**WHO NEWS**

**Vigilance needed to ensure safe infant food**

WHO and FAO alert countries to possible spread of melamine-contaminated dairy products

The World Health Organization (WHO) and the UN Food and Agriculture Organization (FAO) are urging affected countries to ensure safe feeding of millions of infants following the ongoing melamine-contaminated milk crisis in China. The two agencies also call on countries to be alert to the possible spread of melamine-contaminated dairy products.

“While breastfeeding is the ideal way of providing infants with the nutrients they need for healthy growth and development, it is also critical to ensure that there is an adequate supply of safe powdered infant formula to meet the needs of infants who are not breastfed,” said Dr. Jorgen Schlundt, Director of the WHO Food Safety Department.

Replacing powdered infant formula with other products such as condensed milk, honey mixed with milk, or fresh milk is inappropriate as such products would put at risk the safety and nutritional status of this vulnerable population group, the two agencies advised.

“Restoring consumer confidence is critical. Melamine-contaminated products should be removed from the food chain in order to prevent further exposure. The safe supply of dairy products needs to be restored immediately,” said Dr. Ezzeddine Boutrif, Director of the FAO Nutrition and Consumer Protection Division.

**Safe feeding for infants**

WHO recommends that all infants should be fed exclusively with breast milk for the first six months of life. No other liquid or food, not even water, is needed during this period. Thereafter, infants should receive adequate and safe complementary foods while breastfeeding continues up to two years of age and beyond.

Following reports of findings of imported melamine-contaminated products in several countries over the last two weeks, countries should closely monitor their markets. The two agencies highlighted that melamine-contaminated products could reach markets in other countries through both formal and informal trade.

Getting information about the origin of the product, up-to-date recall information or in some cases, testing for melamine contamination might be considered. If found contaminated, appropriate actions such as product recall and safe disposal should be taken, based on an assessment of the risk to human health.

cont’d on pg. 3
The 2nd International Conference on Dengue and Dengue Haemorrhagic Fever, led by Professor Emeritus Prasert Thongcharoen, was held at the Hilton Phuket Arcadia, Phuket, Thailand from October 14-16, 2009. Nine hundred and forty-one participants from 47 countries around the world joined the meeting in order to review the situation and researches that have been carried out so far and to find out what are still needed to be done.

The First International Conference on Dengue and Dengue Haemorrhagic Fever was convened in Chiangmai, Thailand from November 20 to 24, 2000 aimed at strengthening the efforts in controlling dengue in the new millennium.

The forum on the 2nd International Conference on Dengue and Dengue Haemorrhagic Fever, was attended by physicians, nurses, academicians and scientists from both government as well as non-governmental organizations.

The forum gave us the opportunity to exchange our experiences, skills and techniques including new conceptual research to approach to the prevention and control of the disease, reflecting the theme “Global innovation to fight dengue”.

Scientific programs included state-of-the-art, plenary and symposia which was participated by experts in their respective fields. Topics on virology, epidemiology, pathophysiology, immune response, new tools in laboratory diagnostic methods, clinical managements, surveillance, vector biology and ecology, community involvement and vaccine development were included in the presentations.

Participants also had chances to perform as oral presentations on 84 and as posters on 212 occasions. Dengue experts around the world have fully participated in the discussions.

The 2nd International Conference on Dengue and Dengue Haemorrhagic Fever was a successful event in identifying research priorities, improving surveillance, vector control, better case diagnosis and management and efficacious vaccine development.

Most of all, it creates the worldwide partnership and networking that can cross borders not only to experts, practitioners, researchers and scientists but to the community as well.

Professor Usa Thisyakorn, M.D.
President, the 9th International Congress of Tropical Pediatrics, 2011
Executive Committee,
International Society of Tropical Pediatrics
Congratulations to Prof. Mohd Sham Kasim, the Secretary General of the Asian Pacific Pediatric Association (APPA) and President of the Malaysian Association for the Protection of Children (MAPC) as well as Dr. Lai Yun-Ho from Singapore, for receiving the International Society for Prevention of Child Abuse & Neglect (ISPCAN’s) Distinguished Career Awards for their outstanding dedication, expertise and contribution to the field of child abuse and neglect.

