

# Acute respiratory tract infections in pediatric populations of slum areas: Navigating challenges and dynamics of immune responses.

Gayathri Gunasekaran<sup>1</sup>, Dinesh Kumar Thirugnanam<sup>1</sup>, Ashwath Balasubramaniam<sup>2</sup>, N Nalini Jayanthi<sup>2\*</sup>, Leela KV<sup>2</sup>

<sup>1</sup>Department of Microbiology, SRM Medical College Hospital and Research Centre, Kattankulathur-603203, Tamil Nadu, India

<sup>2</sup>Department of Respiratory Medicine, SRM Medical College Hospital and Research Centre, Kattankulathur-603203, Tamil Nadu, India

Received: 25 December, 2023, Manuscript No. AAJCP-24-127865; Editor assigned: 27 December, 2023, Pre QC No. AAJCP-24-127865 (PQ); Reviewed: 10 January, 2024, QC No. AAJCP-24-127865; Revised: 17 January, 2024, Manuscript No. AAJCP-24-127865 (R); Published: 24 January, 2024, DOI:10.35841/0971-9032.27.12.2126-2131.

## Abstract

The study presents a thorough examination of immune responses in pediatric populations within slum areas, specifically addressing respiratory infections. It explores the impact of slum conditions on respiratory health, detailing the epidemiology of infections, including common pathogens and environmental factors. The review delves into the etiology, clinical manifestations, and challenges associated with viral respiratory infections, co-infections, and complications in slum environments. The discussion extends to immune responses in pediatric respiratory infections, emphasizing unique challenges in diagnosis and treatment within slum areas. Prevention and intervention strategies are highlighted, encompassing vaccination programs, health education, and improving living conditions. It underscores the importance of targeted interventions, accounting for socio-economic factors, community-based strategies, and culturally sensitive approaches. It proposes the exploration of novel approaches and the development of vaccines tailored to prevalent respiratory pathogens in slum settings. Furthermore, the feasibility and impact of routine immunization programs, emphasizing accessibility, acceptance, and long-term sustainability are explored. It advocates strengthening primary healthcare systems, investing in healthcare workforce training, and improving diagnostic facilities. The potential of digital health technologies in enhancing surveillance, early detection, and the development of mobile applications or telemedicine platforms is discussed. In conclusion, study emphasizes the multifaceted challenges faced by children in slum areas regarding respiratory infections, necessitating informed, interdisciplinary interventions. Addressing healthcare disparities, improving living conditions, and enhancing vaccination coverage are deemed crucial for mitigating the burden of respiratory infections. This review calls for collaborative efforts among researchers, healthcare professionals, policymakers, and community stakeholders to develop sustainable solutions for enhanced respiratory health in slum-dwelling pediatric populations.

**Keywords:** Acute respiratory tract infections, Pediatric populations, Slum areas, Immune responses, Respiratory health.

Accepted on 17<sup>th</sup> January, 2024

## Introduction

Respiratory infections rank as one of the primary reasons for children being admitted to pediatric practices. During the winter, common pathogens circulating can induce comparable symptoms in children and, in more severe instances, result in hospitalization. The prevalent respiratory pathogens include rhinovirus/enterovirus, Respiratory Syncytial Virus (RSV), adenovirus, influenza virus, parainfluenza viruses, and coronaviruses [1]. Global health is significantly impacted by Acute Respiratory Infections (ARTIs), particularly in young children and the elderly. These infections, characterized by similar symptoms, easily spread from person to person,

resulting in elevated rates of morbidity, mortality, and hospitalization.

A study observed that children under the age of six are at heightened susceptibility to respiratory viral infections and face an increased risk of co-infections and infant hospitalization in Spain [2]. In 2008, there were 20 million instances of Acute Lower Respiratory Infections (ALRI) associated with the influenza virus in children under 5 years old, out of which 1 million were severe cases, leading to 28,000–1,11,000 influenza-virus-associated ALRI-related deaths [3]. The existing prophylactic antibodies targeting RSV (such as polyclonal RSV-IVIG and monoclonal Palivizumab) are costly,

have limited accessibility, and are specifically advised for individuals at a heightened risk of severe RSV disease [4,5].

