

PNSP/83-116

BIBLIOGRAPHY

Respiratory infections in children

Vol. 1 January 1978-December 1982

PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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RESPIRATORY INFECTIONS IN CHILDREN

CITATIONS FROM THE INDEX MEDICUS

VOLUME 1

JANUARY 1978 THROUGH DECEMBER 1982



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FOREWORD

In 1979, the 32nd World Health Assembly recommended that national programs for the control of respiratory infections in children be formulated and that research in this field be given high priority. These recommendations were based on the magnitude of the problem of respiratory diseases, in particular respiratory infections in children, and on the fact that simple, effective control measures could be implemented through primary health care.

Respiratory infections are the most frequent reason for consultation in general health services and for hospitalization of children. In contrast to developed countries where these infections rarely result in death, respiratory infections and diarrhea constitute the main causes of mortality in children under five years of age in most of the developing nations.

No major differences have been observed in the frequency of acute respiratory infections (ARI) in developed and less developed nations. However, in the latter, these infections are more severe, and more children die. This seems to be related to poor nutritional status of children and to the lack of access to basic health care facilities. Even where children do have access, in all too many countries those facilities do not have the resources for adequate treatment of lower respiratory tract bacterial infections. To improve these conditions, the Pan American Health Organization and the World Health Organization are supporting the development of programs aimed at offering simple technologies for the prevention and management of ARI through primary health care services.

The primary objective of these national programs is to reduce child mortality and other consequences of acute respiratory infections. The proposed standardized management of mild, moderate and severe cases at the appropriate level of health care is consistent with this goal, in combination with other selected primary health interventions such as immunizing children, promoting breastfeeding, encouraging good weaning and nutritional practices, educating the parents and urging them to reduce their smoking habits.

A research component with emphasis on etiological, operational and epidemiological studies is also essential to the program; this will assist in developing improved and effective diagnostic and preventive methods, and in refining control strategies.

Another major health problem is respiratory tuberculosis. In many countries a gradual decrease in the risk of transmission has been achieved, and the growing coverage with BCG has helped to reduce the risk of disease in children. Integration of control activities into the general health services has increased awareness of the problems in diagnosis and treatment of tuberculosis in children.

The Pan American Health Organization is pleased to present this bibliography, which is intended to facilitate the review of published information covering acute respiratory infections and tuberculosis in children. An update will follow every six months. It is hoped that these publications will help fill the need for information in this field.

The Pan American Health Organization expresses its gratitude to the staff of the U. S. National Library of Medicine for their efforts and enthusiastic cooperation in the preparation of this bibliography.



Carlyle Guevara de Macedo
Director

RESPIRATORY INFECTIONS IN CHILDREN

CITATIONS FROM THE INDEX MEDICUS
JANUARY 1978 THROUGH DECEMBER 1982

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ABDOMINAL INJURIES

COMPLICATIONS

- † Splenectomy after blunt abdominal trauma. A retrospective study of 413 children. Wählby L, et al. *Acta Chir Scand* 1981; 147(2):131-5

ABDUCENS NERVE

Ocular manifestations of tubercular meningitis and their prognostic value in children. Verma BM, et al. *Indian J Ophthalmol* 1981 Oct;29(3):301-2

ABNORMALITIES, DRUG-INDUCED

OCCURRENCE

- Antituberculous drugs. Warkany J. *Teratology* 1979 Aug; 20(1):133-7

ABNORMALITIES, MULTIPLE

COMPLICATIONS

- † Incidence and type of otopathology associated with congenital palatopharyngeal incompetence. Caldarelli DD. *Laryngoscope* 1978 Dec;88(12):1970-82

ABSCESS

CHEMICALLY INDUCED

- † Metastatic osteomyelitis following BCG vaccination. Kallesøe O, et al. *Acta Orthop Scand* 1978 Apr;49(2):134-7

COMPLICATIONS

- † Empyema as a complication of retropharyngeal and neck abscesses in children. Ramilo J, et al. *Radiology* 1978 Mar;126(3):743-6

ETIOLOGY

- † BCG complications: an analysis of 36 cases. Agadzi VK. *Dev Biol Stand* 1978;41:75-8
† Complications of frontal and ethmoid sinusitis. Morgan PR, et al. *Laryngoscope* 1980 Apr;90(4):661-6
BCG abscess a complication of jet injector vaccination. Marston JA, et al. *Practitioner* 1978 Apr;220(1318):625-6

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DIAGNOSIS

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Peritonsillar abscess—a retrospective study of medical treatment. Tucker A. *J Laryngol Otol* 1982 Jul;96(7):639-43

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MICROBIOLOGY

- † Aerobic and anaerobic bacteriology of peritonsillar abscess in children. Brook I. *Acta Paediatr Scand* 1981 Nov;70(6):831-5

SURGERY

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ABSENTEEISM

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ACCOMMODATION, OCULAR

Persistent isolated paralysis of accommodation in young people. Dralands L, et al. *Bull Soc Belge Ophtalmol* 1978;182:42-50

