

## EDITORIAL NOTE

# Addressing the Remaining Challenge of Pneumococcal Disease in Older Adults

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Indians are living longer. The Indian elderly are projected to constitute around 12.17% of our population by 2026 and this is a phenomenal number. As our population ages, infectious disease in this segment will become a grave public health problem. Of these, lower respiratory tract infections will be of special concern. Still ranked amongst the top five causes of mortality across the world, these infections are the leading cause of impairment in quality of life. Pneumonia is a serious respiratory infection that is a leading cause of death throughout the world. Poor outcomes and mortality are common consequences of pneumonia, particularly in predisposed persons with comorbidities. Even after nearly 7 decades of the introduction of safe antibiotics, *S. pneumoniae* continues to cause substantial morbidity and mortality globally, particularly among elderly. Pneumococcal infections affect people of all ages but children younger than two years of age and adults aged 65 years and older are at higher risk. Among adults 50 years of age and older, there are approximately 440,000 cases of pneumococcal pneumonia

each year even in the developed world, with approximately 25,000 pneumococcal disease-related deaths annually. The burden of pneumonia is several times higher in our country, as compared to countries with better healthcare infrastructure.

A change in paradigm is essential in our approach to managing pneumonia in our country. Prevention should be the goal. Apart from community practice measures such as hand washing, or avoidance of smoking, vaccination is critical for preventing infections and ensuring a quality life in adults at risk. Complications of invasive pneumococcal disease can be prevented by vaccinating predisposed individuals. But despite availability of good, effective and safe vaccines, the practice of adult vaccination faces various challenges.

This special issue has been directed towards developing a clear understanding of the gravity

of pneumococcal infections and addressing the challenges of adult vaccination in our country. I am grateful to all the esteemed experts, who have whole-heartedly contributed to the chapters. This would not have been possible without their comprehensive efforts. I am hopeful that this information is of help in establishing a clear perspective of pneumococcal disease prevention in Indian adults, by emphasizing the importance of the relatively unrecognized but very meaningful clinical practice of adult vaccination. While improved diagnostic techniques and more efficacious treatments may help to reduce the burden of pneumococcal disease, preventive measures, such as pneumococcal vaccination, should be promoted in order to avoid complications of invasive disease, particularly in the elderly.

William Osler said 'The future is today'. Let us embrace adult vaccination today for healthier living in future.

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