IMCI Chart Booklet 2022

IMCI Chart Booklet Updates: 2022 edition

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Integrated Management of
Childhood Illness 2022

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Integrated Management of Childhood Illness 2022

Integrated Management of Childhood Illness Chart Booklet 2022

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Dosing adjustments

Aligned to EML

Amoxicillin

Given TWICE a day at higher dose

(Previously three times a day)

Zinc

10 mg daily for all

(previously 20 mg daily if > 10 kg)

Co-trimoxazole

Only if HIV infected

(previously all HIV exposed infants at 6 weeks)

Error! Ceftriaxone dosing

- Ceftriaxone preparation, p. 12
- NB: volume should be halved
- Refer to the PHC dosing table

Treat for POSSIBLE SERIOUS BACTERIAL INFECTION with Intramuscular Ceftriaxone

- Give first dose of ceftriaxone IM
- The dose of ceftriaxone is 50 mg per kilogram
- Dilute a 250 mg vial with 1 ml of sterile water
- Also give one dose of ceftriaxone if the infant has LOCAL BACTERIAL INFECTION with a purulent discharge of eyes

CEFTRIAXONE INJECTION

Give a single dose in the clinic

WEIGHT	CEFTRIAXONE (250 mg in 1 ml)
>2 - 2.5 kg	1.5 ml
>2.5-3.5 kg	1.8 ml
>3.5-5.5 kg	2.5 ml

X

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NATIONAL DEVELOPMENT PLAN
2030

Error! Ceftriaxone dosing

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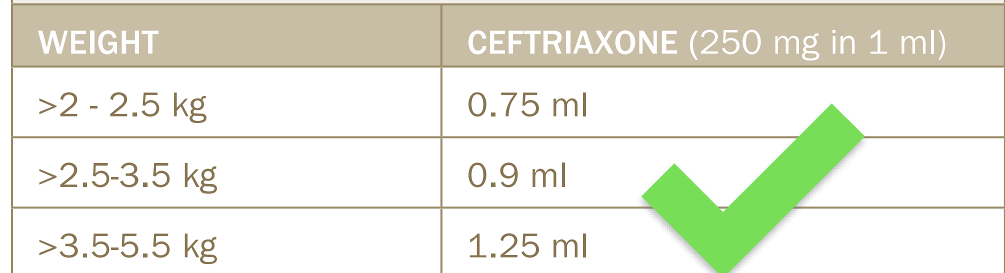
CEFTRIAXONE INJECTION
Give a single dose in the clinic



WEIGHT	CEFTRIAXONE (250 mg in 1 ml)
>2 - 2.5 kg	0.75 ml
>2.5-3.5 kg	0.9 ml
>3.5-5.5 kg	1.25 ml

HIV

Principles approach

Understand the child's risk of HIV

Ensure routine screening done

- Mother (if previously negative and breastfeeding)
- Child

National HIV guidelines to be released soon

Look out for

- Updated (daily) treatment regimens
- Updated guidance on use of co-trimoxazole

Sore Throat Chart

If the child is 3 years old or older

ASK DOES THE CHILD HAVE A SORE THROAT?

IF YES, ASK:	LOOK AND FEEL:
• Does the child have a rash?* • Does the child have a runny nose? • Does the child have a cough?	• Enlarged tonsils • White or yellow exudate on tonsils • Scarlatiniform rash*

* The typical streptococcal rash is red, becomes pale when pressed and has a rough feel (like sandpaper).

CLASSIFY SORE THROAT

Signs	Classification	Treatment
• Enlarged tonsils with white or yellow exudate **AND** One or more of the following: • No runny nose • No cough • Scarlatiniform rash	POSSIBLE STREPTOCOCCAL INFECTION	• Give penicillin (p. 36) • Treat pain and fever (p. 43) • Soothe the throat with a safe remedy (p. 44) • Follow-up in 5 days if symptoms worse or not resolving (p. 49)
• Not enough signs to classify as streptococcal sore throat	SORE THROAT	• Soothe the throat with a safe remedy (p. 44)

Sore Throat Chart

Previous concerns:

- Signs not specific enough
- Over-prescription of antibiotics

Response:

- Additional of tonsillar enlargement + exudates
- More specific rash (scarlatiniform – described on chart)

Note: ideally do a throat swab to detect Streptococcal antibodies (not available)

TB

CLASSIFY ALL **CHILDREN FOR TB RISK**

ASK

- Any history of TB contact in the past 12 months?
- Cough for more than 2 weeks?
- Fever for more than 7 days?
- Not growing well?*

*Classification of SAM, MAM or poor weight gain or weight loss for 3 months

CLASSIFY FOR TB RISK

	Classification	
• Yes to any question	RISK OF TB	• Investigate for TB (see below)
• No to all questions	LOW RISK OF TB	• Routine care

