



*Advancing the Frontiers of the Pulmonary
Medicine in the Philippines.*

Philippine College of Chest Physicians

*A specialty society of the Philippine Medical Association (PMA)
A component society of the Philippine College of Physicians (PCP)
A member society of the Asian Pacific Society of Respiriology (APSR)
and the European Respiratory Society (ERS)*

Media Kit for Pneumonia

What is pneumonia?

Pneumonia is an acute respiratory infection that is usually caused by bacteria, but can also be caused by viruses or fungi.

Every year in the Philippines and all over the world, pneumonia is one of the major causes of morbidity and mortality. It is the 6th leading cause of death overall (CAP CPG 2016). Pneumococcal vaccines are very good at preventing severe disease, needing treatment in the hospital, and death. However, vaccination is not guaranteed to prevent infection and symptoms in all people, but most probably lessens severity and complications.

How is pneumonia transmitted?

Pneumococcal bacteria spread from person-to-person by direct contact with respiratory secretions, like saliva or mucus, and can lead to Community Acquired Pneumonia (CAP).

Can pneumonia be treated? Prevented?

Antibiotics are the mainstay of treatment for bacterial pneumonia. The usual duration is 7 days but for high-risk CAP, it may be extended to 14-28 days.

For low-risk CAP without comorbid conditions, Amoxicillin remains the standard drug of choice; use of extended macrolides may also be considered. For low-risk CAP with stable comorbid illness, β -lactam with β -lactamase inhibitor combinations or second generation cephalosporins with or without extended macrolides are recommended.

For moderate-risk CAP, a combination of an IV non-antipseudomonal β -lactam with either an extended macrolide or a respiratory fluoroquinolone is recommended.

For high-risk CAP without risk for *Pseudomonas aeruginosa*, a combination of an IV non-antipseudomonal β -lactam with either IV extended macrolide or an IV respiratory fluoroquinolone. For high-risk CAP with risk for *P. aeruginosa*, a combination of an IV antipseudomonal β -lactam with an extended macrolide and aminoglycoside or a combination of IV antipneumococcal antipseudomonal β -lactam and an IV ciprofloxacin or high dose IV levofloxacin.

Supportive and symptomatic treatment compliments antibiotics. Bed rest and increased fluid intake are recommended for supportive treatment. Proper hand washing, cough etiquette and isolation of the sick are important in preventing its spread.

Vaccination is still the best protection against pneumonia. Presently, there are two types of vaccine in the market. The **(PCV13 or Prevnar13®)** pneumococcal conjugate vaccine protects against 13 types of pneumococcal bacteria. The **(PPSV23 or Pneumovax23®)** pneumococcal polysaccharide vaccine protects against 23 types of pneumococcal bacteria.

Who should get the vaccine?

Pneumonia vaccination is recommended for all babies and children younger than 2 years old, all adults 65 years or older, and people 2 years through 64 years old who are at increased risk for pneumococcal disease due to certain medical conditions:

- lung disorders such as asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis
- smokers
- metabolic diseases
- diabetes mellitus and other endocrine disorders
- cardiac diseases
- liver diseases
- kidney diseases
- hematologic diseases
- brain, spinal cord injury or trauma, and epilepsy
- cancer and other conditions which would weaken the immune system

It is recommended that routine administration of pneumococcal conjugate vaccine **(PCV13 or Prevnar13®)** done to all infants and children younger than 2 years and adults more than 65 years.

It is routinely given to infants as a series of 4 doses, one dose at each of these ages: 2 months, 4 months, 6 months, and 12 through 15 months. Children who miss their shots or start the series later should still get the vaccine. The number of doses recommended and the intervals between doses will depend on the child's age when vaccination begins.

One dose of PCV13 is also recommended for persons 2 to 64 years old who have increased risk for pneumococcal disease due to certain medical conditions, or older with conditions that weaken the immune system, such as HIV infection, organ transplantation, leukemia, lymphoma, and severe kidney disease.

PCV13 is recommended for all adults 65 years or older.

It is recommended that vaccination with the pneumococcal polysaccharide vaccine **(PPSV23 or Pneumovax23®)** given to adults 65 years and older and those between 2 to 64 years with high risk of the disease due to certain medical conditions

What is the best time to get the pneumonia vaccine?

For those 65 years or older

- For those who have not received any pneumococcal vaccines, or those with unknown vaccination history:
 - Administer 1 dose of PCV13, then administer 1 dose of PPSV23 at least 1 year apart for most immunocompetent adults or at least 8 weeks apart for adults with immunocompromising conditions, cerebrospinal fluid leaks, or cochlear implants.

- For those who have previously received 1 dose of PPSV23 at more than 65 years and no doses of PCV13:
 - Administer 1 dose of PCV13 at least 1 year after the dose of PPSV23 for all adults, regardless of medical conditions. No additional pneumococcal vaccines needed after that.

For adults with certain medical conditions (Chronic heart or lung disease, DM, alcoholism, chronic liver disease, smoker)

- For those who have not received any pneumococcal vaccines, or those with unknown vaccination history:
 - Administer 1 dose of PPSV23 at 19 through 64 years.
 - Administer 1 dose of PCV13 at 65 years or older. This dose should be given at least 1 year after PPSV23.
 - Administer 1 final dose of PPSV23 at 65 years or older. This dose should be given at least 1 year after PCV13 and at least 5 years after the most recent dose of PPSV23.

For adults with certain medical conditions (CSF leaks, cochlear implants, sickle cell disease or other hemoglobinopathies, congenital or acquired asplenia, congenital or acquired immunodeficiencies, HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression, solid organ transplant, multiple myeloma)

- For those who have not received any pneumococcal vaccines, or those with unknown vaccination history:
 - Administer 1 dose of PCV13, then administer 1 dose of PPSV23 at least 8 weeks later. Administer a second dose of PPSV23 at least 5 years after the previous dose.
 - Administer 1 final dose of PPSV23 at 65 years or older. This should be given at least 5 years after the most recent dose of PPSV23.
- For those who have already received 1 or more doses of PPSV23, or those with unclear documentation of the type of pneumococcal vaccine received:
 - Administer 1 dose of PCV13 at least 1 year after the most recent pneumococcal vaccine dose.
 - Administer a second dose of PPSV23 at least 8 weeks after PCV13 and at least 5 years after the previous dose of PPSV23 (*note: a second dose is not indicated for those with CSF leaks or cochlear implants*).
 - Administer 1 final dose of PPSV23 at 65 years or older. This dose should be given at least 5 years after the most recent dose of PPSV23.
- For those who have already received 1 dose of PCV13, do not administer an additional dose at 65 years or older.

About National Lung Month

August of every year is lung month by virtue of proclamation no. 1761 s. 1978 proclaimed by Philippine President, Ferdinand E. Marcos. This decree was done in 1978 in recognition of the fact that lung diseases, especially pneumonia and tuberculosis, continue to exact a huge toll of precious lives among Filipinos, especially the low-income group. This declaration aimed to increase public awareness of these diseases.

About Philippine College of Chest Physicians

Established on April 25, 1973, the Philippine College of Chest Physicians (PCCP) is the premiere specialty organization acknowledged as the authority in pulmonary medicine in the Philippines. It sets the standards of excellence in the training and practice of pulmonary medicine in the Philippines.

PCCP is a value-centered specialty organization. It empowers its members, who are recognized and respected experts in the field, to constantly adapt and innovate to set the benchmark of excellence in the practice of pulmonary medicine in the Philippines. It is a body all around the country, comprised of 691 fellows, 91 diplomates, 9 honorary members and 322 associate members.

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