

# IMMUNISATION AWARENESS CAMPAIGN 2001

## EPI(SA) & AVENTIS PASTEUR PARTNERSHIP



DIRECTORATE NUTRITION FACT SHEET

# VITAMIN A



### 1. BACKGROUND

Studies have long documented that Vitamin A supplementation significantly reduces mortality from gastroenteritis and measles. Vitamin A is essential for the health and wellbeing of people, particularly children. Vitamin A is especially important for good vision, protecting the body against infection and ensuring adequate growth and development.

### 2. CAUSES OF VITAMIN A DEFICIENCY

Vitamin A deficiency results from a depletion of body stores if too little vitamin A is present in foods, or too little vitamin A is absorbed from food. Rapid utilization of vitamin A causes vitamin A deficiency when body stores of vitamin A may be used up, particularly

- due to illnesses such as measles, diarrhoea and fever;
- during pregnancy and lactation; and
- as a result of growth in young children.

Children between the ages of 6 and 59 months are more at risk and experience more serious effects than other age groups.

### 3. VITAMIN A DEFICIENCY

Vitamin A deficiency is the main cause of preventable blindness in children. It increases the risk of death and illness, particularly measles and diarrhoea in children. Vitamin A deficiency also lead to reduced resistance to infections, delayed recovery from infections, eye damage and blindness.

Worldwide, about 250 million children under the age of 5 years suffer from vitamin A deficiency and women of childbearing age and school age children are also at risk of developing vitamin A deficiency. In fact, vitamin A deficiency is a serious health problem in more than 70 countries.

The 1994 SA Vitamin A Coverage Survey found that 33% of South African children aged 6 – 71 months are vitamin A deficient, making vitamin A deficiency a serious health problem according to International criteria.

### GIVING ONE VITAMIN A CAPSULE EVERY SIX MONTHS TO CHILDREN 6 – 59 MONTHS WILL PROVIDE THEM WITH ADEQUATE VITAMIN A

### 4. PREVENTION AND TREATMENT

Studies have shown that improving the vitamin A status of vitamin A-deficient children aged 6 – 59 months dramatically increases their survival by:

- Reducing measles mortality by 50%
- Reducing diarrhoeal disease mortality by 33%
- Reducing all-cause mortality by 23%

The improvement in vitamin A status can also lead to a significant reduction in the severity of illnesses and in the length of hospital stays.

The prevention and control of Vitamin A deficiency requires a combination of interventions. The Department of Health aims to **prevent and control vitamin A deficiency through:**

- *Dietary diversification* – to promote and protect breastfeeding practices and to promote the production and consumption of vitamin A-rich foods.
- *Fortification* - of staple foods such as maize meal, bread flour and sugar with vitamin A.
- Provision of *high-dose vitamin A supplements* - to pre-school children and women in the postpartum period.
- *Public health measures* - supplemental vitamin A as part of the routine immunisation programme and the use of vitamin A for the treatment of measles cases

The Department of Health intends to implement a national policy of vitamin A supplementation as from 2001/2002 to children aged between 6 to 59 months and women in the post partum period.

Facilitated and Supported by:



Aventis Pasteur