



WHO Measles kit 2021 Rev1 INFORMATION NOTE

PROCUREMENT



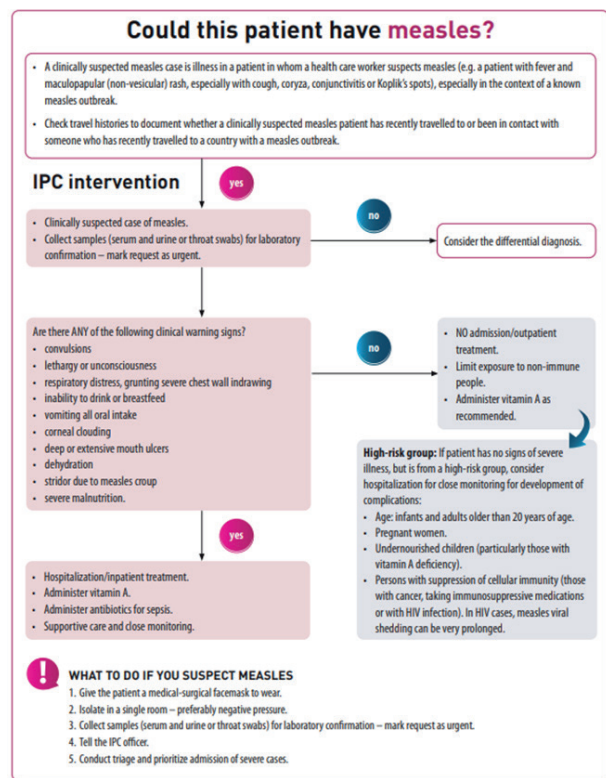
SCOPE OF MEASLES KIT 2021

The new measles kits 2021 Rev1 is designed to prepare for and support the treatment of non-severe and severe measles cases during outbreaks. Most measles-related deaths are caused by complications associated with the disease and serious complications are more common in children under the age of five, or adults over the age of 30. Acute respiratory infections (otitis, laryngotracheobronchitis and pneumonia) are the most frequent complications in children under five. Other complications include severe diarrhoea and related dehydration, seizures, blindness and encephalitis. Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases.

Early recognition of measles signs and symptoms and appropriate identification and triage of patients with severe illness can significantly reduce measles associated morbidity and mortality: For further indications on the use of the kits **PLEASE FOLLOW THE 10 KEY RECOMMENDATIONS AND THE SCREENING DIAGRAM FOR MEASLES CASES DURING OUTBREAKS**. The measles kit 2021 provides the essential medical and equipment supplies for management of clinical suspected and severe cases. It is composed of seven modules.

Please note that related information resources and training materials are available in the USB thumb drive includes in box#1 of each module.

SCREENING DIAGRAM OF MEASLES CASES DURING OUTBREAKS





STRUCTURE OF MEASLES KIT 2021

The Measles kit 2021 contains some modules from the PED/SAM 2021 **Rev1** with an additional **new module: module 8 for treatment of MILD measles cases.**

The module 1 for the treatment of **SEVERE** measles cases, is the same as the "SAM" module of the PED-SAM 2020 (for the treatment of 50 SAM children with medical complications)

The other modules: module 1, module 4, module 5, module 6 and module 7, have the same content as the PED/SAM 2020 **Rev1**. However, when part of Measles kit, they are labeled "Measles kit 2021" for visibility.

