

World Pneumonia Day 2014 Pneumonia Fact Sheet¹



What is 'pneumonia'?

Pneumonia is a lung inflammation, making breathing painful and limiting oxygen intake. It is mostly caused by infectious agents and can be spread in different ways such as coughing and sneezing.

Who does it most affect?

- Pneumonia is the #1 infectious killer of children under age 5 globally, killing an estimated 935,000² children each year, that's more than 2500 per day.
- Pneumonia causes 15% of all deaths in children under age 5 worldwide – 2% of which are newborns.
- Children in poor and rural communities are most affected.
- Children living in these top 15 high burden countries by estimated number of pneumonia deaths for children under age 5 in 2013³ : India (174,000), Nigeria (121,000), Pakistan (71,000), DRC (48,000), Ethiopia (35,000), China (33,000), Angola (26,000), Indonesia (22,000), Afghanistan (20,000), Kenya (18,000), Bangladesh (17,000), Sudan (17,000), Uganda (16,000), Niger (15,000), Tanzania (14,000).



How can pneumonia be controlled?*

Controlling childhood pneumonia requires correct and consistent delivery of an integrated package of interventions to protect, prevent, and treat the disease. Many of the interventions targeted at pneumonia also help control other childhood illnesses, such as diarrhoea and malnutrition, and should be part of a comprehensive approach to child survival.

Protection & Prevention



- Exclusive breast feeding during the first six months of life and adequate nutrition to age 5 improves children's natural defenses, protecting them from pneumonia.
- Hand-washing with soap helps prevent infections that cause pneumonia.
- Globally, more than 50% of pneumonia deaths among children under 5 are linked to household air pollution. The World Health Organization's new guidelines on indoor air quality set targets for reducing harmful household pollutants and offer greater clarity on specific fuels considered unsafe for use in the home.
- HIV prevention stops opportunistic pneumonia infections that affect weakened immune systems.
- Immunisation against *Haemophilus influenzae* type b, pneumococcus, measles and whooping cough can prevent cases of pneumonia from ever occurring.

* Protection, prevention and treatments listed are not exhaustive

¹ From WHO Pneumonia fact sheet (November 2013): www.who.int/mediacentre/factsheets/fs331

² Liu L., Oza S., Hogan D., Perin J., Rudan I., Lawn J.E., Cousens S., Mathers C. and Black R.E. (2014). Global, regional and national causes of child mortality in 2000-13, with projections to inform post-2015 priorities: an updated systematic analysis. The Lancet [Published online on 1 October 2014: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61698-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61698-6/fulltext)].

³ Taken from 'Country estimates of child mortality, causes of under-five deaths, and coverage indicators' in Committing to Child Survival: A Promise Renewed, Progress Report, UNICEF, 2014 http://files.unicef.org/publications/files/APR_2014_web_15Sept14.pdf.

Diagnosis & Treatment

Currently, only 60% of parents or guardians seek appropriate care for children with suspected pneumonia and proper antibiotic treatment is given in less than half of pneumonia cases.

- Health workers diagnose pneumonia by counting the number of breaths per minute in children. If a pulse oximeter is available, health workers will use this to determine the level of oxygen in the blood.
- Effective treatment in the community and at health facilities ensures that children receive proper and timely care for pneumonia.
- WHO now advises dispersible amoxicillin for 5 days as preferred antibiotic treatment for children under age 5 diagnosed with pneumonia. Children with danger signs should be referred to a higher health facility for treatment with injectable antibiotics and oxygen.



Further information

- **Millennium Development Goal 4:** To reduce the mortality rate of children under age five by two thirds between 1990 and 2015 www.who.int/topics/millennium_development_goals/child_mortality and www.un.org/millenniumgoals/childhealth.shtml
- **Global action plan for pneumonia & diarrhoea (GAPPD), WHO and UNICEF, 2013:** The plan aims to accelerate the reduction of deaths from pneumonia and diarrhoea, through a combination of interventions to protect, prevent, and treat pneumonia in children. www.who.int/maternal_child_adolescent/documents/global_action_plan_pneumonia_diarrhoea
- **Every newborn: an action plan to end preventable deaths, WHO and UNICEF, 2014:** Developed in recognition that newborn survival has lagged behind maternal and under-five survival, the action plan outlines a framework to end preventable newborn deaths and stillbirths by 2035. www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation
- **Committing to child survival: a promise renewed, progress report, UNICEF, 2014:** UNICEF publishes yearly reports on child survival to track progress, promote accountability for global commitments made to children, and help sustain political commitment. files.unicef.org/publications/files/APR_2014_web_15Sept14.pdf
- **WHO/UNICEF Joint statement on integrated community case management (iCCM), 2012:** The statement calls for scaling up community approaches to diagnosing and treating malaria, pneumonia and diarrhoea. www.unicef.org/health/files/iCCM_Joint_Statement_2012.pdf
- **Pocket book of hospital care for children (second edition), WHO:** Guidelines for the management of common childhood illnesses. The Pocket Book is one of a series of documents and tools that support the Integrated management of childhood illnesses (IMCI) guidelines. www.who.int/maternal_child_adolescent/documents/child_hospital_care
- **Revised WHO classification and treatment of childhood pneumonia at health facilities, WHO, 2014:** The revised guidelines present two major changes to existing guidelines: (A) there are now just 2 categories of pneumonia instead of 3 (“pneumonia” which is treated at home with oral amoxicillin and “severe pneumonia” which requires injectable antibiotics) and (B) oral amoxicillin replaces oral cotrimoxazole as first line treatment, preferably in 250mg dispersible tablet form, twice daily for five days which can be reduced to three days in low HIV settings. www.who.int/maternal_child_adolescent/documents/child-pneumonia-treatment
- **New guidelines on indoor air quality, WHO, 2014** - Nearly 3 billion people in low- and middle-income countries lack access to clean energy devices for cooking, resulting in some 4.3 million premature deaths annually. These guidelines on indoor air quality present recommendations designed to inform policy- and decision-makers on the transition from traditional to modern household energy services. www.who.int/indoorair/guidelines/hhfc/en (available from November 12, 11 AM Geneva Time)
- **Recommendations for management of common childhood conditions, WHO, 2012:** The publication provides a summary of evidence and assessment using the GRADE process, and recommendations on the management of common causes of childhood illnesses. www.who.int/maternal_child_adolescent/documents/management_childhood_conditions
- **WHO recommendations on the management of diarrhoea and pneumonia in HIV-infected infants and children, WHO, 2010:** To improve survival and quality of life among the 2.5 million children living with HIV, a comprehensive package of prevention, care and treatment is required. It includes management of infections such as pneumonia, diarrhea and other HIV-related co-morbidities. www.who.int/maternal_child_adolescent/documents/9789241548083