Combined, they have nearly 50 years of family-focused and child-centric work that has helped children, families, communities and professionals within their respective countries.

Both Prof. Mohd Sham and Dr Lai received the award during the 17th ISPCAN International Congress on Child Abuse & Neglect that was held from September 7-10, 2008 in Hong Kong, China.

Note
The International Society for Prevention of Child Abuse and Neglect (ISPCAN), founded in 1977, is a multidisciplinary international organization that brings together a worldwide cross-section of committed professionals to work towards the prevention and treatment of child abuse, neglect and exploitation globally.

ISPCAN’s goal is to prevent maltreatment of children in every nation, whether it is in the form of physical, sexual or emotional abuse, neglect, street children, child prostitution, child labor and other forms.

Its mission is to support individuals and organizations working to protect children from abuse and neglect worldwide. In addition to its well-known monthly publication Child Abuse and Neglect The International Journal, the organization offers the LINK newsletter, World Perspectives on Child Abuse, virtual issues discussions, member and national partner listservs, and educational events on local, national or international levels.

ISPCAN’s membership from nearly 120 different countries represents every key professional group involved in shaping the response to child abuse at both the country and international levels.

For more on ISPCAN, please surf www.ispcan.org

Safe supply of food critical
Food safety is not the sole responsibility of public authorities. The food industry is also responsible for ensuring a safe supply of food to the consumer. “It is critical that the industry strongly invests in food safety and adopts a food safety culture covering the food chain from raw materials through to the final product,” said Dr. Boutrif.

Incidents such as melamine contamination in China not only impact food safety and human health but also put the livelihoods of hundreds of millions of dairy farmers at risk. “There is a need for countries to do major investment in strengthening their food control and food-borne disease surveillance systems as it could minimize the potential occurrence of food safety incidents like this one,” said Dr. Schlundt.

The melamine-contaminated dairy products event first came to the attention of the international organizations on September 11, 2008. Both WHO and FAO have used the International Food Safety Authorities Network (INFOSAN) to inform and update national food safety authorities on this crisis, one of the largest in recent years.

Over 54,000 children have sought medical treatment in China after drinking melamine-contaminated infant formula. Almost 12,900 are currently hospitalized.

Melamine is commonly used in food contact materials (e.g. containers, labels, etc) and can also be used in agriculture production such as fertilizer. Whether this has a potential for carry-over into food at low concentrations (usually in the range of microgram per kilogram) and further impact on human health may need further evaluation.

Melamine on its own is of low toxicity. But animal studies have suggested that kidney problems occur when melamine is present in combination with cyanuric acid, a potential impurity of melamine. The level of melamine found in the contaminated infant formula has been as high as 2,560 miligram per kilogram of food, while the level of cyanuric acid is unknown.

- WHO, Geneva (Switzerland)/Rome (Italy), September 26, 2008.
Children’s Environmental Health Training Modules

September 23, 2008

Dear Asian Pacific Pediatric Association (APPA) colleagues,

Please note that the Children’s Environmental Health Training Modules is now online on the IPA website: www.ipa-world.org. Please forward this information to all your members.

With kind regards,
Dr. Naveen Thacker, Editor www.ipa-world.org

Children’s Environmental Health Training Modules
Training modules for health care providers
Improving the capacity to diagnose, prevent and manage paediatric diseases linked to the environment.

A growing number of diseases in children from rural and urban areas are linked to unsafe, degraded environments. However, many health care providers are unable to recognize, assess and manage environmentally-related diseases in children.

How should this problem be addressed?
Enabling those “in the front line” – the health professionals dealing with children and adolescent’s health – to recognize and assess diseases linked to, or triggered by environmental factors. Paediatricians, family doctors, nurses, primary and other health care workers should be trained on the relationships between children’s health and the environment through the use of harmonized training materials, adaptable to the specific needs of countries and professional groups.

