Measles and Rubella - No End Yet! Elimination by 2020

The meeting managed to engage directly paediatricians worldwide.

Even with extensive vaccination worldwide, measles outbreaks still occur. Pakistan's Sindh Province had an outbreak of measles killing 300 children and a similar outbreak in Indonesia affected more than eleven thousand children in 2011.

Approximately 4,000 cases were documented in the Sindh Province, and this was probably an underestimate considering the numbers that are treated at home with traditional remedies. Even with a two-dose vaccination schedule in Malaysia, an outbreak was documented in 2011-2012. With all of this happening, WHO, UNICEF and the United Nations Foundation got together the Ministry of Health officials of the SEAR (South East Asian Region) to a Regional Consultation on Measles Elimination and Rubella/Congenital Rubella Syndrome (CRS) Control in Kathmandu, Nepal on 19-22 February 2013.

This was the first time that the International Pediatric Association (IPA), representing 67 national societies and over 700,000 Paediatricians worldwide, is involved in such a forum. In doing so, the forum managed to engage directly with paediatricians worldwide.

Almost every country in the Asian region, extending beyond the SEAR, including the Western Pacific, East Mediterranean and African Regions, had committed to the elimination of measles by a specific year, either 2015, 2018 or 2020 depending on the capacity of each country concerned. Every country presentation mentioned the target of reducing measles mortality by 95%.
increasing the measles containing vaccine (MCV) use nationwide and increased case detection.

Many technical and tactical talks were given by experts from UNICEF and WHO at various levels to address programmatic and advocacy issues, including vaccine refusals.

Among the aims of the meeting were to agree on measles and rubella elimination with a target date for the South East Asian region. Monovalent measles vaccine should be replaced by MR or MMR vaccines so that the two diseases can be eliminated together.

**Work to do at home**

Each of the country representatives invited had to present three things that they want to take back to their own countries. All the representatives gave some concrete activities that they want to do when they go back with the guidance of IPA Past President and IPA Technical Advisory Group (ITAG) Chairperson Adenike Grange.

Sabin Vaccine Institute Executive Vice President Ciro de Quadros and ITAG member Jacob John. Most want to strengthen their immunization committees and introduce rubella elimination in addition to measles.

Although almost all countries could provide target dates to achieve measles and rubella elimination, India had a problem with setting a date due to many reasons. The decision has to be made at a higher level resulting in a lack of consensus on a regional target date.

This regional consultation meeting has been extremely useful and linked the ministry of health officials with WHO, UNICEF, CDC, American Red Cross, the Sabin Vaccine Institute and the paediatric societies. It was an inclusive meeting with the single aim of trying to disseminate information on measles and rubella elimination. The paradigm shift is from control of rubella/congenital rubella syndrome to elimination.

Measles and rubella elimination is a possibility in our Asian region with the cooperation of all concerned and with us Paediatricians taking the lead and dragging stragglers along.

**Zulkiifli Ismail**

APPA President

**Malaysia**

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Group photo of delegates, experts, and speakers who attended the Regional Consultation on Measles Elimination and Rubella/Congenital Rubella Syndrome (CRS) Control meeting in Kathmandu, Nepal.
The 2013 Asia Pneumococcal Disease Conference (PDC 2013) was held on January 26 and 27 at the Mandarin Orchard Singapore. It was organized in cooperation with the ASEAN Pediatric Federation, the Singapore Paediatric Society and the Singapore Thoracic Society. This year, 297 participants came from the region which included Hong Kong/Macau, India, Indonesia, Malaysia, Pakistan, Philippines, Singapore, Taiwan and Thailand.

The faculty comprised of global and regional experts in Pneumococcal Disease and pneumococcal vaccination. This included Dr Ron Dagan of Soroka University Medical Center in Israel, one of the world’s leading authorities on pediatric infectious diseases and vaccines; Dr Keith Klugman, an infectious disease specialist and epidemiologist from Emory University, Atlanta; Dr Norbert Berend of the University of Sydney, past-president of the Asia Pacific Society of Respirology; immunologist Dr Birgit Weinberger of Austria’s renowned Institute for Biomedical Aging Research at Innsbruck; health economist Dr Edith Maes of the Maastricht School of Management, the Netherlands; and Pfizer’s internal experts on infectious diseases and vaccines, Dr Adriano Arguedas of Scientific Affairs and Dr Daniel Scott of Vaccine Clinical Research. The Conference was chaired by Dr Daniel Goh from the National University of Singapore who is also the President of the ASEAN Paediatric Federation.