**Literature Review**

A study in Indian children observed that indoor air pollution significantly increased the risks of ARTI among under-five children with socio-economically vulnerable groups mostly suffered from respiratory illnesses [6]. Mothers or caregivers who lack knowledge about nutrition and have a child aged 2-5 years old tend to do fewer things to take care of their child's malnutrition compared to those who are better informed. Caregivers of kids under 5 years old also do not seek healthcare as much for issues like infectious diseases and malnutrition. Families in slums need extra help through health and nutrition education programs [7]. A research study looked at health issues in kids from poor areas, both in slums and non-slums.

The findings revealed that children in slums tend to be shorter and lighter for their age, and they experience more problems like stunting, wasting, being underweight, and having anaemia. Additionally, kids in slums from families with low wealth, weaker social and economic backgrounds, larger households, and more girls are linked to poorer child health [8]. Unique challenges in pediatric populations include the right to food for people in urban poverty are under threat, which is concerning because a large and increasing portion of the population resides or will soon reside in urban areas [9].

The necessity of addressing health disparities becomes evident when considering the context of ARTI in slum environments. The objective of this clinical review is to comprehensively investigate the complex interplay between respiratory infections, immunity, and the distinctive environmental challenges faced by pediatric populations residing in slum areas. The study aims to synthesize current research findings to provide insights into the epidemiology, etiology, clinical manifestations, and immune responses associated with respiratory infections among children living in slums.

**Impact of slum conditions on respiratory health**

Children, being particularly susceptible, face heightened vulnerability. The interplay of malnutrition and frequent episodes of diarrhoea results in impaired growth and has lasting repercussions on cognitive development [10]. The

impact of slum conditions on respiratory health is a significant public health concern, as individuals living in slums often face overcrowded and unsanitary environments that can contribute to respiratory problems. Slums are often characterized by a lack of proper waste disposal, open sewage, and inadequate sanitation facilities [11]. These conditions can lead to the release of harmful pollutants into the air, such as particulate matter, mold, and other allergens.

High population density in slums often leads to overcrowded living conditions, making it easier for respiratory infections to spread [12,13]. Close proximity to others increases the risk of airborne diseases like tuberculosis and respiratory viruses. Many slum dwellers rely on traditional cooking methods such as open fires or simple stoves, which can produce indoor air pollution. Inhaling smoke and fumes from cooking can contribute to respiratory diseases, particularly in poorly ventilated living spaces [14].

Slum residents often have limited access to healthcare services, including preventive measures and timely treatment for respiratory illnesses. This lack of healthcare infrastructure can lead to the exacerbation of respiratory conditions. Malnutrition is prevalent in slum populations, and it can weaken the immune system, making individuals more susceptible to respiratory infections. Malnourished individuals may also lack the resilience needed to recover from respiratory illnesses [15].

Substandard housing with inadequate ventilation and insulation can contribute to indoor air pollution and the accumulation of respiratory irritants. Poorly constructed homes may also be more susceptible to dampness and mold growth [16]. Slums are often located in areas prone to environmental hazards such as industrial pollution, waste dumping sites, or areas with poor air quality. Residents may be exposed to harmful substances that can impact respiratory health.

Addressing the impact of slum conditions on respiratory health requires a multi-faceted approach, including improving living conditions, enhancing access to healthcare, promoting proper sanitation, and implementing measures to reduce indoor and outdoor air pollution. Public health interventions should focus on creating sustainable improvements in the overall living environment of slum communities to mitigate the respiratory health risks associated with these challenging conditions. Regional distribution of respiratory virus types and positive cases in India is shown in Table 1.

