

Pneumonia: The Forgotten Killer

Pnömoni: Unutulmuş Katil

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Pneumonia is the world's leading infectious child killer (veya killer infection). Pediatricians know the disease well and the consequences it can have, but most people-including most policy-makers and national leaders-do not yet recognize the importance of this disease.

Despite recent medical advances and the availability of life-saving interventions, pneumonia takes the lives of more than 2 million children under the age of five each year-more than AIDS, malaria and measles combined (1). As with many other illnesses, the disease burden is greatest among the world's most vulnerable populations-children living in poverty, or among those with immune deficiencies. These are the children least equipped to fight this disease, with little or no access to vaccines that prevent the causes of pneumonia or to the urgent medical care to treat it when they do become sick.

Unfortunately, despite pneumonia's overwhelming death toll, it has been eclipsed by other illnesses such as AIDS and malaria-and more recently, avian and swine flu-on the global health agenda.

This is why a broad-based coalition of global health organizations, including the Sabin Vaccine Institute's Pneumococcal Awareness Council of Experts (PACE), has come together to do just that by convening the first annual World Pneumonia Day on Nov. 2, 2009, a global effort designed to spur discussion and motivate countries to act.

As pediatricians and health professionals, we know the disease well. With this knowledge comes an opportunity (or even a responsibility)

to educate others and advocate the use of life-saving interventions. With a coordinated effort on our part, we can focus special attention on this deadly disease and call on the global health community and policymakers to take action against pneumonia.

Why now?

Already, for every child who dies from pneumonia in an industrialized nation, more than 2,000 children living in the developing world lose their lives to this preventable disease (2). Worldwide, these children are most likely to become infected because they may be malnourished, suffer from constant exposure to indoor air pollution, or have weakened immune systems due to AIDS. They also lack access to medical care that ensures pneumonia will be recognized early and treated effectively.

Ensuring proper infant and child nutrition and reducing exposure to indoor air pollution can protect children from pneumonia (3-4). Early diagnosis and proper treatment with antibiotics can effectively treat it. However, the use of pneumococcal and *Haemophilus influenzae* type b (Hib) conjugate vaccines can prevent it (5). Unfortunately, while Hib and pneumococcal conjugate vaccines are in widespread use and have saved millions of lives in middle and upper income countries, they are not yet widely available where they are most needed.

Children in Turkey are already protected with Hib and pneumococcal vaccines. The seven valent conjugated pneumococcal vaccine was introduced, with different schedules, into the

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National Immunization Programs of 39 countries worldwide and licensed in more than 100 countries. Recently, the first GAVI (Global Alliance for Vaccines and Immunisation) eligible country, Rwanda, introduced PCV-7 to its national immunization program and Gambia followed in August 2009. Now, thanks to the generosity of the governments of Italy, Great Britain, Canada, Russia, Norway, and the Bill & Melinda Gates Foundation, developing countries that apply can now access these vaccines as much as 20 years ahead of any historical precedent and at prices their governments can afford, through an innovative financing mechanism known as the Advance Market Commitment (AMC). Launched in June 2009 in Lecce, Italy, already 15 of 71 countries eligible for AMC funding have applied for the pneumococcal vaccine and 33 more plan to apply shortly. Even with vaccines, there will still remain a need to assure timely diagnosis and effective treatment to diminish the consequences in cases that still occur.

Financial innovations and advances in science and medicine alone cannot prevent deaths from pneumonia. What is needed is education and political will. As scientists, we must work to educate those in power to reprioritize pneumonia as a global health crisis that must be addressed now. We must do our part to raise awareness by educating policymakers, parents and caregivers on prevention methods and emphasize the importance of early diagnosis and appropriate treatment.

Today, we are less than six years from the 2015 Millennium Development Goal (MDG) deadline. MDG 4, which calls for reducing the mortality rate for children under the age of five, cannot be achieved unless we take action against pneumonia now. In order to make the

great strides necessary to meet MDG4, there must be global support and action.

We must use evidence-based advocacy to encourage our country and world leaders to recognize the severity of pneumonia, and implement the measures necessary to save lives. Though increased investment in prevention and treatment, countries throughout the developing world can tackle this disease, chip away at the cycle of poverty and save millions of children's lives. Working together, we can achieve results, and as leaders in our field, it is incumbent upon us to continue the fight.

Conflict of Interest

No conflict of interest is declared by the author.

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