The program included updates of pneumococcal disease burden and the impact of vaccination. On the second day, the delegates were broken into groups to discuss some of the pressing issues on pneumococcal disease prevention. This was aimed at generating creative insights on how to address these issues effectively. A core group of faculty members – including Dr Dagan, Dr Goh, Dr Klugman, Dr Berend, Dr Scott and Dr Arguedas – served as workshop moderators. Workshop topics included: working towards a universal recommendation for pneumococcal conjugate vaccination of adults; opportunities for pneumococcal conjugate vaccination in special populations; working towards the inclusion of PCVs into national immunization programs; and working towards a region-wide pneumococcal disease surveillance system.

Prevention of pneumococcal disease is the responsibility of everyone as the vulnerable population are the children and the elderly was the message conveyed by Dr Goh. The most important preventive measure available is pneumococcal conjugate vaccination, which has resulted in dramatic reductions in the burden of Pneumococcal Disease in those countries which implemented systematic vaccination of the children in their National Immunisation Programs. Introduction of the pneumococcal vaccination not only reduced the disease burden from pneumococcal disease but they also reduce morbidity associated with viral respiratory infections, such as influenza was
another key message conveyed. Pneumococcal conjugate vaccines are still not widely used in Asia despite the high pneumococcal disease burden in the region and this problem should be addressed was an observation made by Dr Klugman.

Dr Dagan noted that there is emerging data from various countries demonstrating the effectiveness of PCV13 in reducing disease caused by the six additional serotypes in PCV13, including serotypes 19A and 7F as well as data showing a reduction in nasopharyngeal carriage of these serotypes in both healthy and diseased children. This should translate to a reduction in spread to other individuals in the community.

The important messages conveyed can be summarized as follows:

1) Prevention of pneumococcal disease is the responsibility of all healthcare providers

2) The most effective means of prevention is through pneumococcal vaccination

3) PCV13 effectively reduces disease caused by the vaccine serotypes including serotype 19A which is the serotype that is causing increasing disease after the introduction of PCV7.

4) Continued pneumococcal surveillance is important to determine the prevailing serotypes causing disease

5) In Asia, one challenge will be to increase the uptake of the pneumococcal conjugate vaccine in the population as the vaccine uptake is low in many countries across Asia

Feedback of the meeting was very positive from the delegates.
UNICEF NEWS

Children Dying Daily Because of Unsafe Water Supplies and Poor Sanitation and Hygiene, UNICEF says

As the world celebrates World Water Day today (March 23, 2013), UNICEF urges governments, civil society and ordinary citizens to remember that behind the statistics are the faces of children.

Globally, an estimated 2,000 children under the age of five die every day from diarrhoeal diseases and of these some 1,800 deaths are linked to water, sanitation and hygiene.

"Sometimes we focus so much on the big numbers, that we fail to see the human tragedies that underlie each statistic," says Sanjay Wijesekera, global head of UNICEF’s water, sanitation and hygiene programme.

"If 90 school buses filled with kindergartens were to crash every day, with no survivors, the world would take notice. But this is precisely what happens every single day because of poor water, sanitation and hygiene."

Almost 90 per cent of child deaths from diarrhoeal diseases are directly linked to contaminated water, lack of sanitation, or inadequate hygiene. Despite a burgeoning global population, these deaths have come down significantly over the last decade, from 1.2 million per year in 2000 to about 760,000 a year in 2011. UNICEF says that is still too many.

UNICEF child mortality data show that about half of under-five deaths occur in only five countries: India, Nigeria, Democratic Republic of the Congo (DRC), Pakistan and China. Two countries — India (24 per cent) and Nigeria (11 per cent) — together account for more than a third of all under-five deaths. These same countries also have significant populations without improved water and sanitation.

Of the 783 million people worldwide without improved drinking water, there are 119 million in China; 97 million in India; 66 million in Nigeria; 36 million in DRC; and 15 million in Pakistan.

The figures for sanitation are even bleaker. Those without improved sanitation in these countries are: India 814 million; China 477 million; Nigeria 109 million; Pakistan 91 million; and DRC 50 million. Improvements in water and sanitation would greatly contribute to a reduction in child mortality in these counties.

