

PROTOCOL VITAMIN A SUPPLEMENTATION IN CHILDREN

PHASE 2: CHILDREN 6-71 MONTHS



DESCRIPTION

Vitamin A deficiency has been identified as a major Public Health Problem

1 in 3 children have a marginal Vitamin A deficiency .

Deficiency is seen mainly in younger children (1-3years)

Deficiency affects growth & development, skin mucous membrane, immune system & eyes.

Deficiency has a profound impact on morbidity & mortality

Clinical features of severe deficiency include: -

- Night blindness
- Dry eyes (xerophthalmia) with eventual ulceration & perforation of the cornea (keratomalacia)

Small greyish triangular deposits near the cornea (Bitots spots)

MANAGEMENT OBJECTIVES

Promote Breastfeeding in particular exclusive breastfeeding.

Prevent & treat Vitamin A deficiency by promoting Vitamin A rich sources in the diet. (dietary diversification)
Fortifying commonly eaten foods with Vitamin A

Supplementing with Vitamin A capsules as a short term intervention (See below)

PROPHYLAXIS

In hospitals, CHCs & clinics

Improve vitamin A intake in children by giving 100 000 IU & 200 000IU doses to children 6-71 months.

- 1 X 100 000IU dose to be given at 6 months.
- 1 X 200 000IU to be given at 12 months and then at six monthly intervals thereafter.

CONTRA INDICATIONS

- Teratogenicity in pregnancy
- Not to be administered if child has received a therapeutic dose in the previous month.

STORAGE

- Vitamin A is heat and light sensitive. Containers should therefore be kept open as minimally as possible.