Region	Virus type									Total no. of cases	No. of positive cases
	RSV	ADV	PIV	RHINO	INFV	INF-A	INF-B	hMPV			
North India	232	83	102	59	195	40	12	11	2,085	747	
East India	468	193	320	144	34	532	584	111	12,875	4,548	
West India	469	118	138	230	37	139	44	115	2,448	1,351	
South India	324	10	54	76	18	89	44	56	2,298	1,013	
Total cases	1493	404	614	509	284	800	684	293	19,706	7,659	

**Table 1.** Regional distribution of respiratory virus types and positive cases in India.

**Role of immunity in pediatric respiratory infections**

The role of immunity is crucial in protecting children from respiratory infections. The immune system is a complex network of cells and proteins that work together to defend the body against pathogens, including viruses and bacteria. In pediatric respiratory infections, the immune system plays several key roles. The first line of defense includes physical barriers like the skin and mucous membranes in the respiratory tract. These barriers help prevent pathogens from entering the body. Cells such as macrophages and neutrophils constitute essential components of the innate immune system, actively engaging in the critical function of engulfing and annihilating invading pathogens. The immune system orchestrates an orchestrated inflammatory response in reaction to infections. This orchestrated process serves to mobilize immune cells to the infection site, effectively eliminating pathogens and initiating the adaptive immune response for a comprehensive defense against microbial threats.

**Epidemiology of respiratory infections in slum pediatric populations**

The epidemiology of respiratory infections in slum pediatric populations is a complex and multifaceted issue influenced by various social, economic, environmental, and healthcare factors. Slums/informal settlements/shantytowns, are characterized by overcrowded living conditions, poor sanitation, limited access to clean water, and inadequate healthcare infrastructure. Slum areas often have high population densities, with families living in close quarters. This proximity facilitates the easy spread of respiratory infections, especially those that are transmitted through respiratory droplets. Inadequate sanitation facilities and poor hygiene practices can contribute to the spread of respiratory infections. Lack of access to clean water and proper sanitation increases the risk of contamination and the transmission of infectious agents. Slum populations often face barriers in accessing healthcare services, including preventive measures, diagnostics, and treatment. Limited financial resources, transportation challenges, and inadequate healthcare infrastructure contribute to delays in seeking medical care. Malnutrition is common in slum areas,

and it weakens the immune system, making children more susceptible to respiratory infections (Table 2).

**Prevalence and incidence**

Globally, Lower Respiratory Infections (LRI) poses a significant threat to children under 5, with an estimated 104.8 children per million succumbing to LRI in 2015. In India, although there has been a substantial decline in the overall mortality of children under 5 from 2.516 million in 2000 to 1.201 million in 2015, the country still grapples with the highest number of such deaths worldwide. Pneumonia, a major manifestation of LRI, stands out as the second leading cause of mortality among Indian children under 5, accounting for 15.9% of deaths in 2015. Preterm birth complications take the lead, contributing to 27.5% of deaths. While progress has been made, the persistently high number of child deaths underscores the importance of sustained efforts in healthcare infrastructure, vaccination accessibility, and public awareness to further mitigate the impact of lower respiratory infections, particularly pneumonia, in India.

**Common pathogens**

*Streptococcus pneumoniae* is a leading cause of pneumonia, otitis media (ear infections), and sinusitis in children. It can spread easily in crowded living conditions. Haemophilus influenza, particularly type B (Hib) can cause severe respiratory infections, including pneumonia and meningitis, and is more prevalent in areas with poor sanitation and overcrowding. Respiratory Syncytial Virus (RSV) is a common virus that causes respiratory infections, especially in young children. It can lead to severe lower respiratory tract infections like bronchiolitis and pneumonia. Influenza A and B viruses can cause seasonal flu outbreaks, and slum populations may be more susceptible due to limited access to healthcare and vaccines. Mycobacterium tuberculosis is a bacterial infection that primarily affects the lungs. Overcrowded living conditions and poor ventilation can contribute to the spread of tuberculosis. Moraxella catarrhalis is known to cause respiratory infections, including otitis media, sinusitis, and bronchitis, particularly in children.

Parameter	Data
Prevalence of respiratory infections	39 million episodes worldwide
Incidence rates in slum-dwelling children	Southeast Asia and sub-Saharan African countries accounting more than 80% of the total global cases
Common pathogens	Influenza viruses and respiratory syncytial virus
Environmental factors	Parental smoking habits, biomass fuel usage, tobacco smoking, particulate matter, coal dust and other pollutants