INVESTIGATE FOR TB

- Send sputum or gastric aspirate for Gene Xpert and TB culture (one specimen for each test)
- Do a TST
  - TST > 10 mm (or > 5 mm in an HIV infected child) is positive
- Do a chest x-ray (ideally for all children, but guided by local availability)

CLASSIFY FOR TB IF CLASSIFIED AS HAVING RISK OF TB

	Classification	
• GXP or TB culture positive	CONFIRMED TB	• Treat for TB (p. 39) • Notify and register in TB register • Check HIV status (p. 32) • Trace contacts and manage according to TB guidelines • Follow-up monthly to review progress (p. 51)
One or more symptoms and signs of TB risk AND • TB contact, OR • TST positive, OR • CXR suggestive of TB	PROBABLE TB	• Treat for TB (p. 39) • Notify and register in TB register • Check HIV status (p. 32) • Trace contacts and manage according to TB guidelines • Follow-up monthly to review progress (p. 51)
One or more symptoms or signs of TB risk, BUT • No TB contact • Negative TST • CXR not suggestive of TB	POSSIBLE TB	• Refer for further assessment or invetsigation if not done
• Close TB contact or TST positive AND • CXR not suggestive of TB • TB culture negative • GXP negative • No symptoms present	TB EXPOSED	• Treat with INH for 6 months (p. 38) • Trace other contacts • Follow-up monthly (p. 51)

NOTE:

- A close TB contact is an **adult** who has had **pulmonary TB** in the **last 12 months**, who lives in the **same household** as the child, or some-one with whom the child is in **close contact** or in **contact for extended periods**. If in doubt, discuss the case with an expert or refer the child.
- Chest X-rays can **assist in making the diagnosis** of TB in children. Decisions as to how they are used in your area should be based on the availability of expertise for taking and interpreting good quality Xrays in children. Follow local guidelines in this regard. Although it is advisable that all children should have a CXR before TB treatment is commenced, where good quality CXR are not available, do not delay treatment.
- If you are **unsure** about the diagnosis of TB, refer the child for assessment and investigation.
- Any child with **suspetced complicated TB**, e.g. TB meningitis or miliary TB should be referred.

TB

- Concerns: TB risk confusing
- New chart
  - TB risk simplified, user-friendly
  - Adjustment to classification of PROBABLE and POSSIBLE TB

TB 2019

ASK

- Any history of TB contact in the past twelve months?
- Screening questions
- Cough for more than two weeks?
- Fever for more than seven days?
- NOT GROWING WELL?

CLASSIFY FOR TB RISK

• A close TB contact. **AND** • Answers YES to any of screening questions	**HIGH RISK OF TB**	• Do Full TB assessment • Follow-up after 48 to 72 hours to read TST • Follow-up after one week and classify child's TB status on the next chart.
• Answers YES to one or more screening questions	**RISK OF TB**	• Do Full TB assessment • Follow-up after 48 to 72 hours to read TST • Follow-up after one week and classify child's TB status on the next chart
• A close TB contact **AND** • No features of TB	**TB EXPOSED**	• Treat with INH for 6 months (p. 38) • If CXR available send for CXR. If CXR abnormal, refer for assessment • Trace other contacts • Follow-up monthly (p. 51)
• No close TB contact **AND** • No features of TB	**LOW RISK OF TB**	• Routine care

TB 2022

ASK

- Any history of TB contact in the past 12 months?
- Cough for more than 2 weeks?
- Fever for more than 7 days?
- Not growing well?*

*Classification of SAM, MAM or poor weight gain or weight loss for 3 months

• Yes to any question	RISK OF TB	• Investigate for TB (see below)
• No to all questions	LOW RISK OF TB	• Routine care

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TB

2019

• TB culture or Expert positive **OR** • Referred with diagnosis of TB	**CONFIRMED TB**
• Two or more features of TB present **AND** • Close TB contact or TST positive	**PROBABLE TB**
• One or more feature of TB persist, but Expert is negative and CXR not suggestive of TB	**POSSIBLE TB**
• No features of TB present **AND** • Close TB contact or TST posi-tive	**TB EXPOSED**
• No close TB contact **AND** • No features of TB present	**TB UNLIKELY**

2022

• GXP or TB culture positive	**CONFIRMED TB**
One or more symptoms and signs of TB risk AND • TB contact, OR • TST positive, OR • CXR suggestive of TB	**PROBABLE TB**
One or more symptoms or signs of TB risk, BUT • No TB contact • Negative TST • CXR not suggestive of TB	**POSSIBLE TB**
• Close TB contact or TST positive AND • CXR not suggestive of TB • TB culture negative • GXP negative • No symptoms present	**TB EXPOSED**

TB

- Treatment unchanged
  - National TB guidelines to be released soon
  - Look out for:
    - New **TB preventive therapy** guidelines, and
    - Changes to **duration** of treatment regimen

Thank you!

Questions?

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