

CAPRI – Community-acquired pneumonia research initiative

David Greenberg MD*

The Pediatric Infectious Disease Unit
Soroka University Medical Center
Ben-Gurion University
Beer-Sheva, Israel

*On behalf of the CAP-PRI consortium investigators

Outline

- CAP-PRI- the European network
- Community-pneumonia in children
- The general objectives - Why do we carry this consortium?
- Principal rules of CAP-PRI
- CAP-PRI projects



CAP-PRI-
The European
network

CAP-PRI



CAP-PRI-steering committee

- Dr.Javier Diez-Domingo (JDD) / Spain diez_jav@gva.es
- Prof. Susanna Esposito (SE) / Italy susanna.esposito@unimi.it
- Prof. Vytautas Usonis (VU) / Lithuania Vytautas.Usonis@mf.vu.lt
- Dr.Vana Spoulou (VS) / Greece vspoulou@cc.uoa.gr
- Dr.George Syrogiannopoulos (GS) / Greece syrogian@otenet.gr
- Professor Adam Finn (AF) / UK Adam.Finn@bristol.ac.uk
- Dr. Oana Falup Pecurariu (OFP) / Romania oanafp@yahoo.co.uk
- Dr. Fernanda Rodriguez (FR)/Portugal
- Prof. David Greenberg (DG) / Israel dudi@bgu.ac.il

Advisory Committee

- Yet to be elected

TIMETABLE

- Nice, France -Steering committee meeting, 6-7 May 2010
- Milan, Italy- September - Steering committee meeting for 3 days to discuss the work packages
- Brasov, Romania- November 2010
- Hague, Netherlands- ESPID - June 2011