What are the benefits of training health care providers?
• Increased understanding about the influence of environmental factors on children’s health
• Improved quality of diagnosis and management of environmentally-related health and developmental effects
• Capacity to discuss environmental risks with patients, parents, educators and the media
• Advocacy skills for sensitizing decision-makers about high priority issues for action
• Enhanced potential for research on children’s health

What is the WHO Training Package for Health Care Providers?
A collection of over 30 modules with internationally harmonized information and peer-reviewed materials to enable health care workers to be trained, and also to become trainers of their peers and colleagues. The modules include extensive notes and references, case studies and self-evaluation tools, backed up by manuals and guidelines. A selected team of experienced professionals from over 15 countries, the International Pediatric Association (IPA) and selected NGOs are participating in its preparation.

This initiative was made possible thanks to the financial support provided by the US EP Office of Children’s Health Protection, that also made available useful data, graphics and text for the modules.

What issues are covered?
• The special vulnerability of children to physical, chemical and biological environmental threats
• The health and developmental effects of specific chemical, physical and biological hazards (e.g. pesticides, persistent toxic pollutants –POPs-, lead, arsenic, radiation, noise, moulds & others) present in specific settings (e.g. home and surroundings, school, recreation areas, workplace, fields & others)
• Sources, routes and mechanisms of exposure (contaminants in air, water, food, cosmetics, objects, toys, medical devices, that may be inhaled, ingested or absorbed…)
• Illustrative case studies.

How are the training programmes organized and by whom?
Training events are organized according to the needs identified by the countries and/or scientific groups concerned and financial resources available. The World Health Organization (WHO) provides technical advice on the contents and methodology. The event may go from a 1-day introductory course to a full 40-hour course that enables to cover the entire contents of the package. WHO and its partners provide the initial training and distribution of materials, some of which are available as informal versions in Spanish, French and Russian, thanks to the contribution of partners in different countries.

Training modules available
- Why children
- Children are not little adults
- Indoor air pollution
- Outdoor air pollution
- Lead
- Mercury
- Pesticides
- POPs
- Water
- Paediatric environmental history.
Affiliate Activities

VIETNAM PAEDIATRIC ASSOCIATION REPORT

1. Introduction
Established in March 1962, the Vietnam Paediatric Association (VPA) has organized 18 National Pediatric congresses during 46 years of its existence. The first president was Professor Chu Van Tuong, former director of the National Hospital of Pediatrics, former head of Department of Pediatrics, Hanoi Medical University. And from the 16th National Pediatric Congress held in 1995, Professor Nguyen Thu Nhan, former director of National Hospital of Pediatrics, was elected as the President of Vietnam Paediatric Association. In 2005, in the 18th National Pediatric congress, the executive board was voted with 49 members. Professor Nguyen Thu Nhan was re-elected as the president; Professor Nguyen Cong Khanh was re-elected as vice-president and general secretary. Three other vice-presidents are Professor Le Nam Tra, Professor Nguyen Tan Vien and Professor Hoang Trong Kim who comprise delegates from three regions - Hanoi, Hue & Ho Chi Minh City Currently, VPA has a membership of 3,000 pediatricians.

The main activities of VPA are training, carrying out research as well as acting as consultants for the Ministry of Health (MOH) and the Vietnamese Government.
- During two years (2007-2008), VPA has organized many workshops to update pediatricians, nurses and midwives on advanced knowledge in their respective fields. Some 5000 nurses and midwives have been trained in knowledge of pediatric nutrition & breastfeeding. Twelve symposiums for pediatricians in vaccination, micro nutrition, child growth, cancer, endocrinology, metabolism and hereditary, diarrhea, asthma had been held.
- VPA had also carried out research on amino acid and fat acid disorder (cooperation with Japan), food allergy, Fagan test evaluated mental development of children under 3 years old, intensive care and neonatology resuscitation.
- The Vietnam Paediatric Association has also consulted the Ministry of Health about children’s nutrition requirements and the new standard growth of children, according to the new guideline of WHO (World Health Organization).

