

VITAMIN A - the good news

The term Vitamin A Deficiency Disorders (VADD) covers all aspects of vitamin A deficiency including xerophthalmia and its harmful effects on the immune response.

Great progress has been made towards achieving the UN goal of virtually eliminating VADD by the year 2000. For example, the number of young children with xerophthalmia has fallen by about two-thirds in the past 20 years.

However, about 250 million young children are sub-clinically deficient (have low blood levels of vitamin A but no eye signs) and this has serious consequences on mortality and morbidity.

It has been proved that giving supplements of vitamin A to young children who are deficient:

- significantly reduces death rates
- particularly reduces complications and mortality in measles
- seems to have a greater impact on diarrhoea (by reducing severity) than on respiratory diseases.

Recently a trial in Nepal showed that giving low dose supplements of vitamin A to women of childbearing age reduced pregnancy-related deaths. If confirmed, this has important implications for the health of women in low-income countries.

HIV/AIDS infection is often strongly associated with vitamin A deficiency particularly in low-income countries. However, the role of vitamin A supplementation in the management of HIV is controversial and requires more research.

There are three main ways to prevent VADD.

- Periodic, large doses of vitamin A is most successful as an emergency measure (see CHD 7 for recommended doses). These can be given when children come to clinics or feeding centres, with measles immunisation or at National Immunisation Days. It is important to give high doses to children with measles, diarrhoea, respiratory disease, chicken pox, xerophthalmia or severe malnutrition.
- Food fortification has been introduced in South/Central America and in Asia, but is often difficult to sustain. Fortified foods are used in emergency feeding.
- Nutrition education promoting the production and consumption of vitamin A-rich foods is the ideal, long-term intervention. For example, liver, red palm oil, carrots and mango.

To find out more about vitamin A, see the resource section on page 7.

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