

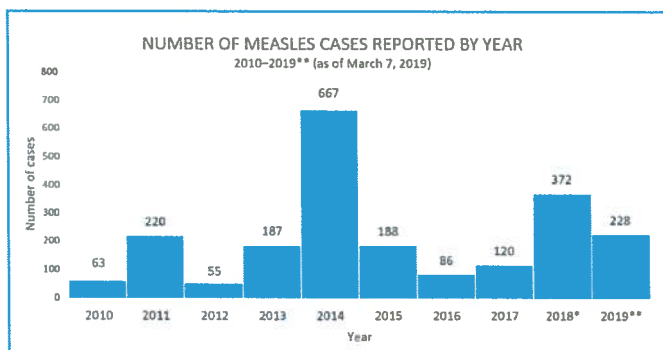


From January 1 to March 7, 2019, 228\*\* individual cases of measles have been confirmed in 12 states.

The states that have reported cases to CDC are California, Colorado, Connecticut, Georgia, Illinois, Kentucky, New Hampshire, New Jersey, New York, Oregon, Texas, and Washington.

brought measles back from Israel, where a large outbreak is occurring. Eighty-two people brought measles to the U.S. from other countries in 2018. This is the greatest number of imported cases since measles was eliminated from the U.S. in 2000.

- 2017: A 75-case outbreak was reported in Minnesota in a Somali-American community with poor vaccination coverage.



### Spread of Measles

- The majority of people who got measles were unvaccinated.
- Measles is still common in many parts of the world including some countries in Europe, Asia, the Pacific, and Africa.
- Travelers with measles continue to bring the disease into the U.S.
- Measles can spread when it reaches a community in the U.S. where groups of people are unvaccinated.

### Measles Outbreaks

In a given year, more measles cases can occur for any of the following reasons:

- An increase in the number of travelers who get measles abroad and bring it into the U.S., and/or
- Further spread of measles in U.S. communities with pockets of unvaccinated people.

### Measles Vaccination

Measles is a very contagious disease caused by a virus. It spreads through the air when an infected person coughs or sneezes. Measles starts with fever. Soon after, it causes a cough, runny nose, and red eyes. Then a rash of tiny, red spots breaks out. It starts at the head and spreads to the rest of the body.

Reasons for an increase in cases some years:

- 2018: The U.S. experienced 17 outbreaks in 2018. Three outbreaks in New York State, New York City, and New Jersey, respectively, contributed to most of the cases. Cases in those states occurred primarily among unvaccinated people in Orthodox Jewish communities. These outbreaks were associated with travelers who

Measles can be prevented with MMR vaccine. The vaccine protects against three diseases: measles, mumps, and rubella. CDC recommends children get two doses of MMR vaccine, starting with the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age. Teens and adults should also be up to date on their MMR vaccination.

The MMR vaccine is very safe and effective. Two doses of MMR vaccine are about 97% effective at preventing measles; one dose is about 93% effective.

Children may also get MMRV vaccine, which protects against measles, mumps, rubella, and varicella (chickenpox). This vaccine is only licensed for use in children who are 12 months through 12 years of age.

## SLEEPING MORE ON WEEKENDS DOES NOT MAKE UP FOR PAST SLEEP LOSS

Whenever we sleep poorly throughout the week, we comfort ourselves with the thought that we will make up for lost slumber at the weekend. However, a new study brings us bad news: sleeping in at the weekend does not reverse the damage of chronic sleep loss.

The Centers for Disease Control and Prevention (CDC) report that approximately one-third of all adults in the United States do not meet the recommended threshold for sleep, which the CDC's guidelines state as being at least 7 hours per night. Sleep deprivation can occur for various reasons, including sleep disorders, but it often stems from daily stress, too many work commitments, or an otherwise hectic life.

There is a strong association between getting too little sleep on a nightly basis and an increased risk of developing certain metabolic conditions, including obesity, diabetes, and cardiovascular problems. When we regularly get insufficient sleep on weeknights, many of us hope to repay our sleep debt by sleeping late on weekends. A study that featured last year in the *Journal of Sleep Research* suggested that this practice can be very beneficial in maintaining our health.

