

**PROFILE OF CHILDREN PRESENTS WITH TETANUS AT NISHTAR HOSPITAL
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ABSTRACT

Background: Tetanus is an important cause of morbidity and mortality in developing countries though it is rare in developed countries. Childhood tetanus has high mortality and is preventable. Knowledge about the need of active and passive immunization for wound is still not encouraging. This study was conducted to describe the clinical profile, management outcome and prognostic indicators of tetanus in children in our region. **Methodology:** It is a cross sectional study. This study was conducted at pediatric ward, Nishtar Hospital Multan from September 2017 to February 2018. In this study 100 patients were included. Their parents were interviewed according to the given performa. **Results:** Out of these patients, the fathers of 68 patients and mothers of 86 patients were either illiterate or primary education only. Most 56 of the patients belonged to a low socioeconomic family having the monthly income of less than PKR 10,000. The fathers of 42 patients were Saraiki. 57 patients were from rural areas. Out of 100 affected, seventy percent of patients were boys, age range of 5 to 10 years. **Conclusion:** Tetanus is a preventable disease and to prevent it, more awareness in the society is needed. The various factors which are responsible for the development of childhood tetanus were; poor educational status of the parents, ethnicity, low socioeconomic status and people from rural areas.

KEYWORDS: Audit, Tetanus, Childhood, Risk factors.**INTRODUCTION**

Tetanus is a significant public health problem throughout the world. It is associated with a high morbidity and mortality particularly in the developing countries.^[1] Tetanus cause approximately 213,000-293,000 deaths worldwide each year, out of which 180,000 have been reported in neonates.^[2] Tetanus is defined as, acute onset of painful muscular contractions of the jaw and neck and generalized muscle spasms. Tetanus is a clinical diagnosis. Neonatal cases are said to be confirmed if an infant with normal ability to suck and cry in the first 2 days presents with failure to suck between 3 and 28 days of life with rigidity or spasms. Neonatal tetanus is a major cause of infant mortality in underdeveloped and developing countries. Infection results from umbilical cord contamination during unsanitary delivery, a lack of maternal immunization or circumcision in an unhygienic condition.^[3] *Clostridium tetani* is an obligate, anaerobic, motile, gram-positive bacillus.^[4] They are found in soil, house dust, animal intestines, and human feces. Spores can persist in normal tissue for months to years. To germinate, the spores require specific anaerobic conditions, - such as wounds with low oxidation-reduction potential. Under these conditions, upon germination, they may release their toxin. Once the toxin

becomes fixed to neurons, it cannot be neutralized with antitoxin. For recovery it requires sprouting of new nerve terminals and formation of new synapses.^[4] Tetanus is a target disease of the World Health Organization (WHO) Expanded Program on Immunization. Principles of management of tetanus cases include admission to dark and quiet room, muscle spasm and rigidity control, autonomic dysfunction control, ventilator support when needed, neutralization of tetanus toxin, wound management, antibiotics administration and prevention of recurrence with booster vaccination. Benzodiazepines are still the corner stone for sedation and spasm control while magnesium sulfate is also currently recommended.^[5,6] Infant tetanus vaccination followed by booster doses and proper wound management are disease prevention strategies.^[7,8]

METHODOLOGY

It is a cross sectional study. This study was conducted at pediatric ward, Nishtar Hospital Multan from September 2017 to February 2018. In this study 100 patients were included. **Sample technique:** The consecutive patients of childhood tetanus were taken from Pediatric Department. Their parents were interviewed according to the given Performa. The variables included in this study

were parent's education, parent's occupation, father's ethnicity, living (rural / urban), age, sex and monthly Income. The data was entered and analyzed by using SPSS version 19.

Inclusion criteria: Children beyond the neonatal age i.e. more than one month and less than 15 years. Children with clinical manifestations of tetanus with the exclusion of other causes of spasm/fits.

Exclusion criteria: Neonatal tetanus, Children with causes of spasm/fits e.g. meningitis, encephalitis, head injury etc.

RESULTS

Out of these patients, the fathers of 68 patients and mothers of 86 patients were either illiterate or primary education only. Most 56 of the patients belonged to a low socioeconomic family having the monthly income of less than PKR 10,000. The fathers of 42 patients were Saraiki because in this region mostly belong to Saraiki family. 57 patients were from rural areas. Out of 100 affected, seventy percent of patients were boys, age range of 5 to 10 years.