"The numbers can be numbing, but they represent real lives, of real children," says Wijesekera. "Every child is important. Every child has the right to health, the right to survive, the right to a future that is as good as we can make it.

"If, in the development community, we are not looking daily at the faces of little children, we will miss the mark by a considerable distance." Wijesekera says the progress already made since 1990 shows that with the political will, with investment, with a focus on equity and on reaching the hardest to reach, every child should be able to get access to improved drinking water and sanitation, perhaps within a generation. —UNICEF, New York, USA, March 23, 2013.

ANNOUNCEMENT

To:
APPA Exco members
President / Secretary General / Advisory Board Members of the National Paediatric Association / Society affiliated to the Asia Pacific Pediatric Association (APPA)

Dear All APPA members,

Greetings from the APPA Secretariat in Kuala Lumpur, Malaysia.

APPA would like to inform that the 35th APPA Business Meeting will be held on August 25th, 2013 from 11.30hrs-13.30hrs, at the Melbourne Convention and Exhibition Centre in Melbourne, Australia.

The 35th APPA Business Meeting is held in conjunction with the 27th Congress of the International Pediatric Association (International Congress of Pediatrics 2013-ICP2013), organised in Melbourne, Australia from August 24-29, 2013.

For the record, please confirm with the APPA Secretariat, of who will be attending the 35th APPA Business Meeting from your National Paediatric Society / Association. Please include his / her e-mail address.

If no President, Secretary General or an Advisory Board Member could attend the Meeting, please nominate someone else from your organisation to attend the meeting.

Please submit the names latest by July 23, 2013.

Thank you.

Warm regards,
Prof. Mohd Sham Kasim
Secretary General, APPA
POLIO ERADICATION

Dear APPA affiliates and National Societies’ Office Bearers,

Below is the Cairo Declaration for Polio Eradication sent by FIMA for your perusal and distribution. It is important as the last resistance to the polio eradication program lies among isolated Muslim communities in the three remaining countries: Nigeria, Afghanistan and Pakistan. Coming from FIMA, it is positive affirmation of the Muslim doctors that may influence poorly informed or disinfomed communities about polio eradication.

Thank you.

Zulkifli Ismail
APPA President

Cairo Declaration for Polio Eradication
Federation of Islamic Medical Associations (FIMA)
February 28, 2013, Cairo, Egypt

We, the Federation of Islamic Medication Associations;

Recalling the Resolution of the Organization of the Islamic Conference at the Third Islamic Conference of Health Ministers in October 2011 calling for highlevel support for polio eradication; and, the Resolution adopted by the World Health Assembly in May 2012, declaring the completion of polio eradication a programmatic emergency for global public health;

Noting that polio is now at the lowest levels ever since records began; and, recognizing the historic opportunity to eradicate polio ensuring that no child will ever again be crippled or die from this disease;

Recognizing and that only three Muslim countries remain endemic to the disease and that national polio emergency action plans have been launched in all three countries to rapidly interrupt the remaining chains of wild poliovirus transmission;

Noting with grave concern the ongoing transmission of wild poliovirus in parts of Afghanistan, Nigeria and Pakistan, and remaining political, cultural, security and religious obstacles preventing all children in these areas to be vaccinated against polio; and in particular, the tragic and deadly attacks against frontline health workers in parts of Pakistan in December 2012;

Noting that in a country, polio eradication efforts require the full engagement of political and religious leaders, civil society organizations, medical fraternity and all stakeholders to gain access to and vaccinate every last child;

Recognizing the potentially devastating and deadly consequences of not eradicating polio, that may result in large polio outbreaks and the strategic importance of the Eradication and Endgame Strategic Plan by the Global Polio Eradication Initiative (GPEI) to reach and sustain eradication by 2018;

Noting the strong global commitment to eradicate polio and the extraordinary investments made by governments, funding partners and stakeholders but acknowledging that the realization of a polio-free world is currently jeopardized by an ongoing global funding gap;

Hereby call on:

1. All Islamic religious and community leaders to provide a strong message of support for polio eradication activities and the need to ensure all children are fully immunized against polio and all other vaccine-preventable diseases;

2. All levels of political, religious and civil society in Muslim countries to overcome any remaining cultural, religious, political and security obstacles currently preventing all children from being reached and immunized against polio and all other vaccine-preventable diseases;

