

Table 3:Demographic profile and morality (n=12).

Parameter		No. of Death	%
SEX	Male	7	58.4
	Female	5	41.6
	Total	12	100
Age group (years)	<1yr	7	58.4
	1-4yrs	4	33.4
	5-9yrs	1	8.2
	Above10yrs	0	0
	Total	12	100

Discussion

The study demonstrate an outbreak of measles in Baghdad from the end of 2008 and beginning of 2009 which is similar to the outbreak occurring in different countries like Saudi Arabia in 2007 ⁽¹⁵⁾, Pakistan ⁽¹⁶⁾, and Vietnam with Ho Noi ⁽¹⁷⁾ Also the study show high percentage of the disease in age group below 5 years which is similar to reported in developing countries ⁽¹⁸⁾ whereas.

In contrast with the data from developed countries that the incidence is higher in second decade ⁽¹⁹⁾, because the disease is still endemic in developing countries .In this study there are no difference in the incidence of the disease between males and females which is differ from that obtain from recent study

In Saudi Arabia which show high percentage of the disease in males than females ⁽¹⁵⁾, The result in this study explained by equal affection of Male and female in most of the viral infections

In this study 10.53 % of patients were vaccinated against measles which is similar to other studies from Islamabad ⁽¹⁶⁾, Rawalpindi ⁽²⁰⁾, And Lahore ⁽²¹⁾, this could be due to unavailability of vaccine at times where mothers visit

the primary health center in addition to poor storage in previous months .

Pneumonia in our study is the commonest complication of measles which is similar to the reported from South east Asia and Europe ^(22,23) While diarrhea and vomiting is a second common complication in this study in contrast to Indian studies where diarrhea and vomiting was the commonest complications ⁽²⁴⁾, this may be due to occurrence of the disease in time when there is high incidence of respiratory tract infection.

Croup was uncommon complication of measles in this study which is differ from study reported from Islamabad ⁽¹⁶⁾. Encephalitis also was uncommon complication in our study which is differ from study reported from Saudi Arabia ⁽¹⁵⁾. The case fatality rate in this study was lower than Islamabad ⁽¹⁶⁾, Saudi Arabia ⁽¹⁵⁾, and Pakistan ⁽¹⁶⁾, this due to early detection of the Disease and early diagnoses and perfect managements of its complications.

Now there is need to improve measles vaccination coverage at national level and indicates the urgency to improve vaccinations coverage to protect unvaccinated children and introduce two doses of