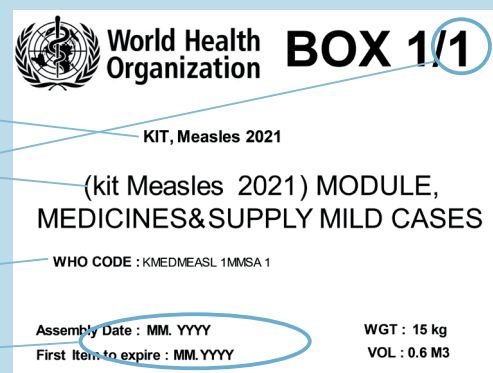
The Measles kit 2021 is divided in seven modules as below:

| | KMEDMEASLC1--A1 | MEASLES KIT 2021, complete |
|------------------|---------------------|--|
| MODULE 1 | KMEDMEASL1MCCA1--A1 | (kit Measles 2021) MODULE, MEDICINES SEVERE CASES |
| MODULE 2 | | |
| MODULE 3 | | |
| MODULE 4 | KMEDMEASL1MPCA1 | (kit Measles 2021) MODULE, MEDICINES PED CONTROLLED |
| MODULE 5 | KMEDMEASL1MMA1 | (kit Measles 2021) MODULE, MEDICINES MALARIA |
| MODULE 6 | KMEDMEASL1MR-A1 | (kit Measles 2021) MODULE, RENEWABLES |
| MODULE 7A | KMEDMEASL1MEAA1 | (kit Measles 2021) MODULE, EQUIPMENT, PART A |
| MODULE 7B | KMEDMEASL1MEBA1 | (kit Measles 2021) MODULE, EQUIPMENT, PART A |
| MODULE 8 | KMEDMGLU300TLA1 | MODULE, GLUGOMETER, 300 tests & lancets |
| MODULE 9 | KMEDMEASL1MMSA1 | kit Measles 2021) MODULE, MEDICINES&SUPPLY MILD CASES |

Kit label

The kit label color is "white" for the Measles kit2021. You find useful information on the label such as:

- The kit name: " Measles kit 2021"
- The module name: "module medicines & supply MILD cases"
- How many boxes constitute this module (not the entire kit) . In the example below " 1 box" in total.
- The WHO code of the module (not the kit): KMEDMEASL1MMSA1
- The first item to expire in the module, and it should be in the box#1. In fact, box#1 always contains the short shelf life item(s).






CONTENT OF MEASLES KIT 2021

Note that this kit does not contain vaccines or supplementary food (e.g. plumpy or F-75, F-100). Those items need to be ordered separately on the WHO catalogue

Module 1 – Medicines for severe cases

For management of 50 complicated measles cases for hospitalization/inpatient treatment.

It contains several oral and injectable antibiotics, medicines to treat diarrheas, vitamin A supplements. Few adjustments to that module: Addition of DEXTROSE (GLUCOSE) 50%, 50 ml and DEXAMETHASONE 4mg/1ml inj.

 This module does not contain supply such as needles, catheters, syringes; those are in the module 6.

Module 4 – Controlled medicines

Contains different controlled medicines. Be aware that import license is needed before shipment for the supplier to prepare the export license.

Module 5 – Malaria medicines

For management of malaria to be used only in endemic areas. It contains malaria oral and injectable medicines as well as the A3 poster to ease the reconstitution of artesunate injectable. The medicines in that module are to treat about 150 cases of non-complicated malaria (60 babies and 90 infants).

Module 6 – Supplies and renewables

Contains supply and renewables such as gauze, bandages, syringes, IV line and reusable surgical tunic. This module goes along with module 1 (medicines).


Module 7 - Equipment

Contains various equipment scale, stethoscope and haemoglobinometer system (HemoCue® Hb 301).

For logistic purpose, this module has been split into two parts: part A (equipment) part B (HemoCue Hb 301)

MICROCUVETTE, s.u., box-200). Part A and B are to be ordered together. It is easier for the supplier to handle the (HemoCue Hb 301) MICROCUVETTE, s.u., box-200 separately as it is the only item with expiry date in that module.

Additional re-supply such as glucose strips, lancets, microcuvette 301 must be ordered through the catalogue.

 The glucometer has been removed from that module and is now in module 9.

Module 8 – Basic medicines for mild cases

For management of 20 non-severe (mild) cases for outpatient treatment. It contains medicines to be used at PHC. It does not contain any injectables.

