Routine high-dose vitamin A therapy for children hospitalized with measles.

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Abstract
Measles is without specific therapy and remains important globally as a cause of childhood death. In controlled studies, high-dose vitamin A therapy (Hi-VAT)—with 400,000 IU vitamin A—has been demonstrated to markedly reduce measles-associated morbidity and mortality. We performed a retrospective study of the hospital records of 1720 children < 15 years of age who were hospitalized for measles, to determine the extent to which these findings, in research settings, are applicable to the case management of measles under conditions of routine hospital practice. The outcomes were studied of children hospitalized during two non-consecutive 2 year periods (1985-6 and 1989-90). A policy of Hi-VAT for all children hospitalized with measles was started during the intervening period. As compared with the group of children on standard therapy ($n = 1061$), children receiving Hi-VAT ($n = 651$) had a shorter hospital stay (mean 10 versus 13 days; $P < 0.001$), a lower requirement for intensive care (4.3 versus 10.5 per cent; $P < 0.001$), and a lower death rate (1.6 versus 5 per cent; $P < 0.001$). No adverse effects of Hi-VAT therapy were observed. We conclude that a policy of high dose oral vitamin A (400,000 IU) supplementation in measles provides benefits which are equivalent to those previously observed only in controlled research trials, that it is highly cost effective, and that it should form part of the routine case management of all children hospitalized with measles.