3. Activities of Vietnamese Pediatric Association (2008 and 2010)
- Training:
  o Continue organizing courses for pediatricians on immunology and nursing care in provincial hospitals (6 courses per year).
  o Organize symposiums in the development of children, allergy and other disorders in hereditary diseases among children (6 courses per year).
- Research:
  o Investigate the development of children (weight and height under 3 years olds) and habits of Vietnamese mothers about breastfeeding and food for children under 3).
  o Fagan test to evaluate the development of IQ and EQ in children under 3.
  o Food allergy.
  o Citrin deficiency in Vietnamese children.
- Organization:
  o Open up more pediatric association branches in provinces.
  o The 19th Pediatric National Conference will be held in Ho Chi Minh City from December 27th till 28th 2008.
- Participation in international congress:
  o World Congress of Pediatric Gastroenterology, Hepatology and Nutrition held in Brazil, in August 2008
  o 2nd Congress of the European Academy of Paediatrics, in France, October 2008
  o 1st International Congress on Global Neonatology & Perinatology Rome, Italy, November 2008
  o Congress of the American Academy of Paediatrics in October 2008
  o 50th congress of metabolism diseases in Japan

Prepared by the Vietnam Paediatric Association (VPA), Hanoi, Vietnam, July 25, 2008

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UNICEF: Nearly 700,000 children still in need of assistance in Myanmar

Close to three months after Cyclone Nargis slammed into Myanmar, nearly 700,000 children under the age of 17 are still in need of longer-term assistance, says UNICEF.

An estimated 2.4 million people were affected by the cyclone which destroyed or damaged hundreds of thousands of homes, schools and health centers.

“While we have seen a gradual improvement in the situation of children and have managed to avoid major disease outbreaks, we need to sustain our efforts so children and their families can make a complete recovery from the devastation wreaked by Cyclone Nargis,” said Ramesh Shrestha, UNICEF Representative in Myanmar.

UNICEF’s emergency operation in Myanmar has concentrated on immunization, education and reuniting separated children with their families. It has distributed education supplies such as “schools-in-a-box”, essential learning packages and recreational kits to children in the affected areas and set up temporary learning spaces when schools have been completely destroyed.

UNICEF has so far registered 616 separated children and has set up a family tracing and interim community care system.

A recent UN/ASEAN report revealed the immense damage inflicted by Cyclone Nargis. Major findings include 700,000 homes, 75 percent of health facilities, over 4,000 schools damaged or destroyed in the affected areas.

In addition, the cyclone struck a severe blow to people’s livelihoods by flooding 600,000 hectares of agricultural land, killing up to 50 percent of livestock in the affected areas, and destroyed fishing boats, food stocks and agricultural implements.

According to the report, the damages and losses amount to US$4billion.

In a recent appeal, UNICEF requested US$90.7 million for its humanitarian operation until April 2009.

Children’s needs in Myanmar are being met four months after the cyclone hit the Ayeyarwady delta and the Yangon division, the United Nations Children’s Fund (UNICEF) said today.

Outbreaks of major illnesses have been avoided and routine immunization has been re-established. Children are studying in temporary safe learning spaces with new school materials. More than 17,600 children benefit from UNICEF’s psychosocial activities implemented through various government departments and Non Governmental Organizations (NGOs).

However, the risk of water shortages is looming in the coming dry season due to difficulties in cleaning contaminated ponds which needs to be addressed immediately, according to UNICEF.

“Despite ongoing efforts to pump contaminated water out of the ponds, there is a risk that not all the water ponds can be cleaned and refilled before the beginning of the dry season”, said Ramesh Shrestha, UNICEF Representative in Myanmar. “It is crucial to identify high risk areas with potential water shortages now and to work closely with the government, communities, and our partner agencies to avoid severe water shortages in the coming months.”

The Myanmar government with ASEAN (Association of South East Asian Nations), UN agencies and other partners are working together in the Post Cyclone Nargis humanitarian efforts. UNICEF is leading the operation for water and sanitation.

