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No persistent T lymphocyte immunosuppression or increased mortality after measles infection: a community study from Guinea-Bissau.

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Abstract

BACKGROUND: Because **measles** immunization is reducing overall childhood mortality in addition to mortality from acute **measles** infection, it has been suggested that postmeasles cases have excess mortality, possibly related to persistent **immunosuppression** after **measles** infection. After an epidemic in 1988 in **Guinea-Bissau**, we therefore examined T lymphocyte subsets and long term survival among **measles** cases and controls.

METHODS: We examined 69 children < 3 years of age with a median delay of 2 months after **measles** infection and 71 controls who did not contract **measles**. The immunoalkaline method was used to determine T lymphocyte subsets. The children were followed for 5 years.

RESULTS: Compared with controls, there were no significant differences in white blood cell count, absolute lymphocyte count, CD4 percentage, CD8 percentage, total CD4 count and total CD8 count, although **measles** cases examined > 2 months after infection had slightly higher CD4 counts than controls (P = 0.06). Adjusted for age, sex and immunization status, postmeasles cases had a mortality rate ratio of 0.50 (95% confidence interval, 0.22 to 1.16) (P = 0.11) compared with controls.

CONCLUSIONS: There is no indication of persistent suppression of T cell subsets after **measles** infection, and postmeasles cases did not have higher mortality than uninfected community controls.

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Publication type, MeSH terms

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