**Table 2.** Epidemiology of respiratory infections in slum pediatric populations.

### **Contributing environmental factors**

Living in crowded slums with limited space makes it easier for respiratory infections to spread among people. Poor sanitation and hygiene practices increase the risk of exposure to germs, contributing to the prevalence of respiratory infections. Limited access to clean water can lead to poor hygiene and inadequate hand washing, making it easier for respiratory pathogens to be transmitted. Slum areas often have high levels of air pollution from industrial activities, traffic, and improper waste disposal. Breathing in polluted air weakens the respiratory system and makes people more susceptible to infections. Houses in slums are often poorly constructed and lack proper ventilation, concentrating airborne pollutants and creating environments conducive to the spread of respiratory pathogens. Malnutrition is common in slum populations due to limited access to nutritious food, weakening children's immune systems and making them more vulnerable to respiratory infections. Inadequate healthcare facilities and limited access to medical services in slums can lead to delayed diagnosis and treatment, resulting in more severe cases of respiratory infections.

### **Viral respiratory infections**

Viral respiratory infections pose a significant health challenge, particularly in vulnerable populations such as slum-dwelling pediatric communities. Influenza viruses can spread rapidly in crowded environments. Children in slum areas may be at higher risk due to limited access to vaccination, inadequate healthcare facilities, and close living quarters that facilitate transmission. RSV is a common cause of respiratory tract infections in young children. It can lead to bronchiolitis and pneumonia, especially in infants. Crowded living conditions and inadequate hygiene practices can contribute to the spread of RSV. Human Rhinovirus (HRV) is a major cause of the common cold. Children in slum areas may be particularly susceptible due to factors such as poor hygiene, lack of access to clean water, and limited healthcare resources.

Adenoviruses can cause respiratory infections, conjunctivitis, and other illnesses. In crowded slum environments, where hygiene may be compromised, adenovirus can easily spread among children. Parainfluenza virus can also cause respiratory infections, including croup and bronchiolitis in children. Crowded living conditions and limited access to healthcare may contribute to the prevalence of parainfluenza infections.

Coronaviruses are the common cold is often caused by coronaviruses, severe acute respiratory Syndrome Coronavirus 2 (SARS-CoV-2), responsible for COVID-19, has been a global concern. Slum populations may face challenges in adhering to preventive measures, and limited healthcare access can exacerbate the impact of the virus. Measles and Rubella are highly contagious viral infections can cause respiratory symptoms along with other complications (Table 3).

### **Unique challenges in slum areas**

Pediatric populations in slum areas face unique challenges that can have significant implications for their health and well-being. Slum environments are characterized by overcrowding, inadequate sanitation, limited access to healthcare, and poverty. Inadequate sanitation facilities and poor hygiene practices in slums can lead to a higher prevalence of waterborne diseases, diarrheal illnesses, and other infectious diseases among children. Limited access to clean water increases the risk of dehydration and waterborne illnesses, impacting the overall health of children. Limited access to nutritious food and economic constraints often results in malnutrition among children in slum areas. Malnutrition can have long-term effects on physical and cognitive development. Lack of proper nutrition during critical developmental stages can lead to stunted growth and compromised immune function. Slum residents often face barriers in accessing healthcare services, including the cost of healthcare, distance to healthcare facilities, and a lack of awareness about available services.

### **Health education and awareness**

Health education and awareness play a crucial role in improving the well-being of pediatric populations in slum areas. Slum communities often face unique challenges such as poor sanitation, overcrowded living conditions, limited access to healthcare facilities, and economic constraints. Focusing on health education and awareness can empower families and communities to make informed decisions about their children's health. Establish community partnerships and involve local leaders, community health workers, and volunteers in health education initiatives. Conduct regular community meetings to discuss health issues, share information, and gather feedback from residents. Establish community partnerships and involve local leaders, community health workers, and volunteers in health education initiatives. Conduct regular community meetings to discuss health issues, share information, and gather

<b>Infection type</b>	<b>Common pathogens</b>
Viral infections	Respiratory Syncytial Virus (RSV), Influenza (flu) virus, Rhinovirus, Adenovirus, Human Metapneumovirus, Coronavirus (e.g., SARS-CoV-2), Parainfluenza viruses.
Bacterial infections	<i>Streptococcus pneumoniae</i> , <i>Haemophilus influenzae</i> , <i>Mycoplasma pneumoniae</i> , <i>Bordetella pertussis</i> (whooping cough), <i>Staphylococcus aureus</i> , Group A <i>Streptococcus</i> .
Co-infections and complications	Viral-bacterial co-infections, such as influenza and secondary bacterial pneumonia. Complications: Otitis media, bronchitis, pneumonia, sinusitis.

