

Introduction

Measles is an acute and highly contagious disease that is airborne and spread by droplets from infected persons. It often breaks out in families or public places and even internationally. Once there are unrestricted activities of measles patients in the hospital, the number of people who may be infected by the disease will rapidly increase in a short period of time. Therefore, medical costs (human and material resources) and the need for epidemic prevention will also rise significantly.

Situation

Since 1978, our government promoted MMR vaccine for infants and no pandemic has been reported to date. However, 26 cases of measles have accumulated since March of this year, which is five times the total number of infections last year, and more than 8,000 people have come into contact together. In addition, neighboring countries such as Japan and European regions have also reported risking outbreaks. Due to the fact that there has been no measles outbreak for decades, lack of clinical experience related to the disease has created a great panic for the frontline healthcare professionals here.

Methods

1. Healthcare professionals born after 1971 receive MMR vaccine, and the medical expenses are covered by hospital.
2. Care focus: 5-10% of patients with measles have complications due to repeated bacterial or viral infections. Therefore, clinical care places more emphasis on infection control. Critical patients are transferred to the negative pressure isolation room. Strengthen the implementation of nosocomial infection control measures, and publicize the importance of wearing facemasks.
3. Produce disease awareness posters, display warning slogans at marquees in hospitals, produce video clips interviewing doctors introducing the disease, and transmit disease prevention measures to medical workers via instant messaging software (e.g. Line, Facebook etc.).

Keywords: measles, hospital, care focus

高傳染性疾病-麻疹於亞洲爆發流行後醫療機構的應對措施

前言

麻疹是急性且高傳染力之疾病，由空氣、飛沫傳染。常於家庭或公共場所甚至國際間爆發流行。一旦有麻疹患者於醫院內未受限制的活動，可能受其感染之人數將於短時間內迅速增加，相對醫療成本(人力及物力)防疫需求也大幅提升。

現況

本國自1978年開始推動出生滿1歲時接種MMR疫苗，至今未再爆發大流行。但今年三月開始至今已累計26例麻疹病例，已是去年總年度感染人數之五倍，群聚接觸者超過8000人。而在鄰近國家-日本及歐洲地區亦有疫情爆發上升之情形。但因國內已數十年未有爆發麻疹感染之情形，缺乏此相疾病相關照護經驗，對於臨床第一線之醫護人員莫不形成巨大恐慌。

措施

1. 醫院實施1971年以後出生之醫護人員立即施打MMR疫苗，費用醫院吸收。
2. 照護重點：麻疹之患者5-10%因細菌或病毒重覆感染產生併發症，因此在臨床的照護更著重感染控制，重症病人轉入負壓隔離病房照護。加強執行稽核各項院內感染管制相關之防護措施，並宣導戴口罩之重要性及對不具麻疹抗體之醫護工作人員限制進入有疑似或確定感染麻疹病患之病室及區域。
3. 製作疾病宣傳海報、院內跑馬燈、專訪醫師疾病介紹剪輯、通訊軟體(Line、FB)傳遞疾病防護措施。

關鍵字

麻疹、醫院、照護重點

WSDN 國際護理研討會會議報告

范筑淇

這次在單位護理長及科內督導協助下非常開心能有機會到德國不萊梅參加第五屆世界災難國際研討會的海報發表！也很感謝台灣護理學會提供相關國外研習資訊及經費的補助讓我們可以無後顧之憂專心準備交流報告之修整！而此次研討會除了相關學術新知學習外更與來自多達 30 幾個國家的先進交流。

此次研習會，雖然只有相對簡單的海報發表，但在會場會議中，與國內各大醫院及學校的護理先進一同將台灣護理專業發展帶至世界並與之分享，讓台灣被世界看見！且在會議中有來自世界各地的災難護理學專家講授最新災難護理學之方向，也有來自各國關於災難護理的實踐。無論是在海報的展示或是口頭報告的分享。其中讓我印象最深刻的，是整場來自世界各地不同口音的英語報告，在過程中難免有不懂的詞彙與跟不上的內容，十足感受應加強外語能力，方能進一步走入世界。另外在會議中場無論是用餐時刻或是咖啡小憩片刻時，配合在地方風俗大家各自站在小圓桌前享用茶點，此時會與各國的前輩一同用餐，並交流分享，亦包括國際災難護理學會的創會理事等等，令人感覺自己與世界更靠近了。

但是同時，也感受到我國以及院內對於災難護理的不足，希望
在未來，推動災難護理之際能貢獻綿薄之力，亦希望能再有機會參與
類似之國際研討會！同時展現台灣護理專業發展之成效，與世界接
軌！







