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Vaccine alone will not be enough: The Union calls for comprehensive approach to child pneumonia

Paris, France, 8 November 2012 – Despite the great potential of pneumococcal vaccine, child pneumonia will remain a major threat to children under 5 years of age, unless a comprehensive approach is taken, according to the International Union Against Tuberculosis and Lung Disease (The Union).

"It is certainly encouraging to see child mortality falling globally", says Dr Steve Graham of The Union's Child Lung Health Division, "but pneumonia remains the commonest single cause of death in infants and young children.

"Pneumococcal vaccine is an important intervention that is already in use and highly effective in resource-rich settings – and it has great potential in high child-mortality settings too. However, tackling pneumonia is a complex issue that requires a more comprehensive approach than a single vaccine".

The fact that pneumonia is caused by a wide range of pathogens is one of the challenges. The pneumococcal vaccine protects against *Streptococcus pneumoniae*, the major cause of deaths due to bacterial pneumonia worldwide, so it has the potential to successfully reduce cases of child pneumonia and pneumonia-related deaths. The vaccine will also be an important tool for protecting populations who do not have easy access to effective health care.

However, pneumonia-related deaths in infants and children will continue to occur, including those due to non-vaccine pneumococcal serotypes, other common bacteria and viruses.

In low- and middle-income countries, where 99% of the 1.5 million deaths from child pneumonia occur each year, a variety of other factors also contribute to high case fatality rates:

- Lack of access to health care
- Lack of standard case management and rational use of antibiotics
- Malnutrition
- HIV infection

To more fully address child pneumonia in all settings, The Union therefore recommends a balanced and comprehensive approach that emphasises other preventive strategies, as well as vaccine: nutrition and breastfeeding, reduction in indoor air pollution, hand washing and improved case management. Curative interventions include addressing the rising rates of bacterial resistance; models of community care; the role of zinc; focus on the needs of high-risk patients, such as those who are malnourished or HIV-infected and infants; as well as wider availability of oxygen therapy and other methods of respiratory support.

The Union developed a successful Child Lung Health Project in Malawi, based on standard case management,

which dramatically lowered the case fatality rate for severe pneumonia between 2000 and 2005. The Malawi Ministry of Population and Health has continued using this approach to bring the rate down by 66% since the 2000 baseline. Pilot projects using this same approach have also been carried out in Benin, China and Sudan.

As a member of the Pneumonia Diagnostic Working Group, The Union has provided technical assistance to the Gates Foundation-funded Pneumonia Etiology Research for Child Health (PERCH) study. This is the most comprehensive study of child pneumonia etiology ever undertaken, with multiple sites in Africa and Asia.

The Union's Child Lung Health Division is also engaged in a separate study of the causes of pneumonia in Bangladeshi children with severe malnutrition. Severe malnutrition is a risk for pneumonia and death, and the spectrum of causes can differ from that affecting non-malnourished children.

Evaluating the evidence produced by such studies, and understanding where it does and does not apply, is a challenge for balanced and comprehensive pneumonia control programmes.

"Understanding the social and health system determinants of pneumonia causation and death is also crucial to developing comprehensive approaches", says Dr Graham. "Incorporating comprehensive approaches in national plans for child survival is the way to proceed in reducing the threat of pneumonia."

For further information:

"Child pneumonia: beyond pneumococcal vaccine and 2015", an editorial by Trevor Duke, Penny Enarson and Steve Graham in *Public Health Action*, Volume 2, Number 3:

<http://ingentaconnect.com/content/iuatld/pha/2012/00000002/00000003/art00001>

"Malawi breathes new life into child pneumonia care" *The Lancet*, Volume 380, Issue 9843, (25 August 2012)

<http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2812%2961391-9/fulltext>

World Pneumonia Day 2012

www.worldpneumoniaday.org

About The Union

The mission of the International Union Against Tuberculosis and Lung Disease (The Union) is to bring innovation, expertise, solutions and support to address health challenges in low- and middle-income populations. With nearly 10,000 members and subscribers from 150 countries, The Union has its headquarters in Paris and offices serving the Africa, Asia Pacific, Europe, Latin America, Middle East, North America and South-East Asia regions. Its scientific departments focus on tuberculosis and HIV, lung health and non-communicable diseases, tobacco control and research. Learn more at www.theunion.org