

# **IAP RECOMMENDATIONS FOR PROTECTION AGAINST, PREVENTION OF, AND TREATMENT, OF CHILDHOOD PNEUMONIA**



## **PNEUMONIA FACTS**

1. Recent estimates from UNICEF show that pneumonia continues to be the number one killer of children around the world, causing 18% of all child mortality, an estimated 1.3 million child deaths in 2011 alone.
2. More than 99% of all pneumonia deaths occur in developing countries, and three-quarters take place in just 15 countries.
3. India's under-five death toll is higher than the deaths in Nigeria, Congo and Pakistan put together. 50% of World's Pneumonia deaths occur in India which means approximately 3.7 lakh children die of Pneumonia annually in India.
4. Nigeria, India, and Congo continue to suffer from low vaccination coverage and high child mortality. India is among the 4 of 15 countries that are yet to introduce the newest generation of pneumococcal vaccines in their Immunization schedule
5. India may miss meeting MDG4 by 2015 particularly due to Pneumonia. Only 69% children with pneumonia in India, are taken to a health facility, and only 13% get antibiotics.

## **PNEUMONIA INTERVENTIONS**

1. The majority of pneumonia cases are preventable or treatable.
2. In 2009, the World Health Organization (WHO) and UNICEF released the Global Action Plan for Prevention and Control of Pneumonia (GAPP), setting out a 90% coverage target by 2015 for three interventions: vaccination, breastfeeding, access to care and antibiotic treatment. If 90% coverage is reached, these interventions could prevent two thirds of all childhood pneumonia deaths.
3. The status of protection and treatment interventions — breastfeeding, access to health care providers, and antibiotic treatment — remains unclear, due to low availability of data. Expanded and improved data collection efforts are urgently needed to inform decision-making at the country and global levels. All members of IAP should make their clinics / nursing homes / hospitals as "Pneumonia Sentinel Surveillance Centers". All pneumonia cases can be reported on IAP Infections diseases surveillance website.
4. It is clear that more targeted and effective work is needed to scale up life-saving interventions and protect the world's most vulnerable children from the devastating toll of pneumonia.

**Public Private Partnership (Government-IAP-health facilities) should be utilized to implement the Global Action plan for Prevention and control of Pneumonia (GAPP) in all districts of India.**

**5. GAPP intervention scores are determined by averaging available data on coverage rates for each of the seven components - measles, pertussis, pneumococcal, and Haemophilus influenzae type b (Hib) vaccinations (reported separately); exclusive breastfeeding; access to an appropriate health care provider for children with suspected pneumonia; and access to antibiotics for children with suspected pneumonia in countries with the highest incidence of Pneumonia deaths. While none of these countries have reached the 90% GAPP target for each intervention, India, one of the largest countries with the highest numbers of child deaths worldwide, remains a low scorer with an average intervention coverage rate of 55%. India, and IAP therefore need to -**

- **Protect against pneumonia by -**

**a) Parent Education Programs**

**b) Pneumonia awareness workshops for IAP members**

**c) Community awareness of practices of personal hygiene like hand washing and reduction of the use of materials like fire-wood and kerosene which cause indoor air pollution. Such awareness can be created through enrollment of the support of community leaders such as politicians and religious leaders.**

**d) Strengthening of facility based births, reduction of incidence of LBW births, and strengthening of facility based care of Neonates.**

**e) Encouragement of exclusive breastfeeding for six months and continued breastfeeding until 2 years of age**

**f) Empowerment of community health workers (ASHA workers, AWWs, ANMs, AYUSH providers, RMPs) and health professionals to recognize, refer, and arrange early of ARI and pneumonia.**

- **Prevent pneumonia by -**

**a) Vaccination against Measles, HIB and Streptococcus Pneumoniae; eexpansion of immunization coverage to > 90% by 2015. While other measures for prevention of pneumonia should be strengthened, introduction of pneumococcal vaccine in National Immunization Schedule should be considered, with support from International funding agencies like GAVI.**

**b) Decrease HIV incidence in neonates, provide Zinc Supplementation and cotrimoxazole in HIV patients**

- **Treat pneumonia by -**

a) Early diagnosis, which is a key to better outcome; Community acquired pneumonia is a clinical diagnosis, tachypnea associated with respiratory distress and grunt being as good or better than auscultation as a tool for diagnosis

a) Use of appropriate Antibiotics - Amoxycillin, Amoxyclav, third generation parenteral Cephalosporins & Macrolides as applicable and useful.

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