

fatality rates have been as high as 28%⁽⁶⁾. In immunocompromised patients, the fatality rate is approximately 30 percent⁽⁷⁾. According to the World Health Organization (WHO), measles is a leading cause of vaccine-preventable childhood mortality. Worldwide, the fatality rate has been significantly reduced by partners in the Measles Initiative: the American Red Cross, the United States Centers for Disease Control and Prevention (CDC), the United Nations Foundation, UNICEF and the World Health Organization (WHO). Globally, measles deaths are down 60 percent, from an estimated 873,000 deaths in 1999 to 345,000 in 2005. Africa has seen the most success, with annual measles deaths falling by 75 percent in just 5 years, from an estimated 506,000 to 126,000⁽⁸⁾. By using vaccine we can reduce the morbidity and mortality. although it had been shown that outbreak of the disease occur from time to time, In 2007, a large measles outbreak in Japan caused a number of Universities and other institutions to close in an attempt to contain the disease^(9,10). In developing countries where measles is highly endemic. The WHO recommend that two doses of vaccine be given at six months and at nine months of age⁽¹¹⁾. Some countries like Iran, Syria and U.A.E have started second dose of measles at 15 months of age with high coverage of 90 % or more⁽¹²⁾. Low vaccines coverage rate with low vaccine efficacy leads to higher rate of complication which causes financial burden⁽¹³⁾. Therefore, children hospitalized with complications of measles can provide the magnitude of problem and its future preventive strategies.

Aim of the study

To identify the outbreak of measles in AL-Kadhimiya-Baghdad and its common complications with mortality causes and rate.

Patients and methods

Cross sectional study was conducted at children department of AL-kadhimiya Teaching Hospital ,AL-kadhimiya Hospital for pediatrics and two Primary Health Center in Baghdad-AL-kadhimiya(Al shaheed Basher Al jasaery Primary health center in AL-shaula city and Al noor Primary health center in AL-Jawaden city) from 20th of December 2008 to 30th of April 2009 and involve four hundred ninety four patients , the youngest one was two months old and the oldest one was sixteen years old .All children diagnosed as a case of measles on clinical ground, according to appearance of maculopapular rash, fever of 38 c° or more with cough ,coryza and conjunctivitis and appearance of kopliks spots in some of them .pneumonia was defined according to WHO criteria of respiratory rate⁽¹⁴⁾ , and presence of pulmonary infiltrate on chest radiography .Central nervous system was considered to be involved if there was lethargy ,irritability, headache, fits, disorientation or other neurological deficit .The detailed history, physical examination and measles complications including diarrhea, pneumonia, Croup, and encephalitis were filled in case report form. Immunization status was assessed by examining the immunization card or parental enquiry on this regard. Clinical outcome was compared between male and female as well as different age groups. The patients were divided into four groups according to age. Statistical analysis was done by using chi square and p value of less than 0.05 was designated as statistically significant.

Results

During the period of the study (from 20th of December 2008 to 30th of April 2009), the total number of