**Table 3.** Etiology and clinical manifestations of pediatric respiratory infections.

feedback from residents. Organize workshops specifically tailored to address prevalent health issues in slum areas, such as malnutrition, infectious diseases, and immunization. Include practical demonstrations, hands-on activities, and visual aids to make the information more accessible. Focus on educating mothers about prenatal care, proper nutrition during pregnancy, and the importance of breastfeeding. Provide information on child growth and development milestones, immunization schedules, and common childhood illnesses.

### ***Improving living conditions in slum areas***

Improving living conditions in slum areas for pediatric populations involves addressing a range of social, economic, and health-related factors. Slums often face challenges such as poor sanitation, inadequate housing, and limited access to healthcare, and insufficient educational opportunities. Implement water and sanitation projects to provide clean drinking water and proper sanitation facilities. Promote hygiene education to prevent waterborne diseases and improve overall health. Upgrade and build safe and durable housing with proper ventilation and sanitation facilities. Develop and maintain community infrastructure, such as roads and lighting, to enhance safety. Establish or strengthen healthcare facilities in slum areas, providing accessible and affordable healthcare services.

Conduct regular health check-ups and vaccinations for children. Improve access to quality education by building schools and providing resources for children in slum areas. Conduct awareness campaigns on health, hygiene, and nutrition to empower families to make informed choices. Implement nutrition programs to address malnutrition among children in slum areas. Establish community gardens or support local markets to increase access to fresh and nutritious food. Implement skill development and income-generating programs for parents to improve their economic status. Empower women in slum communities, as they often play a crucial role in the well-being of children. Involve the community in decision-making processes to ensure the sustainability and relevance of interventions.

### **Discussion**

Investigate novel approaches for targeted interventions in slum areas, considering the unique challenges and socio-economic factors that contribute to the spread of respiratory infections among pediatric populations. Explore community-based strategies to enhance awareness, early detection, and prompt treatment, with an emphasis on culturally sensitive and context-specific interventions. Assess the efficacy of existing vaccines and explore the development of new vaccines specifically tailored to address prevalent respiratory pathogens in slum environments. Investigate the feasibility and impact of implementing routine immunization programs in slum areas, considering accessibility, acceptance, and long-term sustainability. Delve into the intricate mechanisms of host-pathogen interactions in pediatric populations residing in slum

areas, focusing on genetic predispositions, environmental factors, and the role of the microbiome.

Explore advanced techniques, such as omics technologies, to unravel the complexities of immune responses and susceptibility to respiratory infections. Assess the existing healthcare infrastructure in slum areas and propose strategies for strengthening primary healthcare systems to improve the management and prevention of respiratory infections in children. Advocate for increased investment in healthcare workforce training, diagnostic facilities, and access to affordable and effective treatments. Investigate the potential of digital health technologies in enhancing surveillance, early detection, and monitoring of respiratory infections in slum populations. Explore the development of mobile applications or telemedicine platforms to provide real-time information, education, and support for caregivers in these underserved areas. Encourage collaborative efforts between researchers, healthcare professionals, policymakers, and community stakeholders to address respiratory infections comprehensively. Promote interdisciplinary research that integrates findings from immunology, epidemiology, sociology, and environmental science to provide a holistic understanding of the complex nexus in slum areas.

### **Conclusion**

In conclusion, the review underscores the multifaceted nature of the challenges faced by children in slum areas when it comes to respiratory infections. The intricate interplay of socio-economic factors, environmental conditions, and the immune responses of pediatric populations in these vulnerable settings creates a complex nexus that demands targeted interventions. Understanding the unique dynamics of respiratory infections in slum areas is crucial for developing effective public health strategies. Addressing the disparities in access to healthcare, improving living conditions, and enhancing vaccination coverage are paramount in mitigating the burden of respiratory infections among children in these underserved communities.

