

INTERNATIONAL PEDIATRICS, INFECTIOUS DISEASES AND  
HEALTHCARE CONFERENCE  
&  
8<sup>th</sup> International Conference on  
BACTERIOLOGY AND INFECTIOUS DISEASES  
November 22-24, 2018 Cape Town, South Africa

**The changing face of under 5 morbidity and mortality in South Africa**

**Doshen Naidoo**

Private Mother and Child Hospital, South Africa

South African under-5 mortality rate is still driven by poor neonatal outcomes (neonatal mortality rate 12.4 per 1000 live births, neonatal sepsis 8.5-10% prevalence), malnutrition (males <5 years 13.6%, females <5 years 9.6%), HIV disease (12000 new cases per year 0-14 years), Tuberculosis (TB notification rate 664/100000-1044/100 000 under 15 years), gastro-enteritis (prevalence 8.5%; <5 years) and pneumonia (prevalence: 21% seeking medical attention <5 years). Case fatality rates have declined over the last 7 years for both gastro- enteritis and ARI and Mother-To-Child transmission of HIV is declining. The number of HIV positive children on HAART <5 years old is increasing and the burden of HIV disease and HIV orphans overall is declining (210000 HIV orphans). There is a trend with declining mortality from traditional causes to those of rarer congenital anomalies and malignancies, together with a re-emergence of vaccine-preventable diseases. Measles and Diphtheria are increasing in under 5 years old probably due to inadequate vaccine uptake (66-75% for measles/DPT). Tuberculosis and its contribution to U5MR in HIV infected and an uninfected individual has not declined in over 10 years. Neonatal sepsis is the second highest contributor to neonatal mortality but our neonatal mortality rate has not declined in over two decades. This may be related to poor antenatal care and/or lack of antibiotic stewardship in neonatal care. As South Africa gets a grip on the U5MR, epidemiological and neonatal outcomes are still poor and TB remains a significant contributor to adverse under 5 outcomes. As we tackle U5MR, our focus needs to be on health promotion, surveillance, stewardship and contact tracing, as we slowly move away from the traditional emerging economy health burdens for children under 5 years old.

**Biography**

Doshen Naidoo has completed his Fellowship of the College of Pediatricians of South Africa and served as a Pediatric and Neonatal Consultant in State Practice for a year before becoming a full-time Private Pediatric and Neonatal Consultant in Pietermaritzburg, South Africa. He is in private practice since 2010 and is the Owner and Visionary behind the Victoria Mother and Child Centre of Excellence being developed in Pietermaritzburg as the largest stand-alone private mother and child hospital in South Africa.

doshen@pmbpaediatrician.net