UNICEF has supported the cleaning of 442 ponds. With the direct support of the Myanmar Government to communities and the additional help of aid agencies, a total of 1,800 ponds have been cleaned. However, while the immediate water needs are met in most areas, there is a fear that in some areas, the number of cleaned ponds will not be enough to cover the drinking and domestic water needs for the length of the dry season.

UNICEF, also leads the education, nutrition and child protection operation.

“Even though the cyclone has caused a tremendous amount of suffering, this is also a chance to build back better and improve the situation of children and families in Myanmar,” said Mr. Shrestha.

Cyclone Nargis destroyed or damaged over 4,000 schools and more than 600 health facilities and separated hundreds of young children from their parents and close relatives. In the first 120 days after the cyclone hit, outbreaks of major illnesses were avoided thanks to the immediate provision of clean water and sanitation facilities.

More than 25,000 children have received measles, vaccination and Vitamin A supplements. Over 130,000 essential learning packages have been distributed to primary school students, more than 100 safe temporary learning spaces have been established and almost 800 schools repaired.

More than 17,600 children are benefiting from psychosocial activities in 101 Child Friendly Spaces. Over 130 health assistants, nurses and midwives have been deployed to the worst affected areas for six months to support outreach activities. Some 18,000 latrines have been constructed.

UNICEF, Yangon, September 1, 2008.
On the occasion of World Breastfeeding Week (August 1-7), the United Nations Children’s Fund (UNICEF), along with the World Alliance for Breastfeeding Action (WABA) and the World Health Organization (WHO), is recommending the provision of increased professional and informal support for breastfeeding mothers.

“Breastfeeding is a key tool in improving child survival,” said Ann M. Veneman, UNICEF Executive Director. “Exclusive breastfeeding for the first six months of life can avert up to 13 percent of under-five deaths in developing countries.”

Although there has been progress over the past 15 years, only 38 percent of infants under 6 months of age in the developing world are exclusively breastfed.

Recent scientific studies have found that education and support for mothers significantly extends the number of months that mothers breastfeed, and is especially helpful in promoting exclusive breastfeeding. Other studies have shown that counseling and support in health facilities have led to increases in the number of mothers who initiate breastfeeding within the first hour of birth.

Exclusive breastfeeding for the first six months of life reduces infant mortality linked to common childhood illnesses and undernutrition.

Breastfeeding can reduce the number of deaths caused by acute respiratory infection and diarrhea – two major child killers – as well as from other infectious diseases. It also contributes to the health of mothers, and creates a bond between the mother and child.

Appropriate infant feeding can save lives, ensure optimal growth and development, and contribute to the achievement of the Millennium Development Goals.

UNICEF is working with its partners and the Governments in many countries to ensure the provision of increased support for breastfeeding mothers, including by health workers, counselors, mother-to-mother support groups, employers, relief workers in emergencies, legislators, the family and community social networks.

- UNICEF, August 1, 2008, New York, United States
## NEW OFFICE BEARERS OF APPA AFFILIATES

### NEW OFFICE

**INDONESIA**

**INDONESIAN PEDIATRIC SOCIETY (2008-2011)**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>President</td>
<td>Dr. Badriul Hegar</td>
</tr>
<tr>
<td>Vice President of Organisation Affair</td>
<td>Dr. Bamband Tridjaja</td>
</tr>
<tr>
<td>Vice President of Scientific Affair</td>
<td>Dr. Antonius H. Pudjiadi</td>
</tr>
<tr>
<td>Vice President of Community Affair</td>
<td>Dr. Rini Sekartini</td>
</tr>
<tr>
<td>Secretary General</td>
<td>Dr. Sudung O. Pardede</td>
</tr>
</tbody>
</table>

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Fax: 62-21-391-3982  
E-mail: ppidai@idai.or.id