3. All political, religious and civil society leaders to ensure the safety and security of frontline health workers, to enable them to perform their heroic tasks;

4. All governments in Muslim countries to prioritize and mobilize the necessary financial resources to enable the full implementation of all polio eradication strategies;

5. All affiliates of FIMA in their respective countries to be active partners of the Global Polio Eradication Initiative, providing leadership towards the creation of a world free from polio for all our children.
UNAIDS and UNICEF Welcome News of a Baby Born with HIV Who Now as a Toddler Appears “Functionally Cured” Through Treatment

And looks forward to further studies to see if the findings can be replicated

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF welcomes a new case study, which found that a baby treated with antiretroviral drugs in the first 30 hours of life and who continued on treatment for 18 months, appeared to be functionally cured.

The findings were presented at the Conference on Retroviruses and Opportunistic Infections (CROI) on March 4, 2013 in Atlanta, Georgia, USA.

According to researchers the mother who was living with HIV at the time of birth had not received antiretroviral medication or prenatal care. Researchers say that the child was born prematurely in July 2010 in the state of Mississippi, USA. Due to the high risk of exposure to HIV, the researchers say the baby was started on a triple therapy regimen of antiretroviral drug 30 hours after birth and before proof of infection could be confirmed.

The newborn’s HIV-positive status was subsequently confirmed through a highly sensitive polymerase chain reaction testing which was conducted on several occasions.

The case study stated that the baby was discharged from the hospital after one week and continued ARV treatment until 18 months of age, when for reasons that are unclear, the treatment was discontinued. However, when the child was seen by medical professionals about a half a year later, blood samples revealed undetected HIV levels and no HIV-specific antibodies.

If the findings are confirmed, this would be the first well-documented case of a HIV-positive child who appears to have no detectable levels of the virus despite stopping HIV treatment.

“This news gives us great hope that a cure for HIV in children is possible and could bring us one step closer to an AIDS free generation,” said UNAIDS Executive Director Michel Sidibe. “This also underscores the need for research and innovation especially in the area of early diagnostics.”

In 2011, UNAIDS and its partners launched a Global plan for the elimination of new HIV infections among children by 2015 and keeping their mothers alive. Significant progress has been made and continued support and research is needed.

“While we wait for these results to be confirmed with further research, it is potentially great news,” said UNICEF Executive Director, Anthony Lake. “This case also demonstrates what we already know – it is vital to test newborn babies at risk as soon as possible.”

According to the World Health Organisation (WHO) and UNICEF data, only 28 percent of HIV-exposed babies were tested for HIV within six weeks of birth in 2010. Obstacles to early diagnosis and treatment include the high cost of diagnostics and difficulty of getting timely results and limited access to services and medicines.

There were 330,000 children newly infected with HIV in 2011. At the end of 2012, 28 percent of children under the age of 15 living with HIV treatment, compared to 54 percent of eligible adults.

Now two and a half years old, the toddler continued to thrive without antiretroviral therapy and has no identifiable levels of HIV. However, UNAIDS cautions that more studies need to be conducted to understand the outcomes and whether the current findings can be replicated – UNICEF, Geneva, Switzerland, March 4, 2013

WOMEN DELIVER THIRD GLOBAL CONFERENCE 2013

Malaysia can be a “light for other countries in the region” when it comes to maternal, newborn and child health, international health experts said today.

According to the World Health Organization (WHO), Malaysia has made tremendous progress by achieving the United Nations-prescribed Millennium Development Goals (MDG) of “improving maternal care” and “lowering child mortality.”

In a press conference at the ‘Women Deliver Third Global Conference’ in Kuala Lumpur, WHO Maternal, Newborn, Adolescent and Child Health director Dr. Elizabeth Mason said, Malaysia has lowered its child mortality rate from some 300 per 100,000 births to only 29 per 100,000 births.

“In addition, there are only less than 10 neonatal deaths per 1,000 births,” she said.

London School of Hygiene and Tropical Medicine maternal reproductive and child health director Prof. Joy Lawn said Malaysia should look at improving outcomes for babies after birth, including focusing on child care and education.

“Malaysia should look at what happens after birth in terms of the child’s general health. For instance, hearing and motor functions, as it has met all relevant MDGs. Also, think of other outcomes for the mother as well. Maternal care is very important in ensuring the child has a healthy life,” she added.

