Announcements

World Pneumonia Day — November 12, 2013

Every 20 seconds, somewhere in the world, a child dies from pneumonia (*1*). Many of these deaths are preventable through appropriate treatment and vaccination. With support from the GAVI Alliance, notable progress has been made in preventing pneumonia deaths and hospitalizations resulting from *Streptococcus pneumoniae* (pneumococcus) and *Haemophilus influenzae* type b (Hib) infections (*2,3*).

In spring 2013, the World Health Organization and the United Nations Children's Fund (UNICEF) released the Global Action Plan for Pneumonia and Diarrhoea, which promotes pneumococcal conjugate vaccine use as an important strategy for achieving United Nations Millennium Development Goal 4 to reduce child mortality (*4*). Hib conjugate vaccine also is becoming a part of global routine infant immunization, and recent data show its effectiveness at preventing pneumonia in developing countries (*2,4*).

In spite of this progress, many gaps remain. Respiratory viruses, such as respiratory syncytial virus, influenza, and measles, also are major causes of pneumonia globally. Expanded use of influenza and measles vaccines, antiviral medications, and supportive health care can reduce the burden of pneumonia caused by these viruses. Additional research on diagnostics, prevention, and treatment of viral-associated pneumonia also is needed.

World Pneumonia Day is being observed November 12, 2013, to raise awareness about pneumonia's toll and to promote interventions to protect against, treat, and prevent the disease globally. Activities are being promoted by a coalition of more than 140 community-based organizations, academic institutions, government agencies, and foundations. More information is available at http://worldpneumoniaday.org.

References

1. United Nations Children's Fund. Committing to child survival: a promise renewed. Progress report 2012. New York, NY: United Nations Children's Fund; 2012. Available at http://www.unicef.org/publications/files/APR_Progress_Report_2012_11Sept2012.pdf.
2. Hajjeh R, Mulholland K, Santosham M, eds. Haemophilus influenzae type b (Hib). J Pediatr 2013;163(1 Suppl):S1–98.
3. CDC. Progress in introduction of pneumococcal conjugate vaccine—worldwide, 2000–2012. MMWR 2013;62:308–11.
4. World Health Organization, United Nations Children's Fund. Ending preventable child deaths from pneumonia and diarrhoea by 2025: the integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD). Geneva, Switzerland: World Health Organization; 2013. Available at http://apps.who.int/iris/bitstream/10665/79200/1/9789241505239_eng.pdf.

Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children Now Online

The *Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children* are now available on the AIDSinfo website (http://aidsinfo.nih.gov/contentfiles/lvguidelines/oi_guidelines_pediatrics.pdf). These guidelines update the last version of the guidelines published in 2009. They are intended for use by clinicians and health care workers providing medical care for human immunodeficiency virus (HIV)-exposed and HIV-infected children in the United States.

The guidelines include a discussion of opportunistic pathogens that occur in the United States and ones that might be acquired during international travel, such as malaria. The section for each opportunistic infection (OI) includes a brief description of the epidemiology, clinical presentation, and diagnosis of the OI in children; prevention of exposure; prevention of first episode of disease; discontinuation of primary prophylaxis after immune reconstitution; treatment of disease; monitoring for adverse effects during treatment, including immune reconstitution inflammatory syndrome (IRIS); management of treatment failure; prevention of disease recurrence; and discontinuation of secondary prophylaxis after immune reconstitution. Recommendations are rated using a system that indicates the strength of each recommendation and the quality of evidence supporting it.

Major changes in the guidelines include 1) greater emphasis on the importance of antiretroviral therapy (ART) for preventing and treating OIs, especially those OIs for which no specific therapy exists; 2) increased information about the diagnosis and management of IRIS; 3) additional information about managing ART in children with OIs, including potential drug–drug interactions; 4) updated immunization recommendations for HIV-exposed and HIV-infected children, including pneumococcal, human papillomavirus, meningococcal, and rotavirus vaccines; 5) addition of sections on influenza, giardiasis, and isosporiasis; 6) elimination of sections on aspergillosis, bartonellosis, and human herpes virus (HHV-6 and HHV-7) infections; and 7) updated recommendations on discontinuation of OI prophylaxis after immune reconstitution in children.