ACETAZOLAMIDE

THERAPEUTIC USE

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- † Conductive hearing loss effects on children's language and scholastic skills. A review of the literature. Rapin I. *Ann Otol Rhinol Laryngol [Suppl]* 1979 Sep-Oct;88(5 Pt 2 Suppl 60):3-12 (44 ref.)
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ACID-BASE EQUILIBRIUM

Acid-base and blood gas equilibrium in acute lower respiratory tract infections of infancy & childhood. Bhushan V, et al. *Indian Pediatr* 1977 Nov;14(11):917-21

ACID PHOSPHATASE

ANALYSIS

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ACIDOSIS, DIABETIC

ETIOLOGY

- † Isolation of a virus from the pancreas of a child with diabetic ketoacidosis. Yoon JW, et al. *N Engl J Med* 1979 24 May; 300(21):1173-9

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MICROBIOLOGY

Actinomycetes viscosus infections of the chest in humans. Thadepalli H, et al. *Am Rev Respir Dis* 1979 Jul;120(1):203-6

ACUPUNCTURE

Acupuncture point injection in pediatric pneumonia. Report of 4,060 cases. *Chin Med J [Engl]* 1978 Jan;4(1):51-4

ADAMANTANE

ANALOGS & DERIVATIVES

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CONGENITAL

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ADENOCARCINOMA

COMPLICATIONS

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PREVENTION & CONTROL

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UTILIZATION

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IMMUNOLOGY

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METABOLISM

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ANALYSIS

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METABOLISM

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ISOLATION & PURIFICATION

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PHYSIOPATHOLOGY

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ADMINISTRATION & DOSAGE

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IMMUNOLOGY

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- † Indoor spread of respiratory infection by recirculation of air. Riley RL. *Bull Physiopathol Respir (Nancy)* 1979 Sep-Oct; 15(5):699-705
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COMPLICATIONS

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SURGERY

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THERAPY

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THERAPEUTIC USE

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DEFICIENCY

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ALPHA 1-ANTITRYPSIN

ANALYSIS

- † Serum levels of alpha 1-antitrypsin and Pi types in children with bronchiolitis. Fidalgo I, et al. *Helv Paediatr Acta* 1980 Oct; 35(5):471-6

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IMMUNOLOGY

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AMANTADINE

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METABOLISM

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AMINOSALICYLIC ACIDS

ADMINISTRATION & DOSAGE

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Amniotic fluid microviscosity and middle ear effusion. Jaffe BF. *Pediatrics* 1980 Feb;65(2):362-3

AMOEBA

ISOLATION & PURIFICATION

† Recovery of soil Amebas from the nasal passages of children during the dusty harmattan period in Zaria. Lawande RV, et al. *Am J Clin Pathol* 1979 Feb;71(2):201-3

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ADMINISTRATION & DOSAGE

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AMPHOTERICIN B

THERAPEUTIC USE

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AMPICILLIN

ADMINISTRATION & DOSAGE

Ampicillin dosage in bacterial meningitis with special reference to *Haemophilus influenzae*. Greene GR, et al. *Antimicrob Agents Chemother* 1979 Aug;16(2):198-202

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† Treatment of sinusitis and otitis media with pivampicillin. Christensen CH, et al. *Pharmatherapeutica* 1980;2(7):469-74

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† Ampicillin concentrations in middle ear effusions in acute otitis media after administration of bacampicillin. Virtanen S, et al. *Infection* 1979;7 Suppl 5:S472-4

METABOLISM

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- † In vitro susceptibility of 104 clinical isolates of *Haemophilus influenzae* to moxalactam (LY127935), ampicillin, chloramphenicol, and ticarcillin. Mason EO Jr, et al. *Antimicrob Agents Chemother* 1980 Mar;17(3):470-3
- † Synergistic action of ampicillin and nafcillin against ampicillin-resistant *Haemophilus influenzae*. Yogeve R, et al. *Antimicrob Agents Chemother* 1980 Mar;17(3):461-3
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- † Ampicillin-resistant *Hemophilus influenzae* type B septic arthritis in children. Chang MJ, et al. *Clin Pediatr (Phila)* 1981 Feb; 20(2):139-41
- † Evaluation of cefaclor in acute otitis media caused by ampicillin-resistant *H. influenzae*. Schwartz RH, et al. *Clin Pediatr (Phila)* 1982 Jul;21(7):402-4
- Ampicillin-resistant *Hemophilus influenzae* type b. A spectrum of serious infections. Steele NP Jr, et al. *Clin Pediatr (Phila)* 1978 Jan;17(1):55-8
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- Ampicillin-resistant followed by ampicillin-sensitive *Hemophilus influenzae* meningitis in a normal host. Stechenberg BW, et al. *J Pediatr* 1978 Feb;92(2):229-31
- † Increasing incidence of ampicillin resistance in *Hemophilus influenzae*. Syriopoulou V, et al. *J Pediatr* 1978 Jun;92(6):889-92
- Meningitis due to *Haemophilus influenzae* type b resistant to ampicillin and chloramphenicol. Uchiyama N, et al. *J Pediatr* 1980 Sep;97(3):421-4
- † The increasing incidence of Ampicillin-resistant *Haemophilus influenzae*. A cause of otitis media. Schwartz R, et al. *JAMA* 1978 23 Jan;239(4):320-3
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- Systemic *Haemophilus influenzae* infections in the era of ampicillin resistance. Lerman SJ, et al. *Nebr Med J* 1977 Dec;62(12):411-4
- Difference in the rate of ampicillin-resistant *Haemophilus influenzae* in rural and urban Nebraska. Shaffer KL, et al. *Nebr Med J* 1981 Jun;66(6):130-1
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- † Ampicillin-resistant *Haemophilus influenzae*. 2. Therapeutic considerations. Thornsberry C, et al. *Postgrad Med* 1982 Jan; 71(1):149-51, 154-5
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AMYLOID

