Bacterial aetiology of septicaemia in children of post-neonatal age at the Institute of Child Health, Banzazzau, Zaria, Nigeria

Introduction

Septicaemia is a clinical term used to describe severe life threatening bacteraemia in which multiplying bacteria release toxins into the blood stream and trigger the production of cytokines causing fever, chills, toxicity, tissue anoxia, reduced blood pressure and collapse, septic shock is usually a complication with Gram negative bacilli and less frequently Gram positive organisms\(^1\), Purpura or petechie may be present\(^2\). The inclining aetiology may be bacterial, fungal, viral or other stimuli\(^3\). This condition is frequently reported in neonates and young children\(^4\) and those with severe malnutrition. There has been a substantial increase in the incidence of septicaemia during the last decade particularly in developing countries and are commonly community acquired\(^5\). The epidemiologic pattern of septicaemia varies from one region to another and even within a particular region it varies with time and age\(^6\). In Nigeria, the epidemiologic pattern of neonatal septicaemia has received greater attention than in infants and children\(^6-10\). A number of reports showed that Staphylococcus aureus and gram-negative enteric bacteria including Salmonella are the most common causes of septicaemia in neonates and older children\(^6,9,11-15\). There is little information about the incidence of septicaemia in infants and young children in our locality hence the rationale behind this study. The aims of the study were to determine the prevalence of septicaemia in children brought to the Institute of Child Health Banzazzau, Ahmadu Bello Uni-

Abstract

Introduction: Septicaemia is a clinical syndrome characterized by systemic inflammatory response. It is has been reported to be one of the major causes of morbidity and mortality among children in developing countries of the world.

Objectives: the aims of the study were to determine the prevalence of septicaemia in children brought to the Institute of Child Health Banzazzau, Ahmadu Bello University Teaching Hospital, (ABUTH) Zaria and to isolate the aetiologic agents responsible for septicaemia in these children.

Methods: Blood samples of children (aged one month – 12 years) with clinical symptoms of suspected septicaemia was taken under strict aseptic condition and inoculated into thioglycolate broth then incubated for 24hrs Subcultures were made after the first 24 hrs onto blood, chocolate and MacConkey agar plates and also when there were signs of bacterial growth shown by turbidity of the samples. Identification of isolates was based on their morphology on agar plates, Gram stain reaction and biochemical properties.

Results: The mean age was three years with a peak in the first year of life. The male: female ratio was 1:1.3. Staphylococcus aureus and Salmonella species were the commonest isolates accounting for 24 (43.64%) and 13 (23.64%) respectively. Other bacterial isolates included Coagulase negative staphylococci (CoNS) (7.27%), Citrobacter specie (10.94%), Pseudomonas specie (7.24%), Proteus species (3.64%) and Klebsiella species (3.64%).

Conclusion: Results show both Gram positive and Gram negative bacteria to be implicated with septicaemia with Staph aureus and Salmonella being the most frequent aetiologic agents, children less than or equal to five years were mostly affected, there is a need for routine monitoring of bacterial isolates and the age group at risk.

Keywords: Bacterial isolates, children, septicaemia.
Materials and methods

A cross sectional study of children with suspected septicaemia was done. The consent of the medical and scientific ethical committee of the Ahmadu Bello University Teaching Hospital, Zaria was sought and obtained before the research work commenced. Informed verbal consent from parents or caretakers of the patients was also sought prior to collection of blood sample. This study was carried out between December 2005 - December 2006 in the Institute of Child Health, Ahmadu Bello University Teaching Hospital, Zaria in children brought to out-patient clinic. The ICH caters for children 12 years and below and provides outpatient services only. All children requiring admission are admitted into department of Paediatrics ABUTH Zaria.

Venous blood samples of children aged (one month-12 years) with clinical symptoms of septicaemia were collected under strict aseptic precautions. Two milliliters of blood sample was collected, inoculated into thioglycolate broth and then incubated at 37°C. Subcultures were made after the first 24 hrs onto blood, chocolate and MacConkey agar plates and also when there were signs of bacterial growth shown by turbidity of the samples. The culture bottles were then discarded after seven days if no detectable bacterial growth. Identification of isolates was based on their morphology on agar plates, Gram stain reaction and biochemical properties as described by Cheesebrough 1.

Table 1: Age distribution of children with suspected septicaemia and their respective pathogens

<table>
<thead>
<tr>
<th>Month</th>
<th>All organisms</th>
<th>Staph aureus</th>
<th>Salmonella sp</th>
<th>Citrobacter sp</th>
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<th>CoNS</th>
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Discussion

Septicaemia has been reported to be one of the major causes of morbidity and mortality among children in developing countries of the world 4. The prevalence of suspected bacterial septicaemia in this study was 40.74%. This is lower than the incidences reported from Ilorin (49.1%), Calabar (48.9%) but similar to Ibadan (41.3%) among children 12, 17, 14. However, this incidence may not be the actual incidence in the locality as neonates were excluded from this study. The observed incidence was generally community-acquired as only children on outpatient clinics were investigated. Although females were slightly in the majority, in contrast to other studies were males were reported to be more implicated, no evidence has been given to be responsible for gender difference. The most common bacterial aetiological agent was Staphylococcus aureus (43.64%).

The observation agrees with the reports from other centres, where Staphylococcus aureus septicaemia had a prevalence of 30.3%, 50%, 33.1% and 48.7% respectively 12, 14, 17. Salmonella is also another major cause septicaemia, it accounted for 23.64% of bacteria isolated in this study. This incidence is much higher than (12.6%, S. typhi and 3.9%,. S. paratyphi) as reported from Ibadan 13 and 10.7% reported earlier in the same locality 18. Salmonellae was observed commonly associated with septicaemia in children aged five (5) and below, in contrast with an earlier report were Salmonella species displayed a high incidence of septicaemia in children of age bracket five and 11years 13. The high isolation rate of Salmonella may be due to inadequate facilities used in disposing human faeces, potable water and close contact between heavily faecally contaminated water supplies and humans. The incidence of Klebsiella septicaemia was quite low 3.64%, when compared with reports from Ibadan 21.4%, Kano 14.3% and Ilorin 7.3% 14, 17, 12. Coagulase negative Staphylococci previously considered a contaminant has been recognized increasingly as a cause of bacteraemia 18. CoNS was isolated in 7.27% of cases, mostly affecting children below the ages of five years. Similarly in Ilorin CoNS was isolated highest (34.0%) in children less than five years 13. It has been reported that the aetiological agents of septicaemia may vary from place to place and even within the same region it varies with time and age.

Both Gram positive and Gram negative bacteria still pose a great threat to lives of children in this locality, there is need for regular monitoring of the aetiological

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Both Gram positive and Gram negative bacteria still pose a great threat to lives of children in this locality, there is need for regular monitoring of the aetiological
agents of septicaemia so as to determine any change in
the epidemiologic pattern, this will help in the
management of septicaemia especially in our setting
where there are limited laboratory facilities.

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