Mason congratulated Malaysia for its progress, saying that the country is “on par with many European countries” in this area.

“That said, the media has the responsibility to keep the pressure up to hold parliamentarians to account on people’s well being, so respective authorities will do their work,” she said. – The Sun, 29/5/2013, Kuala Lumpur, Malaysia
EVENTS

INTERNATIONAL EVENTS : 2013

THAILAND
International Training Course on Dengue
Date: August 5-9, 2013
Venue: Bangkok, Thailand
Course Director: Prof. Krisana Pongsa, President, Thailand Chapter of the International Society of Tropical Pediatrics, Faculty of Tropical Medicine, Mahidol University, 420/6 Ratchathewi, Bangkok 10400, Thailand.
E-mail: freew@diamon.ml.mahidol.ac.th
Tel/Fax: (662) 354 32 69

BULGARIA
The 2nd International Multidisciplinary Forum on Palliative Care (IMFPC 2013)
Date: October 3-6, 2013
Venue: Sofia, Bulgaria
Congress Organizer: Sarah Kein, IMFPC 2013 Conference, Marketing and Sales Manager, Paragon Conventions.
Website: www.imfpc.org
E-mail: skrein@paragon-conventions.com
Tel: 41 22 5330 948 Fax: 41 22 5802 953

HONG KONG
Update in Paediatric Respiratory Diseases 2013 and Paediatric Respiratory and Critical Care Workshop
Date: November 1-3, 2013
Venue: Li Ka Shing Medical Sciences Building, Postgraduate Education Centre, Prince of Wales Hospital, Shatin, Hong Kong, SAR, China.
Enquiries: Department of Paediatrics, 6th Floor, Clinical Sciences Building, Prince of Wales Hospital, Shatin, Hong Kong.
Website: www.pac.cuhk.edu.hk/PRD2013
E-mail: pac_conferences@cuhk.edu.hk
Tel: (852) 2632 2829 Fax: (852) 2636 0020

FRANCE
The 2013-European Academy of Paediatrics Educational Congress & MasterCourse (EAP 2013)
Date: September 19-22, 2013
Venue: Lyon, France
Congress Website: www.eapaediatrie.eu
E-mail: skrein@paragon-conventions.com
Congress organiser: EAP 2013 Congress & MasterCourse, Marketing and Sales Manager, Paragon Conventions
Tel: 41-22-5330-948 Fax: 41-22-5801-953

INDONESIA
The 6th Child Health Annual Meeting of the Indonesian Pediatric Society
Date: November 9-13, 2013
Venue: Solo, Central Java, Indonesia.
Contact: Indonesian Pediatric Society, Department of Child Health, Medical School University of Indonesia, Jalan Salemba 6, Jakarta Pusat, 10430 Indonesia.
E-mail: ppdas@idsa.or.id
Tel: 62-21 314 8610 Fax: 62-21 391 3982

SOUTH AFRICA
The 8th World Congress of the World Society for Pediatric Infectious Diseases (WSPID)
Date: November 19-22, 2013
Venue: Cape Town, South Africa
Website: www.kenes.com/wspid
E-mail: wspid@kenes.com
For further information, please contact: Kenes International, 1-3, Rue de Chantepoulet, P.O. Box 1726, CH-1211 Geneva 1, Switzerland.
Tel: + 41 22 908 0388 Fax: + 41 22 906 9140

SINGAPORE
Singapore Paediatric and Perinatal Annual Congress (SIPAC) in conjunction with the 5th Singapore Paediatric Congress & Singapore Paediatric Nursing Congress
Date: September 14, 2013
Venue: Grand Copthorne Waterfront Hotel Singapore
Congress Secretariat: Singapore Paediatric and Perinatal Annual Congress (SIPAC), C/o Ma Polaya Ithnin, Department of Paediatric Medicine, KK Women’s and Children’s Hospital, 100 Bukit Timah Road, Singapore 229899
E-mail: secretariat.sps@gmail.com
Tel: (65) 639 41127 (DID) / (65) 677 24408 (DID) - Faridah
Fax: (65) 629 17923

INTERNATIONAL EVENTS : 2014

THAILAND
The 3rd Global Congress for Consensus in Pediatrics & Child Health, CIP 2014
Date: February 13-16, 2014
Venue: Bangkok, Thailand
E-mail: Elena Parfenova - cip2014congress@gmail.com
Website: www.cippediatrics.org/