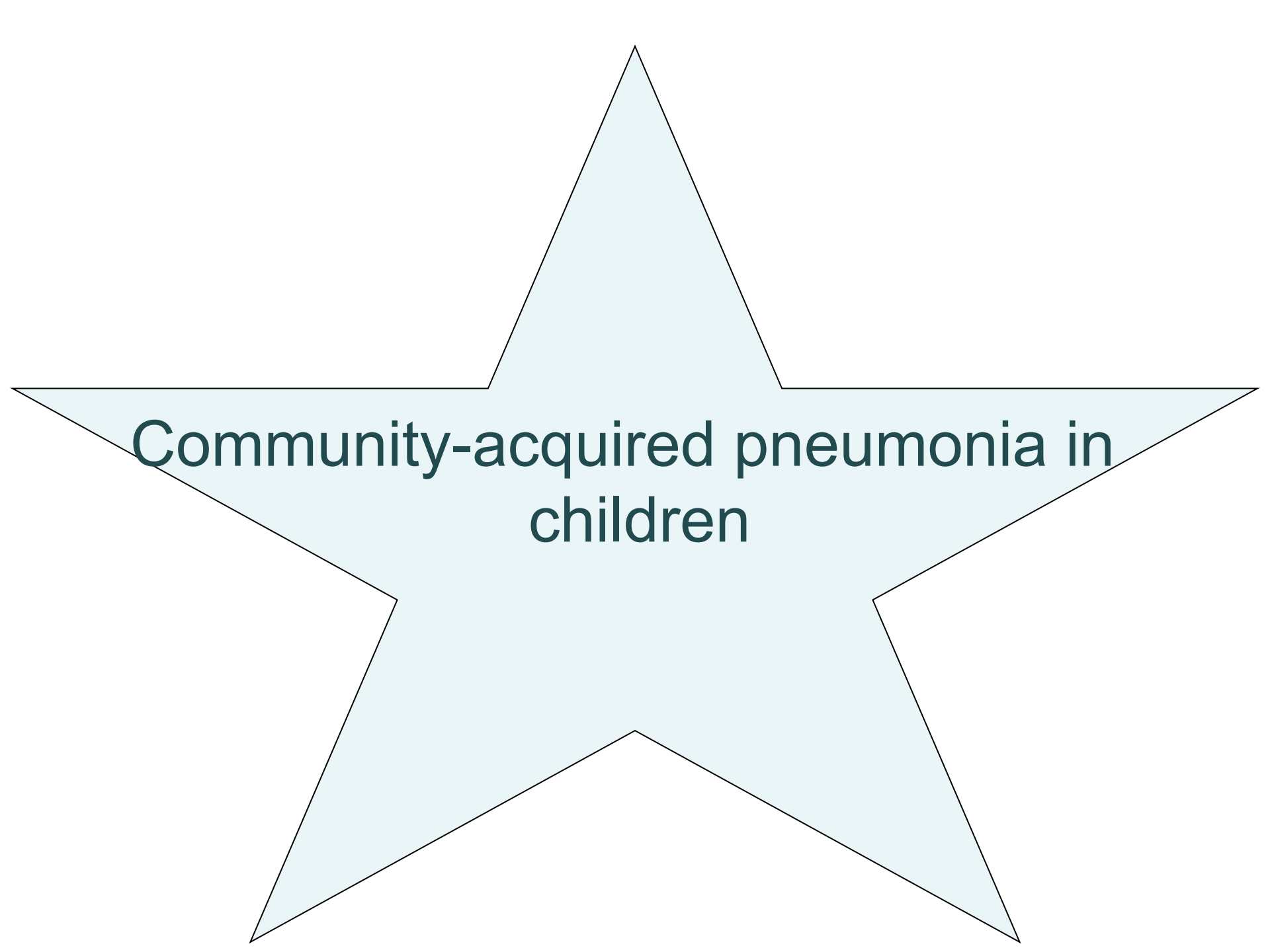
CAP-PRI meeting

Milan, 2nd-3rd September 2010



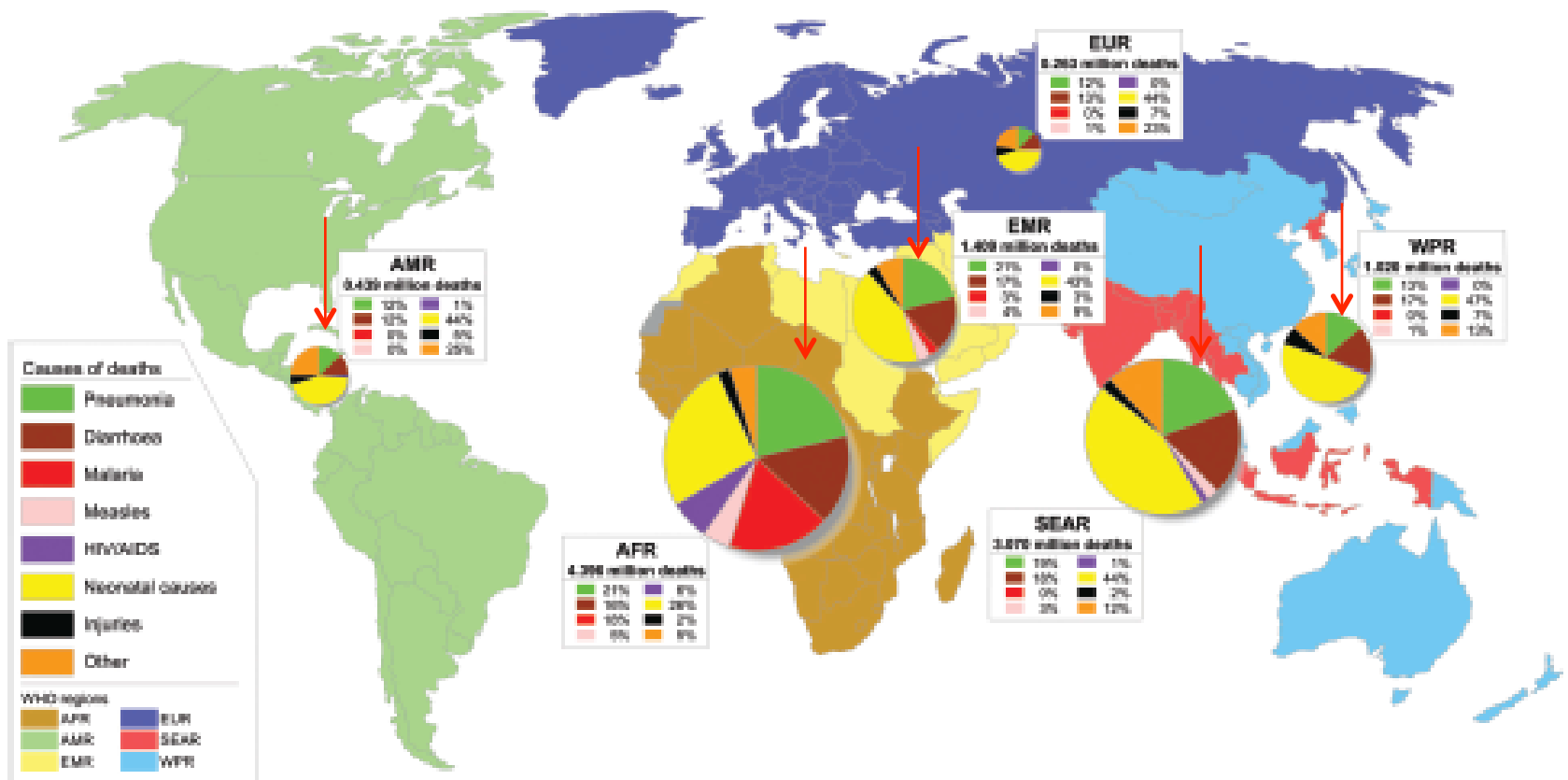
Acknowledgement:

