Pneumonia: The forgotten killer of children

Pneumonia kills more children than any other disease – more than AIDS, malaria and measles combined. It is a major cause of child deaths in every region. Children with pneumonia may exhibit a wide range of symptoms, depending on age and cause of the infection. Common symptoms include rapid or difficult breathing, cough, fever, chills, headaches, loss of appetite and wheezing. In young infants, severe cases of pneumonia can cause convulsions, hypothermia, lethargy and feeding problems.

In childhood, pneumonia and malaria have major overlaps in terms of symptoms, the requirements for their effective management and the feasibility of providing care in the community. In effect, especially in very young children, it may be impossible to tell whether a high fever, coughing and fast breathing is evidence of either pneumonia or malaria, and in such cases children often receive treatment for both. Once a child develops pneumonia, a caregiver must recognize the symptoms and seek appropriate care immediately.

Healthy children have natural defences that protect their lungs from the pathogens that cause pneumonia. Undernourished children, particularly those who are not exclusively breastfed or have inadequate zinc intake, or those with compromised immune systems, run a higher risk of developing pneumonia. Children suffering from other illnesses, such as measles, or those living with HIV, are more likely to develop pneumonia. Environmental factors, such as living in crowded homes and being exposed to parental smoking or indoor air pollution, may also play a role in increasing children's susceptibility to pneumonia and its consequences.

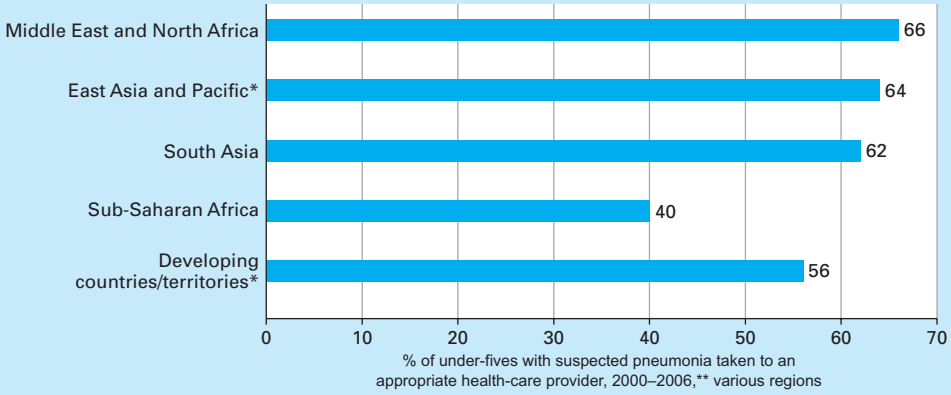
Prevention is as important as cure in reducing child deaths from pneumonia. The key preventive measures for children are adequate nutrition (including exclusive breastfeeding, vitamin A supplementation and zinc intake), reduced indoor air pollution and increased immunization rates with vaccines that help prevent children from developing infections that directly cause pneumonia, such as *Haemophilus influenzae* type b (Hib), and with those immunizations that prevent infections that can lead to pneumonia as a complication (e.g., measles and pertussis). Vaccines to protect against *Streptococcus pneumoniae* – the most common cause of severe pneumonia among children in the developing world – will be increasingly becoming available for infants and young children.

Since a large proportion of severe pneumonia cases in children of the developing world are bacterial in origin – mostly *Streptococcus pneumoniae* or *Haemophilus influenzae* – they can be effectively treated using inexpensive antibiotics at home, provided that families and caregivers follow the advice they receive and treat the child correctly, including returning for help as necessary. If these conditions are in place, evidence from across the developing world suggests that community-based management of pneumonia can be very effective. A meta-analysis of results from nine studies in seven countries, including the United Republic of Tanzania, that investigated the impact of community-based case management of pneumonia revealed substantial reductions not only in pneumonia mortality but in child mortality more generally. Trials resulted in a reduction of child mortality of 26 per cent and a 37 per cent reduction in mortality from pneumonia.

See References, page 104.

Figure 1.10

More than half of children under five with suspected pneumonia are taken to an appropriate health provider



* Excludes China.

** Data refer to the most recent year available during the period specified.

Source: Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.