.

Subsequently, confusion started between measles, scarlet fever and rubella. Fortunately, owing to the work of Enders and his colleagues, we can now may, in the face of clinical doubt, that measles is a disease caused by measles virus and by that alone.

(Wilson, 1962).

Incidence

Measles is a truly universal disease prevalent in all countries and among all peoples (Assaad, 1983). Unlike influenza, which causes pandemics from time to time, measles is always pandemic. In the past, epidemics tended to occur irregularly, appearing in large cities at 2 to 4 year intervals as new groups of susceptible children were exposed. (Phillips, 1979).

In individual countries, however, its prevalence varies from time to time and from place to place. In