The Milan meeting was made possible through an ESPID grant



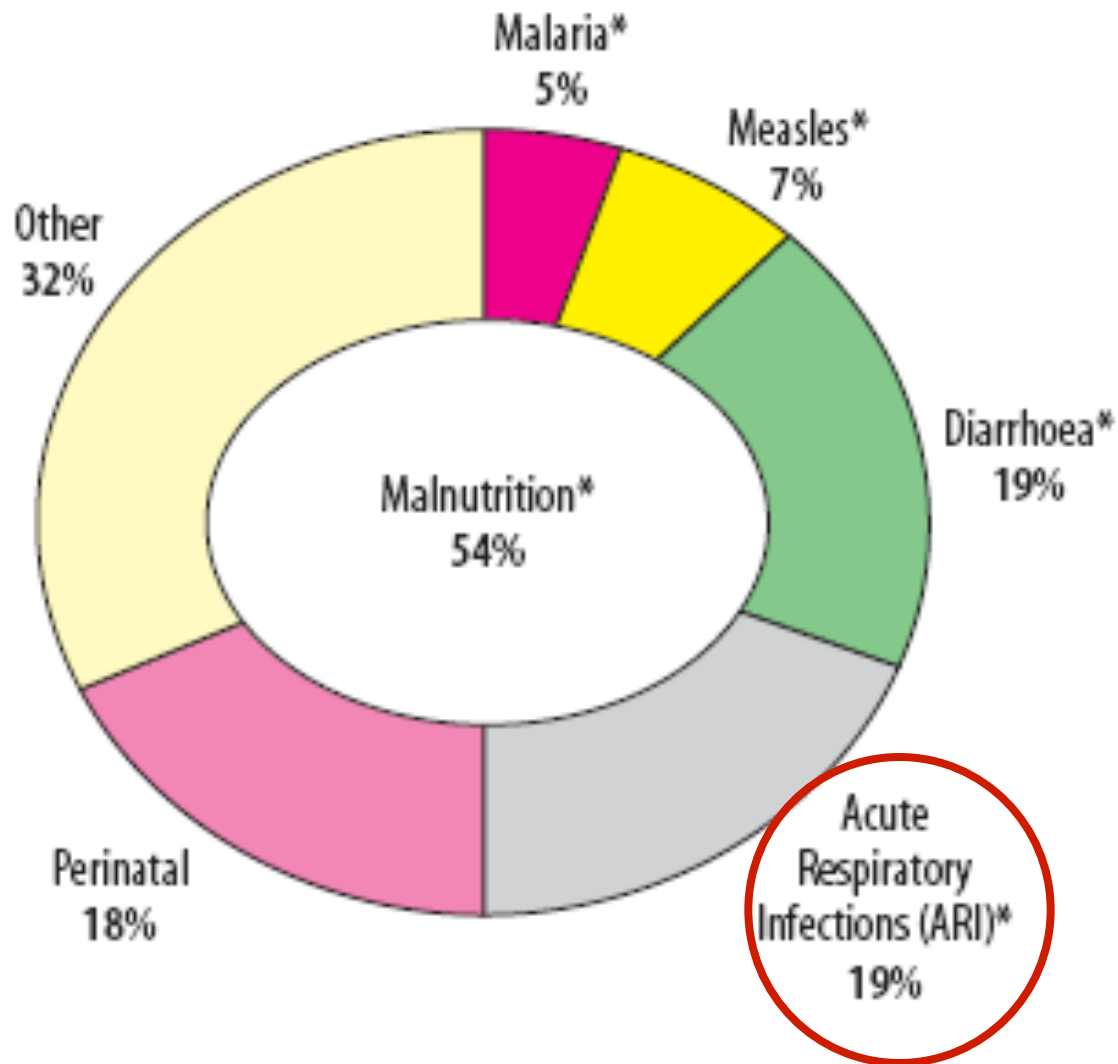
**Community-acquired pneumonia in
children**