Table. I: Demographic factors of childhood tetanus.

| | |
|----------------------------------|------------|
| Fathers' ethnicity | |
| Punjabi | 05 |
| Saraiki | 42 |
| Urdu speakers | 2 |
| Balochi | 30 |
| Sindhi | 4 |
| Pathan | 17 |
| Mothers' occupation | |
| Housewives | 71 |
| Unskilled labor | 20 |
| Skilled labor | 9 |
| Rural / Urban | |
| Rural | 57 |
| Urban | 43 |
| Age | |
| 1 to 5 years | 22 |
| 6 to 10 years | 43 |
| 11 to 15 years | 35 |
| Sex | |
| Male | 70 |
| Female | 30 |
| Family Income (PKR/Month) | |
| ≤ 10,000 | 56 |
| 10,000 to 20,000 | 32 |
| > 20,000 | 12 |
| Characteristic | Number (%) |
| Fathers' education | |
| Illiterate | 40 |
| Primary | 28 |
| Matric | 22 |
| Inter and above | 10 |
| Mother education | |
| Illiterate | 54 |
| Primary | 32 |
| Matric | 12 |
| Inter and above | 02 |
| Fathers' occupation | |
| Unskilled labor | 28 |
| Government service | 03 |
| Private Service | 06 |
| Business | 10 |
| Skilled labor | 11 |
| Unemployed | 12 |
| Farming | 30 |

DISCUSSION

Tetanus is characterized by an acute onset of painful muscular contractions of the jaw and neck and generalized muscle spasms. Tetanus predominantly occurs in underdeveloped countries. Among the burden of vaccine preventable diseases world over, tetanus ranks fourth with 13% disease burden. The incidence is high in tropical countries with humid climate. More cases are reported from rural than urban areas. Despite the availability of an effective active vaccination, tetanus remains a major health problem in resource limited countries and is still encountered in resource rich countries. In their study, Areola E Orimadegun et al found a significantly increasing trend in the risk of non-protective immunity was observed with decreasing level of mothers' education. Comparable to current study where 54% mothers were illiterate. Dons, Lucius Darby et al found statistically insignificant associations of education, religion, age of mother, ownership of a radio and a television with the tetanus and its vaccination.⁸ Lau LG et al found that most of the patients were from low socioeconomic status⁹, this comparable to our study where 59% of the families were having <10,000 PKR monthly income.

In their study, Joshi S et al found that patient coming from the rural areas are having more complications and poor prognosis of tetanus.¹⁰ In their study, Matthews Z et al found significant factors related to immunization were the child's age, place of residence, maternal education, father's occupation, region, and type of prenatal care,¹¹ this is comparable to our study, Collins S et al found that 50% of the patients of tetanus were male,¹² as compared to our current study where more than two third were male. At the Masada hospital, the chart reviewed by Nantes B et al revealed a total of 25 tetanus cases and all were males.¹³

Mustapha AF et al found that approximately 60% of the patients were male.¹⁴ In their study, Khaliq N et al found that in infancy mortality in females was higher than males.¹⁵ The study done by Choudhury P et al, revealed that 60% of the admissions in 1984-87 were for tetanus and most of them belong to low socioeconomic families,¹⁶ comparable to our study. In the study by Oyedeji GA found that only 68.7% of the patients were in the custody of their two parents.¹⁷ In a study, 27% of the fathers and 34.6% of the mothers had no formal education. 65% of parents were in the lower socioeconomic class,¹⁷ this is similar to our study. Salish C et al found that majority of tetanus patients belong to low socioeconomic families.¹⁸ Among the demographic and socioeconomic risk factors maternal age, maternal and paternal education, occupation of head of house and caste are very important factors for tuberculosis.¹⁹ It is indicated that mothers education and occupation, husband education and occupation, received tetanus's injection and medical checkup during pregnancy and watches TV have significant effects on infant, child and under-five mortality.²⁰

CONCLUSION

Tetanus is a preventable disease and to prevent it, more awareness in the society is needed. The various factors which are responsible for the development of childhood tetanus were; poor educational status of the parents, ethnicity, low socioeconomic status and people from rural areas. With the strong implementation of immunization by EPI programme, we can overcome the high incidence of childhood tetanus.

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