However, a new study, the findings of which appear in *Current Biology*, contradicts this conclusion. This new research indicates that weekend lie-ins are not, in fact, enough to reverse the damage that sleep loss during the week causes.

"The key take-home message from this study is that ad libitum weekend recovery or catch-up sleep does not appear to be an effective countermeasure strategy to reverse sleep-loss-induced disruptions of metabolism," points out study author Kenneth Wright, from the University of Colorado Boulder. To test whether

weekend lie-ins could counteract the adverse effects of chronic sleep loss, the researchers behind the present study recruited 36 young, healthy adult participants. They then randomly divided the participants into three groups:

- those who would only have 5 hours' sleep per night throughout both the week and the weekend
- those who would have 5 hours' sleep per night throughout the week, followed by unrestricted sleep at the weekend and then another 2 nights of 5 hours' sleep
- the control group, whose members could sleep for up to 9 hours every night during both the week and the weekend



The researchers found that all of the participants who had to restrict their sleep during the week gained the habit of snacking after dinner, which also led to weight gain.

However, the study participants who enjoyed a weekend lie-in packed in fewer calories when snacking after dinner than those who continued on a restricted sleep regimen.

Nevertheless, even after having the chance to sleep in on weekends, individuals who went back to restricted sleep patterns during the week continued to experience dysregulations of their body clock. They carried on with their after-dinner snacking habit and continued to put on weight.

Source: <https://www.medicalnewstoday.com/articles/324610.php>

## BEWARE OF THE NOROVIRUS Source: <https://health.usnews.com/health-care/for-better/articles/2019-03-05/norovirus-transmission-symptoms-and-treatment>

As the director of the Montefiore Einstein Department of Pathology's Clinical Microbiology Laboratory, I'm often a bit taken aback when people tell me they're suffering from the "stomach flu." Although influenza virus has a wide variety of signs and symptoms, gastrointestinal illness is not a major part of this syndrome.

Unfortunately, during the same months when influenza is rampant in the northeastern United States, simultaneously another virus, norovirus (and its cousin, sapovirus), is lurking on hands and surfaces. Noroviruses are the major worldwide cause of viral gastroenteritis, accounting for 21 million cases of gastroenteritis in the U.S. each year.

Since April 2018, Montefiore has used the infectious gastroenteritis panel for diagnosis of microbial gastroenteritis. This winter, along with our influenza increase, we also see a marked increase in norovirus infections.

### Vulnerable Age Groups

Noroviruses are especially troublesome in long-term care facilities and hospitals and pose a particular threat to both the very old and the very young. These viruses lack lipid envelopes, which accounts for their resistance to disinfectants and their ability to persist in physical environments.

Norovirus can be particularly scary when a young child is infected. Recently, a two-year-old with no significant past medical history presented with acute onset vomiting and diarrhea. The child did not

have fever or symptoms of a urinary tract infection. No other family members had been ill, and she did not attend daycare. She had, however, eaten fresh fruit and chicken nuggets. She was confirmed to have norovirus and was admitted to our children's hospital for rehydration.

### Treating Norovirus

According to the Centers for Disease Control and Prevention, there is no medicine to treat norovirus infection. The best way to deal with the illness is to drink plenty of liquids in order to replace fluid lost from vomiting and diarrhea. The goal is to prevent dehydration, which can lead to serious complications.

**Symptoms** include profound fever, cramps and head and body aches, along with profound gastroenteritis, cramping, diarrhea and vomiting. Symptoms can arise gradually or abruptly and usually resolve within 48 to 72 hours.

Here are some tips to limit the risk of transmitting norovirus:

- Use bleach to disinfect your soiled clothing and contaminated surfaces;
- Wash your hands frequently and carefully, with soap and water;
- Wash all fruits and vegetables and cook seafood thoroughly;
- Avoid physical contact or proximity with others when you're sick. Don't prepare meals, make beds, cuddle young children or visit the elderly in care facilities.