Distribution of deaths from pneumonia and other causes in children aged less than 5 years, by WHO region



AFR, African Region; AMR, Americas Region; EMR, Eastern Mediterranean Region; EUR, European Region; SEAR, South-East Asia Region; WPR, Western Pacific Region

Distribution of 11.6 million deaths among children <5 years old in all developing countries, 1995



Estimates of incidence and number of new cases per year of clinical pneumonia in children <5 years, by WHO region

WHO region	Total population aged 0-4 years (millions)	Estimated incidence (e/cy)	Estimated no. of new cases per year (millions)
African	106.62	0.33	35.13
Americas	75.78	0.10	7.84
Eastern Mediterranean	69.77	0.28	19.67
European	51.96	0.06	3.03
South-East Asia	168.74	0.36	60.96
Western Pacific	133.06	0.22	29.07
Total (developing countries)	523.31	0.29	151.76
Total (developed countries)	81.61	0.06	4.08
Total	604.93	0.26	155.84

e/cy, episodes per child-year.

a Up to 10% of all new cases may progress to severe episodes and require hospitalization.



The general objective - Why do we
carry this consortium?

Objectives- main

- To assess the magnitude of community-acquired pneumonia in children in different countries across Europe
- To define a “gold standard definition” for pneumonia diagnosis based on:
 - Clinical signs and symptoms
 - Chest radiographs definitions
 - General laboratory tests
 - Specific laboratory test

Secondary objectives

- To assess the burden of viral pneumonias
- To assess the burden of bacterial pneumonias
- Analysis of mixed viral-bacterial pneumonias
- Treatment
- Prevention-
 - Vaccines
 - Environment- Risks/ Advantages

