

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 |
| INEDOC | 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.

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<https://www.yunbaogao.cn/report/index/repo>