INDONESIA
The 16th Indonesian Congress of Pediatrics (KONIKA)
Date: August 24-28 2014
Venue: Aryaduta Hotel-Arista Hotel, Palembang, South Sumatera, Indonesia
Secretariat: Department of Child Health, Medical School University of Sriwijaya / RSBI Jendral Sudirman Km 3.5, Palembang, Indonesia
Website: www.idaisanumad.co.id
E-mail: idais.nanul@yahoo.com
Tel/Fax: 0711- 300 4617

— Compiled by Fairas Nazri, Executive Secretary, APPA —
REPORT OF PEDICON 2013

50th National Conference of Indian Academy of Pediatrics

The Golden Jubilee Pedicon was organized by West Bengal Academy of Pediatrics in Kolkata from 17 to 20 January 2013 at Science City Convention Centre. The theme of the conference was “50 years of Child Care: Mission Achieved and Vision Ahead”. It was attended by about 7000 delegates from all over India. It was also attended by delegates from Bangladesh, Nepal, UK, USA, New Zealand, Middle Eastern countries and Ukraine.

The Presidential Dinner was hosted on 16 January 2013 at the serene Gold Acre of P C Chandra Greens just opposite Science City. The memorable occasion was graced by many past Presidents of IAP. They were felicitated and the Golden Jubilee Logo of IAP was released. Pandit Tanmoy Bose entertained the audience with his classical percussion ensemble Taaltantra.

On 15 and 16 January 2013 twelve Pre-conference workshops were arranged in various hospitals in Kolkata. All the workshops were very well attended.

The six scientific halls in Science City were named remembering the five stalwarts from five zones – Dr. L.S.N. Prasad, Dr. P.M. Udani, Dr. P.N. Taneja, Dr. J.N. Pohowalla, Dr. S.T. Achar and the main auditorium was named after Dr. Tapan Kumar Ghosh.

The scientific extravaganza was set rolling with CME on 17 January 2013. Four concurrent CMEs were organized on CME for Post Graduate Students, Basic Pediatric CME, Advanced Pediatric CME and CME on Allied topics.

Chief Guest Hon’ble Dr. A. P. J. Abdul Kalam inaugurated the Golden Jubilee Pedicon on 17 January 2013 evening by floating 50 lamps. He enthralled the huge audience with his inspiring speech. Dr Dilip Mahalanabis, the man who pioneered ORS graced as Guest of Honour and released the souvenir. To mark the occasion a book on 50 years of Pedicon was also released. Dr Shanti Ghosh, past President of IAP was decorated with lifetime achievement award. It was followed by FIAP and other awards and book releases. The evening ended with classical dance recital by Dona Ganguly and her troupe.

This year 700 faculty members participated in the scientific deliberations which covered every aspects of pediatrics. Many new speakers could be inducted this year as the policy of one session for each faculty member was followed. The packed halls during the scientific sessions were very encouraging. Late Dr. Shantilal C. Sheth oration was delivered by Dr. M. K. Bhan. The Pedicon Swarna Jayanti oration was delivered by Dr. Montek Singh Ahluwalia. Though he could not come in person, but he delivered the oration live from his office in Delhi by teleconferencing. The lively interaction with him was memorable. The two plenary sessions were on MDG 4 and on the theme 50 years of Child Care: Mission Achieved and Vision Ahead. The deliberation of the stalwart from Pakistan, Dr. Zulfiqar Bhutta will be remembered for a long time. Pediatric association of SAARC countries met for a symposium on typhoid on 18 January 2013 where members from various SAARC countries participated.

The morning of 18 January 2013 started with the “Dream Run”. Members ran for the cause of “Prevent Teen Suicide, Prevent Thalassemia”. About 300 enthusiastic members participated in the run in the early winter morning. The atmosphere took a festive look with banners, festoons, the horse carriage and a band in the forefront. At the end of the days delegates enjoyed the gala banquets in the majestic arena of Nicco Park.

The Golden Jubilee Pedicon was a welcome change in many respects. Besides the one speaker one session norm, the speakers in the CMEs and conference were offered complimentary registration. None of the scientific sessions in the main scientific hours were sponsored by any pharmaceutical company. Neither the scientific halls were named after any pharmaceutical company. The conference also touched modern day innovations. It was the first medical conference in India which had its own downloadable app. The whole conference zone was also covered by wifi network.

