



## **Pneumonia Update from Infection Prevention & Control (12.7.23)**

We have received feedback that many community providers are seeing an increase in pneumonia cases above their baseline. Cases have been communicated to Butler and Warren Counties.

The differential diagnosis includes viral pathogens such as RSV, influenza, and COVID-19 as well as typical and atypical bacterial organisms. There is no current evidence of an emerging pathogen, so we encourage maintaining a local approach to management. This may include symptomatic relief and a watch-and-wait approach to antibiotics if viral pneumonia is suspected.

If clinically indicated, first-line treatment for suspected bacterial pneumonia is high dose amoxicillin (80-90 mg/kg/day). Azithromycin can be added if high suspicion for atypical pneumonia or added later if the child is not improving in 48 hours.

Children who develop secondary pneumonia while ill with influenza should be treated with amoxicillin and oseltamivir if possible. Chest Xray to rule out complicated pneumonia should be considered if the child is in respiratory distress, has low oxygen saturations, has significantly reduced air movement on exam, or is worsening/not improving despite treatment.