INTRODUCTION

Measles is an acute highly infectious disease and extremely communicable disease, caused by measles virus which belong morphologically to paramyxo-virus group, genous morbillivirus which related to cannine distemper, bovine rinderpest and peste de petits rumenats (Katz, 1985).

Measles is wide world distribution and is endemic in most places. It is contracted via nasopharyngeal route and all the susceptible children. The highest incidence is seen in children of 5 - 7 years old, with epidemic every 2 - 3 years. The epidemic occur in developing countries every year and 40% population become immune by the age of 5 years, the disease is much more sporadic since human is the only natural reservoir of infection (Katz, 1982; and Khashaba et al., 1986).

The clinical disease result in solid immunity passively transfered maternal antibody protect the young infants for the first 4 - 8 months of life, specific cell mediated immunity developed early in the cause of infection helping to control the disease.

The incubation period is about 10 - 14 days, prodromal period with its clinical manifestations(fever, conjunctivitis, coryza, respiratory symptoms and pathognomnic Koplik's spots) lasts for 3-4 days then rash , appears. After 3 days, the rash fades and disappears in order in which it appeared, presistence of fever beyond the disappearance of rash usually, signals the prescence of complications e.g. otitis media, pneumonia, encephalitis, and other less common complications (Fulginiti,1982; and Breman, 1984).

Measles is diagnosed from history, clinically and laboratory which include isolation of virus from oropharynx or urine in the first 5 days of illness. During the prodromal stage and early phase of the disease, large multinucleated giant cells may demonstrated in stained smear of sputum or urine.

Measles must be differentiated from other causes of maculopapular rash e.g. rubella, roseola, enteroviral infection, adeno-viral infection, infectious mono-nucleosis ... etc.

Measles must be treated symptomatically and by supportive measures unless complications occur, used antibiotic and antiviral drugs (e.g. isoprinosine) which used in treatment of subacute sclerosing panencephalitis (Hinman and Neiburg, 1980; Marusyk and Tyrrel, 1984).

Prevention and control of measles by passive immunization with gamma globulin can modify or prevent the disease if given within 6 days of exposure. But protection is transient, this is recomonded to protect pergnant women, immunosuppressive patient and others at high risk e.g. children with active T.B. Live attenuated measles vaccine is avaliable and highly immunogenic, it is drived from the edmonston strain of virus given to children over 15 months. Killed or inactivated vaccine is not only poor immunogenic but may also cause sever local inflammatory reactions and sensitization which cause sever atypical illness (atypical measles syndrome). New vaccine reported by American, Japenes, in 1966, as, Acrosolized measles vaccine which a nasal instillation of partly attenuated measles vaccine which is consistently immunogenic and produce, mild, modified, non transmissable measles infection and its immunity not effect if patient previously received killed vaccine

and reverse occur if given subcutaneously (Sabin,1983, and Modlin, 1984).

Aim of These Work

The aim of this study is to evaluate the present day status of measles in Egypt and also clearing the all aspects of measles.