Dr. C. P. Bansal
President

Dr. Sailesh Gupta
Hon. Secretary General
10th Annual IDSP Symposium

Infectious Diseases Society of Pakistan (IDSP) conducted its 10th International Annual Conference on 22-23rd February, 2013, in the academic environment of Shaukat Khanum Memorial Hospital & Research Center, Lahore, along with Shaikh Zayed Hospital. The theme of the symposium was 'Emerging trends'. Eminent speakers from Pakistan and abroad participated to make this meeting a success.

There were 6 pre-conference workshops on general bacteriology, mycology, epidemiology in infectious diseases, childhood vaccination, zoonosis/rabies and infection control. These workshops were well attended and participants thoroughly benefited and enjoyed them. The General Body meeting was attended by executive and key ID members. It discussed that the importance of promoting the field of Infectious Diseases, election of new office bearers and other policy matters. On suggestion and recommendations by consensus it was decided to rename the Society as Medical Microbiology and Infectious Diseases Society of Pakistan (MM-IDSP). It was decided to hold the 11th Annual Conference of Infectious Diseases in Islamabad in 2014 in spring.

The 2nd day was the scientific session. The entire symposium was focused on problems and challenges that Pakistan is facing in ID. The content of the symposium was broad and comprehensive that highlighted the burning infection issues in Pakistan. Topics covered anti-infective therapy, pediatric infectious diseases, virology, tuberculosis, emerging infectious diseases, preventive and public health, infections in immunocompromised, surgical site infections and HIV. The symposium received full and enthusiastic participation. There were around 130 abstracts received for oral and poster sessions. Eight were selected for oral presentation and certificates of appreciation were given for the best poster presentations.

The meeting was concluded by remarks from IDSP President, Dr Ejaz Khan. Conference organizers, Shaukat Khanum Memorial Hospital & Research Center, Sheikh Zayed Hospital and pharmaceutical companies were thanked for their cooperation, support and hard work. There were many congratulatory comments for holding a very successful and well attended meeting.
11th International Classification of Diseases (ICD)

The International Classification of Diseases (ICD) is the world’s standard tool to capture morbidity and mortality data. It organizes and codes health information that is used for statistics and epidemiology, health care management, allocation of resources, monitoring and evaluation, research, primary care, prevention and treatment. It helps to provide a picture of the general health situation of countries and populations.

To compare findings among countries, a common standard is needed. Emerging diseases and scientific developments, advances in service delivery, and changes in health information systems require a revision of ICD. One major need is to improve the relevance of the ICD in primary care settings. Another key driver is the development of computerized health information systems.

The 11th version (ICD-11) is now being developed through an innovative, collaborative process. For the first time The World Health Organization (WHO) is calling on experts and users to participate in the revision process through a web-based platform. The outcome will be a classification that is based on user input and needs. The WHO has also established Topic Advisory Groups (TAGs) to serve as the planning and coordinating advisory bodies in the update and revision process for specific issues. Accordingly, the tasks required of each TAG include:

- developing a preliminary position statement on each core diagnostic issue;
- reviewing the empirical evidence;
- generating summary proposals on the revision platform for comments by other groups;
- revising reports as necessary based on comments received;
- conducting field trials; and
- submitting final revisions and recommendations to the WHO.

The WHO has approached The American Academy of Pediatrics (AAP) in developing the first ever Pediatric TAG and requires Pediatric TAG representation from each of its six regions. Recruitment is conducted through a number of different sources, including the International Pediatric Association (IPA).

A recent Pediatric TAG meeting was held during March 8-9, 2013 at AAP headquarters in Elk Grove Village, Chicago, U.S.A. This will improve the Pediatric ICD-11 by incorporating pediatric specific needs into the morbidity and mortality nomenclature.

Professor Usa Thisyakorn, MD
President, International Society of Tropical Pediatrics
Member of ICD-11 Pediatric TAG
Johnson’s Baby Top-to-Toe™ Wash is clinically proven to respect baby’s delicate skin

- A unique surfactant formula formulated for infant skin
- Gently removes skin irritants
- Soap-free, dye-free, hypoallergenic
- Unique NO MORE TEARS® formula, making it as gentle to the eyes as pure water

Maintains the natural moisture of skin, so it’s healthy

Free from artificial colouring • Balanced with your skin’s PH level