

Annex 8A Common Etiologies of Childhood Pneumonia in Low- and Middle-Income Countries

Supplemental material for: Herlihy, J, V D'Acremont, D Burgess, and D Hamer. 2016. Diagnosis and Treatment of the Febrile Child. In: *Reproductive, Maternal, Newborn, and Child Health*, edited by RE Black, R Laxminarayan, M Temmerman, and N Walker. Volume 2 of *Disease Control Priorities, third edition*. Washington, DC: World Bank.

Age range	Most common causative organism
Young infants (0-59 days)	Bacterial: <i>Streptococcus agalactiae</i> (GBS), <i>Streptococcus pyogenes</i> , <i>Staphylococcus aureus</i> , <i>Klebsiella</i> , and <i>E. coli</i> * Viral: respiratory syncytial virus
Older infants (2-12 months)	Bacterial: <i>Haemophilus influenzae</i> (including non-typable strains), <i>Streptococcus pneumoniae</i> , <i>S. aureus</i> Viral: RSV, influenza (type A and B), parainfluenza, human metapneumovirus, rhinovirus, adenovirus, coronaviruses, human bocavirus
12-59 months	Bacterial: <i>H. influenzae</i> (including non-typable strains), <i>S. pneumoniae</i> , <i>S. aureus</i> Viral: RSV, influenza (type A and B), parainfluenza, human metapneumovirus, rhinovirus, adenovirus, coronaviruses, human bocavirus
HIV-infected children	<i>Pneumocystis jirovecii</i> (formerly, <i>carinii</i>) and <i>Mycobacterium</i> spp.

*neonatal pathogens mirror sepsis pathogens

Source:

Hamer DH, Bhutta ZA. Infectious diseases and prions. In Detels R, Gulliford M, Karim QA, Tan CC, eds. *Oxford Textbook of Public Health*, 6th edition, Oxford University Press, Oxford, England, in press.