Pneumococcal vaccination in developing countries

Author
Cripps, Allan, Leach, Amanda, Lehmann, Deborah

Published
2006

Journal Title
The Lancet

DOI
https://doi.org/10.1016/S0140-6736(06)69241-6

Copyright Statement
Copyright 2006 Elsevier. This is the author-manuscript version of this paper. Reproduced in accordance with the copyright policy of the publisher. Please refer to the journal's website for access to the definitive, published version.

Downloaded from
http://hdl.handle.net/10072/11661
LETTER TO THE EDITOR

Pneumococcal vaccination in developing countries

Corresponding author:
Allan W Cripps
School of Medicine
Griffith University
PMB 50 Gold Coast Mail Centre
Queensland 9726
Australia
Phone: 61 7 5678 0709
Fax: 61 7 5678 0795
Email: allan.cripps@griffith.edu.au
In response to the call for pneumococcal vaccination in developing countries (June 10, p1880)\(^1\), we support the need for such vaccines but wish to draw attention to some wider issues related to pneumonia, which is globally the leading cause of death in children.

The Fifth International Symposium on Pneumococci and Pneumococcal Diseases (ISPPD5), held in Alice Springs, Australia on 2-6 April 2006 made a Call for Action on Childhood Pneumonia – the ISPPD Declaration – that had been drafted and discussed by a Panel in the preceding year, calling on international agencies and the global community to take action against pneumonia. Though ISPPD addresses all pneumococcal diseases and all potentially effective interventions including vaccines, it recognized in Alice Springs that the call for action must be against pneumonia, the main causes of which are the complex interplay between poverty, poor domestic environment (overcrowding, poor hygiene and smoke), malnutrition and respiratory pathogens (pneumococcus, haemophilus and viruses). The principal cause of the high mortality from pneumonia (mainly in the third world) is lack of access to effective health services.

Vaccines are important tools in preventing pneumonia. Despite its high efficacy, *Haemophilus influenzae* type b vaccine has had only limited deployment in the third world. The seven-valent pneumococcal conjugate vaccine is similarly efficacious. However, to be effective in the third world, more serotypes must be included and support from governments and international agencies is urgently needed to ensure its prompt use globally.
The provision of effective community health services and affordable antibiotics are essential and can be achieved if given sufficient priority by the global community. Simple effective micronutrient supplements should be used more widely.

In 1998 the World Health Organization published a call for action entitled “Acute respiratory infections: the forgotten pandemic”. It is sad that we are compelled to issue further calls for action: from UNICEF, from the pneumococcal vaccine group and from ISPPD.

The ISPPD Declaration was drafted by Kim Mulholland and Michael Alpers and will be published in the conference proceedings. The members of the Panel were R.A. Adegbola, R.E. Black, J. Boslego, J. Carapetis, T. Cherian, L. Cooley, R. Douglas, A. Grange, B. Greenwood, O.S. Levine, S.A. Madhi, R. Rabinovich, J. Reeder, I. Riley, T. Ruff, S.K. Saha, M. Santosham, E. Simoes, M. Steinhoff, J. Tulloch and ourselves, the Organisers of ISPPD.

We declare that we have no conflict of interest.

Allan W Cripps
callan.cripps@griffith.edu.au
School of Medicine, Griffith University, Queensland, Australia

Amanda J Leach
Menzies School of Health Research, Darwin, Northern Territory, Australia

Deborah Lehmann
Telethon Institute for Child Health Research, Centre for Child Health Research, the University of Western Australia, Perth, Western Australia, Australia
References

