



A STUDY OF UPPER RESPIRATORY TRACT INFECTIONS IN CHILDREN UNDER 5 YEARS

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ABSTRACT Respiratory infections are quiet common in children under 5 years of age. Especially in the urban or semi developed areas the children of this age group are more prone to such conditions. This study puts in an effort to find a pattern of Upper Respiratory Tract Infections in Children less than 5 years so as to be useful to the practicing doctors of the locality.

KEYWORDS : Upper, Respiratory tract, Infections, Under 5 years.

INTRODUCTION:

Respiratory infections are quiet common in children under 5 years of age. Especially in the urban or semi developed areas the children of this age group are more prone to such conditions. In developing countries, close to 50% of all deaths in the community are among under-five age group children (WHO comprise 13% of the general population) [2]. Among under-fives, ARI cause specific mortality in 20-25%. On this basis, one million deaths among under-fives in our Country are due to ARI and most of these occur in infants [3]. Cause specific mortality due to ARI is 10 to 50 times higher in developing countries than developed countries [4]. In our country, 14.3% of deaths during infancy and 15.9% of deaths between 1-5 years of age are due to ARI [5]. In India, pneumonias are estimated to be responsible for 75% of ARI deaths [6] which can be secondary to the upper tract infections. Most common organisms known to cause ARI among children include bacteria such as *Staphylococcus aureus*, *Streptococcus pyogenes*, *Pneumococci*, *Haemophilus influenzae* & *Klebsiella pneumonia*. Viruses such as Adeno, Rhino, Corona & Influenza are also the common etiological agents [7]. This study puts in an effort to find a pattern of Upper Respiratory Tract Infections in Children less than 5 years so as to be useful to the practicing doctors of the locality.

AIMS AND OBJECTIVES:

To study the pattern of Upper Respiratory Tract Infections in Children less than 5 years.

MATERIALS AND METHODS:

This study was done in the Department of pediatrics, Kannur Medical College.

This study was done from Feb 2017 to Jan 2018.

The study was done in 300 cases that were delivered and a reference had been sought from the Department of Pediatrics.

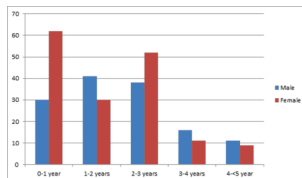
Inclusion Criteria:

Clinically proven cases

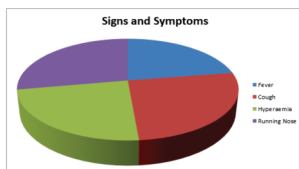
Exclusion Criteria:

On steroid and other immunosuppressant therapy.

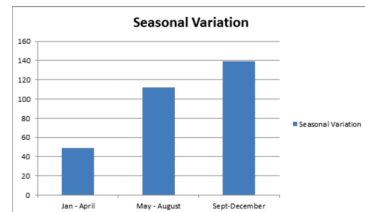
RESULTS:



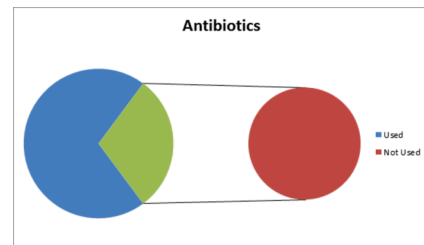
Graph 1: Age and Sex Distribution



Graph 2: Signs and Symptoms



Graph 3: Seasonal Variation



Graph 4: Antibiotics

DISCUSSION:

In developing countries like India, the triad of malnutrition, diarrheal diseases and ARTI are the most common causes of illness among under-five age group children. The International consultation on control of ARTI, December 1991 reported that there are links with environmental risk factors and childhood risk factors. Many of these risk factors are amenable to corrective measures [8]. In India, pneumonias are estimated to be responsible for 75% of ARI deaths [6] which can be secondary to the upper tract infections. Most common organisms known to cause ARI among children include bacteria such as *Staphylococcus aureus*, *Streptococcus pyogenes*, *Pneumococci*, *Haemophilus influenzae* & *Klebsiella pneumonia*. Viruses such as Adeno, Rhino, Corona & Influenza are also the common etiological agents [7]. This study has put an effort to find a pattern of Upper Respiratory Tract Infections in Children less than 5 years so as to be useful to the practicing doctors of the locality.

It has been reported that the problem of ARI is more in urban areas, slums in particular, compared to the rural areas [9]. small houses sheltered a large number of family members leading to overcrowding in 64.75% of the households. Our study results could be compared with Savitha MR et al., and SC Dharmage et al., studies [10]. In contrast, BOSTID researchers did not show an association for the variable overcrowding [11]. Developmental milestones are an indicator of the physical, mental and psychosocial development of the child. Normal milestones are a determinant of the health status of the child. An unhealthy child with delayed milestones becomes susceptible to infections. This has to be borne and thus a clean environment with clean habits has to be induced at a very young age. Education is the prime factor which will help the population on a long time. Health Education to the parents and children should be equally incorporated so as to make the difference. In winter season the occurrence is more and so at this moment proper need of materials and the usage has to be educated. The nutrition is one more important factor. There is no medicine in the world that can cure without proper nutrition can be provided. This has to be the basis of the Modern Medicine.

CONCLUSION:

The seasonal variation and the increase in the patients who belong to the female sex in the first year of life has to be accepted by the practising physician in our locality. Proper antibiotics should be prescribed. An attempt to educate the mother and the child (if grown and understands) can be attempted and highly recommended.

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