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# Naso-pharyngeal *Hemophilus influenzae* in Bangladeshi children sufferng from pneumonia: Disease severtity and possible risk factors

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Globally, pneumonia remains the leading cause of child-death more than combined AIDS, malaria and measles. Of all *H. influenzae* strains causing pneumonia in younger children, non-*Hi*b (*Hi*a, *Hi*c, *Hi*f) and non-typeable strains have started replacing *Hi*b significantly. Of some exsiting factors, popultion characterisitcs, child-bearing/rearing practices, housing and sanitation status remain plusible in contracting childhood-pneumonia. This paper describes some of such factors towards developing pneumonia in Bangladeshi children requiring immediate attention to resolve. Nasopharyngeal-swabs taken from 277 under-five years pneumonic children in Dhaka Medical College Hospital (not receiving >1 antibiotic) were streaked on-to supplemented chocolate-agar. Isolated colonies were serotyped and antimicrobial susceptibility were performed. While the mean age was 1.41±1.4 years, no age-specific gender difference was revealed ($p>0.16$). Clinically,157 children (69%) had pneumonia (Pnm) and 70 (31%) had Severe Pnm (SPnm) having the predominant signs of chest in drawing ($p<0.04$) and stop feeding-well than Pnm ($p<0.001$). While disease severity, was not assoicated with age-groups of <2, 2.1-12 & 12.1-60 months($p=0.26$) a gender difference was observed: younger boys had SPnm more than girls ($p<0.03$). *H. influenzae* were isolated from 35.7% children (81/227), vast-majority being *non-typeable* (87.7%, 71/81) and 13.3% *Hi*b (10/81) but *Hi*n-types was not associated with disease severity ($p>0.10$). However, disease-severity was significantly associated with colustrum-rejection($p<0.02$), bottle-feeding ($p<0.04$), non-vaccination ($p<0.03$) and some soico-economic/houshehold factors, like: tinned-roof-house ($p<0.04$), parental smoking ($p<0.01$) and cooking indoor on charcoal/wood-fire ($p<0.02$). It is imparative that the aforementioned socio-cultural bariers and neglected child-caring/rearing practices as we evidenced should immediately be addressed towards preventing children from pneumonia- a potential public health issue. Further studies in this area are strongly recommend for better clarifications.

## Biography

Kazi S Anwar, MD (USSR), Mphil (England), Pub Health Training (Japan), is a Bangladeshi Public Health Physician & Microbiologist who devoted most of his research potentiality in child publlic health. He conducted several research projects both at the national (Bangladesh) and international level (Japan, England, Saudi Arabia, Korea, etc.). Currently he is teaching medical students and supervises MSc-thesis at the Faculty of Medicine, AIMST University, Malaysia. He published >50 papers in globally reputed journals, mostly in child public health and presented >26 papers worldwide. He remains a member in editorial/reviewer board of some globally reputed medical journals since long.

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