



Vitamin A Deficiency

Vitamin A is a fat-soluble vitamin. It cannot be synthesized or made in the body and it should be obtained from food.

Vitamin A deficiency (VAD) occurs when one's diet has insufficient vitamin A for meeting the recommended dietary allowance for growth and development and physiological functions.



Causes

- Not eating enough foods rich in vitamin A
- Lack of fat or oil in the diet, which helps the body absorb vitamin A
- Poor absorption or rapid utilization of vitamin A due to illness
- Missing out on breastfeeding (Breastmilk is a good source of vitamin A.)

Signs and Symptoms

- Nyctalopia or night blindness (if child refuses to play in the dark or has difficulty seeing in the dark)
- Bitot's spot (foamy soap sud-like spots on white part of the eye)

- Dry, hazy, and rough-appearing cornea
- Crater-like defect on cornea
- Softened cornea (sometimes bulging)
- Xerophthalmia or dry eyes

Identified Targets for Vitamin A Supplementation

Vitamin A is crucial for child survival among children under 5. It significantly reduces:

- The risk from mortality by 23-24%
- Deaths due to measles by about 50%
- Deaths due to diarrhea by about 40%
- **Universal supplementation**
Supplemental doses must be administered every 6 months to all infants and children aged 6 months to 59 months
- **High-risk children**
Supplementation helps:
 - Reestablish body reserves of children with chronic or repeated infectious disease (e.g., persistent diarrhea, measles, severe pneumonia) or who are severely underweight;
 - Protect against severity of subsequent infections;
 - Reduce complications of measles; and
 - Lower morbidity and mortality due to measles.
- **Postpartum women**
Supplementation helps elevate vitamin A concentration of breastmilk and vitamin A status of breastfed child.



- **Treatment of xerophthalmia**

Vitamin A must be administered immediately as prescribed.

- **During emergencies**

Access to vitamin A is extremely poor during emergency situations, such as floods and typhoons. Thus, children are at a very high risk for infectious diseases and other complicating factors.

Treatment

- Daily oral supplements of vitamin A is recommended.
- Vitamin A-rich foods should be consumed. These include liver, eggs, fortified milk, crab fat, cheese, malunggay, gabi leaves, kamote tops, kangkong, alugbati, saluyot, carrots, squash, and ripe mango.
- There is no routine supplementation for pregnant women except for therapeutic dose.

Prevention

- Exclusively breastfeed infants up to 6 months and continue breastfeeding up to 2 years and beyond.
- Maintain a vitamin A-rich diet.
- Take correct dose of vitamin A capsules as prescribed.

References

- Department of Health Philippines. Administrative Order No. 0236. "Immunization, Breastfeeding and Young Child Feeding Practice and Vitamin A Supplementation in Evacuation Centers."
- Department of Health Philippines. Administrative Order No. 119 s. 2003. "Updated Guidelines on Micronutrient Supplementation (Vitamin A, Iron, and Iodine)."
- DOH Philippines. (2005). Health Advisory on Vitamin A Deficiency.
- World Health Organization. (2011). Micronutrient Deficiencies. Retrieved from www.who.int/nutrition/topics/idd/en/

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