

Pneumonia- The forgotten top child killer

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A pneumonia patient at Mulago last Tuesday. According to statistics at the hospital, pneumonia accounts for 27% of deaths, while malaria only 8%

By Joseph Karuiki

SHE lies in bed drenched in sweat. Her left hand is lifted up as if calling for heavenly intervention to rescue her tiny soul from agony. Her mouth is slightly open, gasping for air. From her nose, a tube runs to a small oxygen cylinder attached to a wall.

She wants to cry, but her nanny soothes her to sleep. The nanny looks at her helplessly, tries to hold her left hand in a show of solidarity.

We ask the nanny what is wrong with little Harriet and she tells us she is asthmatic, but the doctor says she has pneumonia.

"She is suffering from severe pneumonia," he says with no doubt in his tone that this it is indeed serious. She struggles to breathe as the nanny wipes off beads of sweat from her face.

"The mother does not even know that her daughter is suffering from pneumonia," Dr. Eric Wobudeya, a pediatrician (children's doctor) at Mulago Hospital says.

"But she is not alone. Most parents cannot differentiate pneumonia with a common cold or malaria."

The doctor says many community health workers cannot differentiate between malaria and pneumonia symptoms. We walk out of the ward, leaving Harriet on oxygen.

Wobudeya says Harriet may take a little longer to heal, but she will be fine at cost which could have been prevented.

The magnitude of pneumonia

More than 27,000 under five-year-olds will never see their fifth birthday as a result of pneumonia, says Wobudeya, citing figures from a survey carried out at Mulago.

About 150 million episodes of pneumonia occur every year among children under five in developing countries, according Unicef and WHO.

Only about one in five caregivers knows the danger signs of pneumonia, the organisations said in a report. Only about half of children sick with pneumonia receive the appropriate medical care, the report adds.

The report talks about the impact of pneumonia worldwide but its magnitude locally is not known.

"Our data is scanty but a survey we did in Mulago from 2005 to July 2008 shows that 24% of under-five children in Mulago were found to be infected with pneumonia," Wobudeya says.

Speaking at a workshop in Mulago recently, Wobudeya said pneumonia continues to kill more children in Uganda than malaria and HIV.

"Our data shows that we are getting more cases of pneumonia than malaria, but the most disturbing thing is that pneumonia has a higher mortality rate than malaria," says Wobudeya.

The statistics were complimented by data gathered from Nsambya Hospital. It said pneumonia accounts for 27% of deaths, while malaria accounts for only 8%.

According to Dr. Sabrina Bakeera-Kitaka, a pediatrician at Mulago Hospital, this state of affairs is slowing Uganda from achieving the fourth millennium development goal, which sets out to reduce child mortality by 2015.

"How can Uganda reduce child mortality if so many children are dying from pneumonia?" Bakeera-Kitaka asks.

Data shortage leads to death

These deaths are mainly caused by lack of data on a disease which is preventable. "There is need for information on pneumonia. We have no database for the disease despite being the number one killer of children," says Dr. Kenya-Mugisha, the director of health services.

Dr. Jeremiah Twatwa, the assistant commissioner for primary health, supporting the need for a database for pneumonia, says other diseases receive more funding than pneumonia.

"There are more drugs to control malaria than pneumonia because it is difficult for the Government to redirect resources to a disease that people know little about. The only way out is to get more data on the disease," he says.

According to Dr. Sabrina Bakeera Kitaka, a paediatrician at Mulago, preventing pneumonia is better than treating it. The best preventive measures, according to medlineplus.gov, is to wash your hands frequently, avoid smoking and wear a mask when cleaning dusty or moldy areas.

"Exclusive breastfeeding for the first six months is very important because it gives the child immunity.

Environmental factors such as living in crowded homes and exposure to parental smoking or indoor pollution may also lead to severe pneumonia, according to the Unicef/WHO report.

But Wobudeya warns that pneumonia symptoms are similar to malaria's that only a keen health worker can diagnose.

Although the disease has been fought in Uganda through the introduction of Penta Valent vaccine, there is need to intensify the campaign for immunisation of children.

The good news is that the Ministry of Health is drafting a child survival strategy that will cater for children suffering different disease including pneumonia, says Dr. Kenya-Mugisha.

"We want paediatricians to participate actively in the draft child survival strategy so that your concerns will be catered for," she adds. But a lifeline in controlling pneumonia may be in a new vaccine, Neumococcal or PCV.

Kenya-Mugisha says the Government is waiting for GAVI funds, expected next year, to purchase the vaccine.

What causes Pneumonia?

Pneumonia is an inflammation of the lungs, usually caused by an infection, according to an online journal, www.medlineplus.gov.

Three common causes are bacteria, viruses and fungi. According to the site, one can also get pneumonia by accidentally inhaling a liquid or chemical.

Most at risk are people older than 65 years, younger than two years, or having other health problems.

Wobudeya says no research has pinpointed the cause of pneumonia.

But according to the Unicef/WHO report, severe pneumonia is caused by a bacterial pathogen, streptococcus pneumoniae and Haemophilus influenza, which attack a child's lungs leading to difficulty in breathing, cough, fever, chills, headaches, loss of appetite and wheezing

Wobudeya says meagre funding makes the Ugandan case more serious.

This article can be found on-line at: <http://www.newvision.co.ug/D/9/34/644922>

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