Technical updates of the guidelines on the Integrated Management of Childhood Illness (IMCI)

Evidence and recommendations for further adaptations

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Abbreviations

ACT	Artemisinin based combination therapy
AOM	Acute otitis media
ARI	Acute Respiratory Infections
ARV	Antiretrovirals
AIDS	Acquired Immunodeficiency Deficiency Syndrome
APPIS	Amoxycillin Penicillin pneumonia International Study
CAH	The Department of Child and Adolescent Health and Development
CDD	Control of Diarrhoeal Diseases
CDS	Communicable Diseases Surveillance and Response
CER	Cost-Effectiveness Ratio
CI	Confidence interval
CPE	Control, Prevention, and Eradication department of WHO
CSOM	Chronic Suppurative Otitis Media
DALY	Disability Adjusted Life Years
INF.DOC	Informational document
EBF	Exclusive breastfeeding
FAO	Food and Agricultural Organization of the United Nations
FCH	Family and Community Health
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IMCI	Integrated Management of Childhood Illness
kg	kilogram
MIC	Minimum Inhibitory Concentration
Mg	milligrams
n	number
NCHS	National Center for Health Statistics (US)
NHD	Nutrition for Health and Development department of WHO
OR	Odds ratio
ORS	oral rehydration salts

p	p-values
PVC	Parasitic Diseases and vector Control unit of WHO
PNT	Post Natal Transmission
RBM	Roll Back Malaria
RHR	Reproductive Health and Research
SP	sulfadoxine-pyrimethamine
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
USA	United States of America
UNU	United Nations University
WHA	World Health Assembly
WHO	World Health Organization

Executive Summary

It is over seven years since IMCI has been introduced and much has been learnt through the adaptation and implementation processes in countries. The Department of Child and Adolescent Health and Development (CAH) and other institutions have undertaken work to evaluate the evidence base for the technical guidelines of the IMCI strategy. Research results are emerging with potential implications for updating the technical guidelines of IMCI. The technical updates are provided for use by countries whenever there are opportunities to revise the country IMCI adaptations. It will be necessary to have a series of technical updates as new research findings become available. The current technical updates have compiled new evidence to inform immediately IMCI adaptations in countries and recommend adaptations in six areas shown below.

Antibiotic treatment of non-severe and severe pneumonia

For children 2 months up to 5 years with non-severe pneumonia in non-HIV countries three days in place of five days of antibiotic therapy with either oral amoxicillin or cotrimoxazole should be used. Where antimicrobial resistance to cotrimoxazole is high, oral amoxicillin is the better choice. Oral amoxicillin should be used twice daily instead of thrice daily. Injectable ampicillin plus injection gentamicin is preferable to injectable chloramphenicol for very severe pneumonia in children 2-59 months of age. For management of HIV-infected children, newly developed WHO draft treatment guidelines should be used. Children with wheeze and fast breathing and/or lower chest indrawing should be given a trial of rapid acting **inhaled bronchodilator**, before they are classified as having pneumonia and prescribed antibiotics.

Low osmolarity ORS and antibiotic treatment for bloody diarrhoea

Countries should now use and manufacture low osmolarity ORS for the management of dehydration in all children with diarrhoea but keep the same label to avoid confusion.