Module 9 – Glucometer module (NEW)

This is a completely new module, which is also part of the Cholera kit 2020 and the new NCDK 2022. Contains a glucometer with 300 strips and 300 lancet pens 28G. The module can be used in the paediatric ward or can be given to one diabetic patient. Note that the glucose strips and the lancets can be reordered on the WHO catalogue, be careful as the glucose strips are tied to a specific brand.



10 KEY RECOMMENDATIONS

1. All **suspected cases** of measles should be **immediately reported** to public health authorities to allow timely implementation of prevention and control measures.
2. **Non-severe** measles cases should **receive outpatient treatment** and be isolated at home and be administered vitamin A as recommended in existing guidance.
3. Patients with clinical warning signs or at high risk of developing complications (see annex 1) should be **admitted to a treatment facility with isolation capacity** – a single room is preferred. If this is not possible, then safeguard cohort patients in confined areas, separating clinically suspected and confirmed cases.
4. For all suspected measles cases among children under 5 years of age, administer one **dose of vitamin A** immediately on diagnosis and administer a second dose the next day (according to guidance). A third dose should be given 4–6 weeks later if there are any clinical signs of vitamin A deficiency (e.g. xerophthalmia, corneal ration).
5. Patients with measles are at high risk for complications, and thus, **careful care of eyes, mouth and skin** is necessary to prevent secondary infections.
6. Severe manifestations or complications of measles should be managed using the same standards used in non-measles patients. When available, use local or national patient care guidelines, including antibiotic guidelines.
7. Administering prophylactic antibiotics is **NOT recommended** in adults and children with measles. However, early empiric antibiotics should be considered for suspected secondary bacterial infections.
8. Ensure that early infection prevention and control measures are in place including the application of standard and airborne precautions. **Ensure that all HCWs have presumptive evidence of measles immunity.** Two doses of measles virus containing vaccine are recommended if no evidence of measles immunity exists.
9. As soon as a measles outbreak is suspected, preparations need to be made quickly for rapid planning and implementation of vaccine immunization activities including the reinforcement of routine immunization and the implementation of selective and non-selective vaccination activities.
10. Ensuring prompt **access to adequate treatment and medical supplies during epidemics** can significantly reduce measles case fatality rates (CFR). Where possible, countries facing regular/seasonal outbreaks should pre-position some Measles kit 2021 in high risk or hard-to-reach areas in anticipation to the epidemic season.



HOW TO ORDER THE MEASLES KIT 2021

- Module 1 is only to be used in treatment center or hospitals.
- Module 8 could be useful to support vaccination campaign, in mobile clinic or at PHC centers.
- Each module and submodule is a standalone that can be ordered individually. Therefore it is possible to order several modules or submodules in different quantities.
- Equipment can be reused. Therefore, please consider ordering less equipment modules than reagents or supplies modules, especially for repetitive orders.

USEFUL RESOURCES AND WHO GUIDELINES

- WHO. Guide for clinical case management and infection prevention and control during a measles outbreak. <http://www.who.int/immunization/documents/9789240002869/en/> (2020).
- WHO. Measles Outbreak Guide. Geneva: World Health Organization; 2021
- WHO. Pocket book of hospital care for children: guidelines for the management of common childhood illnesses. Second edition. Geneva: World Health Organization; 2013.
- WHO. Paediatric emergency triage, assessment and treatment. Care of critically ill children. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/204463/9789241510219_eng.pdf?sequence=1, accessed 20 January 2020).
- CDC. Interim infection prevention and control recommendations for measles in healthcare settings. Updated July 2019. Atlanta, GA: Centers for Disease Control and Prevention; 2019 (<https://www.cdc.gov/infectioncontrol/pdf/guidelines/Measles-Interim-IC-Recs-H.pdf>, accessed 20 January 2020).
- Médecins Sans Frontières. Management of a measles epidemic. (2013).