

Correspondence: risk factors of acute respiratory infection in under-fives in a rural hospital of Central India – Authors' reply

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This correspondence refers to the following article:

Taksande AM, Yeole M. Risk factors of Acute Respiratory Infection (ARI) in under-fives in a rural hospital of Central India. J Pediatr Neonat Individual Med. 2016;5(1):e050105. doi: 10.7363/050105.

Comments can be found in the following article:

Mandal A, Sahi PK. Correspondence: risk factors of acute respiratory infection in under-fives in a rural hospital of Central India. J Pediatr Neonat Individual Med. 2016;5(2):e050207. doi: 10.7363/050207.

Keywords

Respiratory infection, children, risk factors, rural.

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How to cite

Taksande A, Yeole M, Correspondence: risk factors of acute respiratory infection in under-fives in a rural hospital of Central India – Authors' reply. J Pediatr Neonat Individual Med. 2016;5(2):e050208. doi: 10.7363/050208.

Dear Editor,

We thank the authors for their interest and comments [1] on our paper [2]. They have raised some very valid points.

1. Children enrolled in the study as cases and controls were matched for age, sex and religion. The match on the basis of religion was made because of varied social culture in the area, with low socio-economic group being predominant. It was found to be important to know the number of family members contributing to 2 important risk factors in the study: i) feeding pattern and ii) overcrowding. The children in the control group were selected from patients visiting Outpatient Department (OPD) for immunization, where their detailed history was evaluated. Those children with no history of recurrent Acute Respiratory Infection (ARI) and with no underlying illness were considered as controls. All the children considered into the study were matched for age and sex, but no statistical significance was noted.
2. All children in both groups underwent physical examination. Clinical history was also obtained for all children. Children with any history of underlying illnesses (congenital) were not enrolled.
3. History of recurrent respiratory tract infection was obtained from all subjects enrolled in the study, as it was fundamental to study risk factors of ARIs.
4. While the study was being undertaken, risk factors contributing to Upper Respiratory Tract Infection (URTI) and Lower Respiratory Tract Infection (LRTI) among children were analyzed separately, but it was found that majority of cases were predisposed to URTI, thus the detailed evaluation wasn't reported.
5. Definition used in the study:
 - a. Illiterate – A person who could not read or write. This category also included those who could only sign or reproduce some writing mechanically without any meaning [3].
 - b. Weaning at inappropriate age – Weaning started before the age of 6 months or after 6 month of age.
 - c. Lack of breastfeeding – Not breastfeeding or stopping breastfeeding during the neonatal period [4].

- d. Inadequate ventilation – Failing to fulfil the adequate ventilation criteria. Adequate ventilation defined as window area one-fifth of the floor area, or doors and windows combined two-fifth of the floor area [5].
- e. Overcrowding – It refers to the situation in which more people are living within a single dwelling than there is space for, so that movement is restricted, privacy secluded, hygiene impossible, rest and sleep difficult.
6. The study included an enquiry of immunization status with pneumococcal and *H. influenzae* vaccine; however, as stated earlier, the area has high prevalence of low socio-economic status population. No individual included in the study was found to be immunized with pneumococcal and *H. influenzae* vaccine.
7. Regarding anthropometry evaluation, Indian Academy of Pediatrics (IAP) growth charts (weight for age) were used to ascertain nutritional status in children. Malnutrition was classified into mild, moderate and severe for better evaluation [6, 7]. It was observed that severely malnourished children had higher incidence of acquiring ARI.
8. The purpose of obtaining history of similar illness in the siblings was to know the number of affected individuals in each family. This also allowed to investigate overcrowding as a risk factor in this study.
9. Thanks for your valuable comments.

Declaration of interest

The Authors declare that there is no conflict of interest.

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