

Kids and Floods

Children form a vulnerable population at any given point of time and during man-made disasters they are the worst affected [1,2]. Video footages related to the recent Chennai floods give a vivid description of the plight of children. Neonates held above heads of parents in water, infants and toddlers crying for feeds, and children wading through dirty waters with drenched clothes were common sightings. Why should children undergo this suffering for no fault of theirs? The Tambaram Government hospital was flooded, and newborns and their mothers were shifted in rubber boats by fire personnel. The absence of robust transport system for sick children, especially neonates, was glaring during disasters. However, the occasional but timely airlifting by choppers serving as *in utero* transfers needs appreciation. Several fishing boats plying in the flooded city roads were the only means of transport. In the absence of these, more children would have drowned and died. There were stray incidents of drowning of adventurous adolescents who had ventured out unnecessarily to witness the floods.

The vicious matrix of torrential rains, overflowing water bodies and clogged drains had contributed to the havoc. Though the water logging may subside, a second disaster in the form of waterborne diseases including cholera and leptospirosis is very much possible. Mosquito proliferation after the rains can culminate in dengue and Japanese B encephalitis. The overcrowding in relief shelters can be a risk factor for rapid spread of respiratory tract infections and exanthematous illness like measles. The burden of fungal skin infections is

likely to increase, and we need to watch out for post traumatic stress disorders too.

Inappropriate distribution of free breast milk substitutes following disasters could be more disastrous. Where a pre-existing tradition of artificial feeding is present, infants may be more at risk in a crisis situation. Breastfeeding practices need strengthening even in routine conditions to tackle a disaster rather than intervention after the disaster [3]. Physicians should be well versed in managing near drowning and hypothermia. Children should be encouraged to learn swimming which can be life saving during floods. Disaster management plans should not be just on paper, but in practice. The transition from emergency health response to strengthening local health systems should be adequately addressed [4]. National and international relief work and rehabilitation should have special focus on children and bridge the gaps on their path to normalcy. Let us prevent disasters and safeguard our children for they are the future.

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