Tertiary objectives

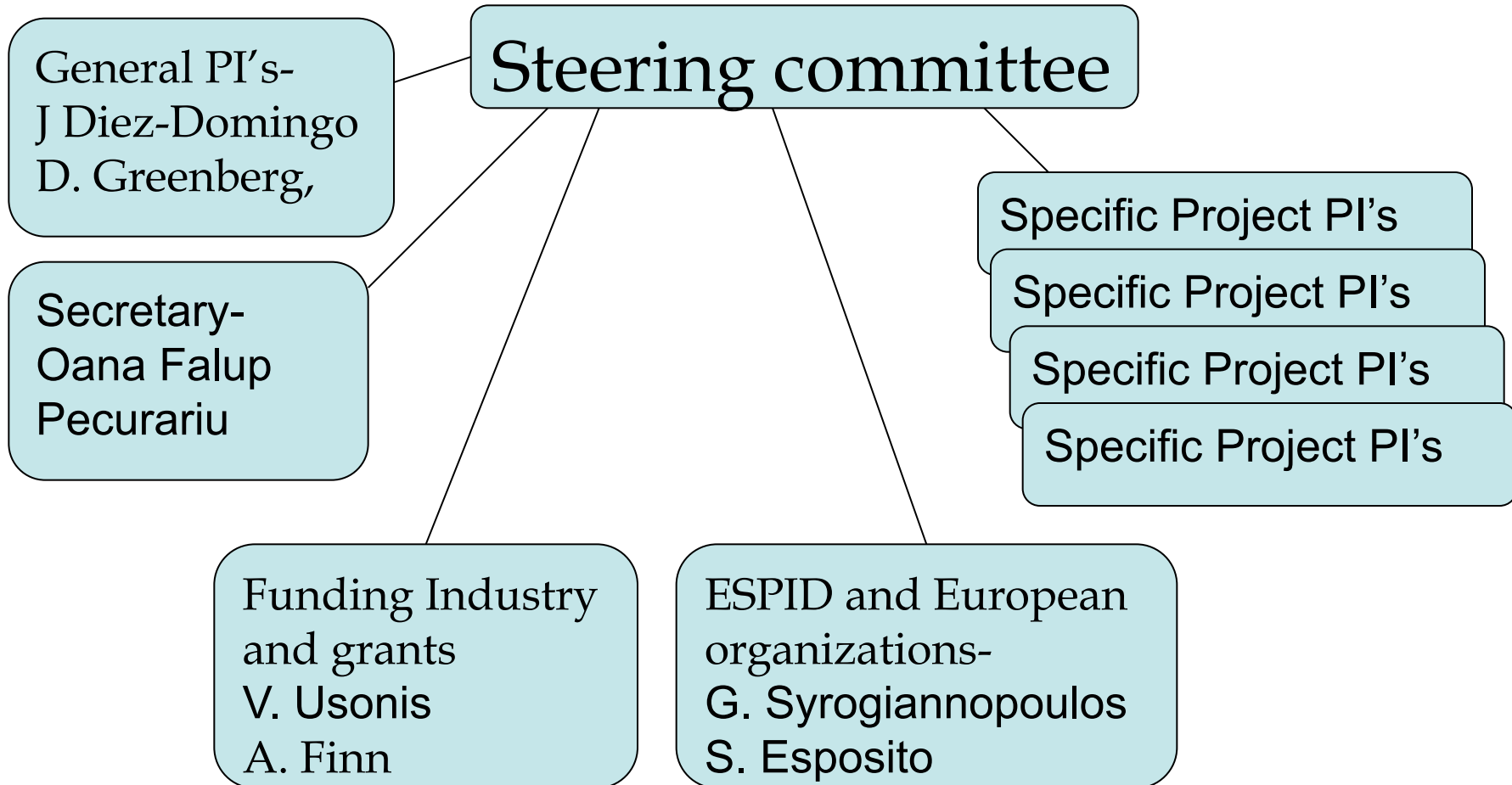
- Knowledge transfer and infrastructure implementation
- Quality control: coordinate with the local labs for quality control



CAP-PRI-

Principal rules

CAP-PRI organization



CAP-PRI- Principal rules

- Limit the number of the steering committee members for the first few years
- Authorship- For each study the PI or if he/she would like others from the local group to be included (instead) will be authors and all steering committee members will be in the additional authors list on any of the articles published by the group.
- Data that is generated by CAP-PRI belong to the group but the local data can be also used in each country as it wishes in publications. All knowledge data generated using the CAPPRI data including patents will be the CAPPRI property and will belong to the members of the consortiums equally

CAP-PRI- Principal rules

- All ideas should remain in the consortium and all the ideas and projects should be kept within the steering committee and the partners of the CAPPRI consortium. Any document or information which a member of the consortium would like to share with others should be discussed and agreed upon by the steering committee members.
- CAP-PRI e-CRF and database are centralized (Spain)
- Each site can keep its database and each PI will provide the relevant data according to the protocols of the consortium.



CAP-PRI projects

CAP-PRI- COLLABORATIVE STUDIES

- CAP diagnosis and treatment guidelines variations across Europe- PI- V. Usonis
- Prospective study of hospitalized and ambulatory patients within CAP-PRI centers- J. Diez-Domingo, D. Greenberg
- Viral etiologies of CAP- S. Esposito
- Bacterial NP in CAP patients- A. Finn
- Complicated CAP- V. Spoulou, S. Esposito

