MPSA has over the past year organised a series of health campaigns to raise awareness. One of these campaigns was held last November to commemorate World Pneumonia Day.

Pneumonia is an inflammatory condition of the lungs affecting the lower airways, or more specifically the alveoli (air sacs). The causative agents of this inflammation are usually bacteria or viruses.

Bacteria are the most implicated in cases of community-acquired pneumonia, in which *Streptococcus pneumonia* and *Haemophilus influenzae* stand out as the leading pathogens in 50% and 20% of cases respectively. Pneumonia presents itself through many symptoms, the most common being: fever, fatigue, a productive cough, shaking chills, dyspnoea, tachypnoea) and sharp chest pain on deep inhalation. It is important to point out that the cough itself may be absent in young children (usually less than 2 months old).

Severe cases of pneumonia may be accompanied by cyanosis in the core area as well as the lips and tongue. This is caused by insufficient oxygenation of these areas, which is due to the build-up of fluid in the alveoli, resulting in the gas exchange process being hindered.

Smoking and chronic obstructive pulmonary disease are two major predisposing factors. Uncontrolled diabetes as well as excess alcohol intake may also increase the likelihood of infection and risk of developing pneumonia. Children and the elderly are the most vulnerable age groups susceptible to infection.

There are currently two types of vaccines available for prevention. The first is indicated and usually reserved for the elderly (more than 65 years of age), and contains a mixture of different polysaccharide capsular serotypes (unbound to protein) derived from capsulated bacteria themselves. A single dose is given in this case. The second vaccine available is indicated for children and contains a mixture of different polysaccharide capsular serotypes, which are conjugated with carrier proteins derived from *Corynebacterium diphtheriae*. This is given at 2, 4, 6 and 15 months of age.

Recent studies have seen the Centres for Disease Control and Prevention (CDC) recommend the latter vaccine for the elderly too.
AUTHOR GUIDELINES

MANUSCRIPT PREPARATION

All contributing authors should include their full name, affiliation at time of running the study, postal address, telephone and fax numbers and email address on the title page of the manuscript. One author should be identified as the corresponding author.

Manuscripts should include title page, abstract, text, references, tables and figures. The pages of the manuscript must be numbered.

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ABSTRACT

The format for the abstract is structured and should include objectives, method, key findings and conclusion.

KEYWORDS

Three to five keywords should be provided.

INTRODUCTION

The introduction should provide a background to the study and should clearly state the aims of the study. Provide a definition for any abbreviations and symbols that are used.

METHODS

This section should describe the subjects, setting and methods in sufficient detail to allow possibility of replication of the study. Include details of ethical approval, if applicable, in this section.

RESULTS

This section should present the salient results of the study. Epidemiological description of sample population, where relevant, and details of response rates should be provided. Data should not be repeated in figures and tables. Describe statistical analysis undertaken.

DISCUSSION

In the discussion a summary of the main findings of the study is to be presented and these are to be discussed in the context of international published literature and contributions to the field. Limitations and strengths of the study should be highlighted.

CONCLUSION

A brief conclusion section should summarize the prominent findings of the study. It is advisable to emphasize the contribution to the field of study by the current findings.

ACKNOWLEDGEMENTS AND FUNDING

Any funding received for the study should be declared in this section.

REFERENCES

References should be listed in numerical order as they appear in the text. All citations in the text must have an entry in the reference list and vice versa. All the reference numbers in the text should be in superscript.

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