Furthermore, the review emphasizes the need for interdisciplinary research collaborations, community engagement, and policy initiatives to create sustainable solutions. By unravelling the intricate web of factors contributing to respiratory infections in slum-dwelling pediatric populations, we can pave the way for informed interventions that not only treat infections but also work towards preventing them. Ultimately, a comprehensive approach that considers the social, environmental, and immunological aspects is essential for achieving meaningful and lasting improvements in the respiratory health of children in slum areas.

### **Acknowledgement**

The authors would like to thank the management of srin institute of science and technology for rendering their support in completion of this work.

## References

1. Ramaekers K, Keyaerts E, Rector A, et al. Prevalence and seasonality of six respiratory viruses during five consecutive epidemic seasons in Belgium. *J Clin Virol* 2017; 94: 72–78.
2. Heppe-Montero M, Walter S, Hernández-Barrera V, et al. Burden of respiratory syncytial virus-associated lower respiratory infections in children in Spain from 2012 to 2018. *BMC Infect Dis* 2022; 22(1): 315.
3. Wang X, Li Y, O'Brien KL, et al. Global burden of respiratory infections associated with seasonal influenza in children under 5 years in 2018: A systematic review and modelling study. *Lancet Glob Heal* 2020; 8(4): e497–e510.
4. Cromer D, van Hoek AJ, Newall AT, et al. Burden of paediatric respiratory syncytial virus disease and potential effect of different immunization strategies: A modelling and cost-effectiveness analysis for England. *Lancet Public Heal* 2017; 2(8): e367–e374.
5. Zhang S, Akmar LZ, Bailey F, et al. Cost of respiratory syncytial virus-associated acute lower respiratory infection management in young children at the regional and global level: A systematic review and meta-analysis. *J Infect Dis* 2020; 222(Supplement\_7): S680–S687.
6. Mondal D, Paul P. Effects of indoor pollution on acute respiratory infections among under-five children in India: Evidence from a nationally representative population-based study. *PLoS One* 2020; 15(8): e0237611.
7. Akter S, Banna AI, Brazendale K, et al. Determinants of health care seeking behavior for childhood infectious diseases and malnutrition: A slum-based survey from Bangladesh. *J Child Heal Care* 2023; 27(3): 395–409.
8. Zeeshan K, Kaushik MR, Hoda I, et al. What explains the differences in children's health outcomes in slum and non-slum areas in India? *Geo Journal* 2022; 88(3): 2913–2928.
9. Vilar-Compte M, Burrola-Méndez S, Lozano-Marrufo A, et al. Urban poverty and nutrition challenges associated with accessibility to a healthy diet: A global systematic literature review. *Int J Equity Health* 2021; 20(1): 40.
10. Ezeh A, Oyebo O, Satterthwaite D, et al. The history, geography, and sociology of slums and the health problems of people who live in slums. *Lancet* 2017; 389(10068): 547–558.
11. Akpabio EM, Wilson NA, Essien U, et al. Slums, women and sanitary living in South-South Nigeria. *J Hous Built Environ* 2021; 36(3): 1229–1248.
12. von Seidlein L, Alabaster G, Deen J, et al. Crowding has consequences: Prevention and management of COVID-19 in informal urban settlements. *Build Environ* 2021; 188: 107472.
13. Das M, Das A, Giri B, et al. Habitat vulnerability in slum areas of India-What we learnt from COVID-19? *Int J Disaster Risk Reduct* 2021; 65: 102553.
14. Kansime WK, Mugambe RK, Atusingwize E, et al. Use of biomass fuels predicts indoor particulate matter and carbon monoxide concentrations; Evidence from an informal urban settlement in fort portal city, Uganda. *BMC Public Health* 2022; 22(1): 1723.
15. Lubis YM, Indra Siregar RP, Tambunan A, et al. The relationship between nutritional status and the incidence of pneumonia in adult patients at royal prima RSu Medan. *J Edu Heal* 2023; 14(4): 318–327.
16. Holden KA, Lee AR, Hawcutt DB, et al. The impact of poor housing and indoor air quality on respiratory health in children. *Breathe* 2023; 19(2): 230058.

### \*Correspondence to:

N Nalini Jayanthi

Department of Respiratory Medicine,

SRM Medical College Hospital and Research Centre,

Kattankulathur-603203, Tamil Nadu, India

E-mail: nalinijayanthi59@gmail.com