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Introduction

Measles, a highly contagious viral disease, has been a significant public health concern for decades, causing immense suffering and mortality, especially among children. However, the past century has witnessed remarkable advancements in our understanding of measles transmission dynamics and the development of effective tools for its control. Vaccination, in particular, has played a pivotal role in reducing the global burden of measles. But in recent years, there has been growing recognition that a comprehensive strategy involving not just vaccination but also therapy and treatment can have a more profound impact on controlling measles and minimizing its adverse epidemiological consequences. In this article, we explore the epidemiological impact of combining vaccination, therapy, and treatment in measles control [1,2].

Measles as a highly contagious and serious viral disease has been known for centuries. Measles is caused by paramyxovirus, an RNA virus classified under the Morbillivirus genus of the Paramyxoviridae family. Initially beginning with flu-like symptoms which appear 7 to 14 days after contact with the virus, measles presents with Koplik spots inside the mouth and rashes which appear 2 to 5 days after the first symptoms, starting on the head and face and spreading through the body. Measles can be dangerous, especially for babies, young children under five, and adults older than 20 years of age. Measles is also infectious for a few days after rash onset, commonly accompanied by high fever, red and