METABOLISM

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AMYLOIDOSIS

BLOOD

- † Serum amyloid P-component levels in amyloidosis, connective tissue diseases, infection, and malignancy as compared to normal serum. Skinner M, et al. *J Lab Clin Med* 1979 Oct;94(4):633-8

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FAMILIAL & GENETIC

- † Familial cutaneous amyloidosis with systemic manifestations in males. Partington MW, et al. *Am J Med Genet* 1981;10(1):65-75

ANEMIA

COMPLICATIONS

- Anaemia of infancy and bacterial infections in Papua New Guinea. Oppenheimer SJ. *Ann Trop Med Parasitol* 1980 Feb;74(1):69-72
- Idiopathic cardiomegaly with pulmonary tuberculosis and severe anaemia in a female child of 12 years—a case report. Moghe KV, et al. *Indian Pediatr* 1980 Jan;17(1):97-100

ANEMIA, HEMOLYTIC

ETIOLOGY

- Acute renal failure, hemolytic anemia, and *Mycoplasma pneumoniae*. Schulman P, et al. *JAMA* 1980 Oct 17; 244(16):1823-4

Hereditary elliptocytosis with haemolytic crisis following infection. A case report. Obe JA, et al. *Niger Med J* 1978 Sep; 8(5):461-4

ANEMIA, HEMOLYTIC, AUTOIMMUNE

ETIOLOGY

- † Acute hemolytic anemia related to diphtheria-pertussis-tetanus vaccination. Haneberg B, et al. *Acta Paediatr Scand* 1978 May; 67(3):345-50

ANEMIA, SICKLE CELL

COMPLICATIONS

- Lung abscess in sickle cell disease. Leggiadro RJ, et al. *Am J Pediatr Hematol Oncol* 1982 Summer;4(2):215-7
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Sickle cell anemia with *Salmonella* empyema thoracis: (a case report). Chaturvedi P, et al. *Indian Pediatr* 1978 Jul;15(7):605-6

Severe *Mycoplasma pneumonia* and vesicular eruption in SC hemoglobinopathy. Chusid MJ, et al. *J Pediatr* 1978 Sep; 93(3):449-51

Failure of pneumococcal vaccine in children with sickle-cell disease. Ahonkhai VI, et al. *N Engl J Med* 1979 5 Jul;301(1):26-7

† Polyclonal pneumococcal-polysaccharide immunization of patients with sickle-cell anemia and patients with splenectomy. Ammann AJ, et al. *N Engl J Med* 1977 27 Oct;297(17):897-900

IMMUNOLOGY

Restoration by normal human immunoglobulin G of deficient serum opsonization for *Streptococcus pneumoniae* in sickle cell disease. Bjornson AB, et al. *Infect Immun* 1981 Aug;33(2):636-40

Antibody responses to polyvalent pneumococcal vaccine in infants with sickle cell anemia. Buchanan GR, et al. *J Pediatr* 1980 Feb; 96(2):264-6

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Serologic and clinical response of children with sickle cell disease to bivalent influenza A split virus vaccine. Steinberg E, et al. *J Pediatr* 1978 May;92(5):823-5

MICROBIOLOGY

† Nasopharyngeal carriage of pneumococci in children with sickle cell disease. Overturf GD, et al. *Infect Immun* 1980 Jun; 28(3):1048-50

ANESTHESIA

INSTRUMENTATION

Lower respiratory tract infections associated with respiratory therapy and anaesthesia equipment. Hovig B. *J Hosp Infect* 1981 Dec;2(4):301-15 (117 ref.)

ANESTHESIA, GENERAL

ADVERSE EFFECTS

Subacute upper respiratory infection in small children. McGill WA, et al. *Anesth Analg (Cleve)* 1979 Jul-Aug;58(4):331-3

ANESTHESIA, INHALATION

ADVERSE EFFECTS

† Effect of anesthetic gases on middle ear pressure in the presence of effusion. Gates GA, et al. *Ann Otol Rhinol Laryngol [Suppl]* 1980 May-Jun;89(3 Pt 2 Suppl 68):62-4

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