**SRI LANKA**

**SRI LANKA COLLEGE OF PAEDIATRICIANS (2008/2009)**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>President</td>
<td>Dr. Rameshwor M. Shrestha</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Dr. Suniti Acharya</td>
</tr>
<tr>
<td>President Elect</td>
<td>Dr. Dhana R. Aryal</td>
</tr>
<tr>
<td>Vice-President</td>
<td>Dr. Laxman Shrestha</td>
</tr>
<tr>
<td>Honorary Secretary</td>
<td>Dr. Ganesh K. Rai</td>
</tr>
<tr>
<td>Honorary Treasurer</td>
<td>Dr. Kalpana Subedi</td>
</tr>
</tbody>
</table>

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**NEPAL**

**NEPAL PAEDIATRIC SOCIETY**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>President</td>
<td>Dr. Yu Chak Man</td>
</tr>
<tr>
<td>Vice-President</td>
<td>Dr. Liu Kam Wing, Kelvin</td>
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<tr>
<td>Honorary Secretary</td>
<td>Dr. Chan Chi Fung, Godfrey</td>
</tr>
<tr>
<td>Honorary Deputy Secretary</td>
<td>Dr. Ko Po Wan</td>
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<tr>
<td>Honorary Treasurer</td>
<td>Dr. Ip Pak Keung, Patrick</td>
</tr>
<tr>
<td>Social Convenor</td>
<td>Dr. Wong Hiu Lei, Lilian</td>
</tr>
</tbody>
</table>

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**HONG KONG**

**THE HONG KONG PAEDIATRIC SOCIETY (2008-2009)**

<table>
<thead>
<tr>
<th>Role</th>
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<tr>
<td>President</td>
<td>Dr. H.T. Wickramasinghe</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Dr. Suniti Acharya</td>
</tr>
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<td>Dr. Dhana R. Aryal</td>
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<td>Dr. Kalpana Subedi</td>
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**Correspondence Address:**
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Hong Kong.  
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Fax: 852 - 2148 4399
13th ASIAN PACIFIC CONGRESS OF PEDIATRICS

13th APCP, From Oct 14-18, 2009, Shanghai, China

Name of Congress:
13th Asian Pacific Congress of Pediatrics (13th APCP) and 3rd Asian Pacific Congress of Pediatric Nursing (3rd APCPN)

Dates: October 14 (Wednesday) – 18 (Sunday), 2009

Venue: Shanghai International Convention Center (SICC)

Theme:
Building a supportive environment for Child Health

Secretariat:
APPA2009
CMA Meeting Planner, Chinese Medical Association
42 Dongsi Xidajie, Beijing 100710, China
Tel: 86 10 8515 8128/ 8515 8150
Fax: 86 10 6512 3754
E-mail: appa2009@cma.org.cn
Website: www.chinamed.com.cn/appa2009

Organisers
Under the auspices of the Asian Pacific Pediatric Association (APPA) and International Pediatric Association (IPA).
The 13th APCP is organised by the Chinese Pediatric Society, Chinese Medical Association and Chinese Nursing Association.

LOC-Local Organising Committee
Congress President : Xiaohu He, MD
Congress Executive President : Yonghao Gui, MD
Secretary General : Kunling Shen, MD
Scientific Committee Chair : Yonghao Gui, MD
Secretariat Committee Chair : Kunling Shen, MD
Nursing Committee Chair : Renjian Huang, MD
Treasurer : Jiong Qin, MD

Pre-Congress Workshop
The Pre-congress workshop will focus more on issues like TB, HIV/AIDS and environment among children.

Plenary & Symposia topics
There will be at least 14 Plenary Lectures, covering topics like child abuse, adolescent problem, mental health, accident and injury, genetics, obesity, learning problem, environmental issues and etc.

At least 40 Symposia topics are being considered, and major ones are: Adolescent Medicine, Allergy, Behavioral Disorders, Cardiology, Pediatric Hematology and Oncology, Infectious Diseases, Community Child Health, Critical Care, Diabetic and Obesity, Genetic and Metabolic Disorder, Environmental and the Child Health, TB, HIV/AIDS, Developmental Pediatrics, Neonatology, Nephrology and Neurology.

Other major symposia topics being considered are: Nutrition, Essential drug access and safety for children in developing countries, Pediatric Surgery, Accident and Injury Prevention, Vaccines, Rheumatology and immunology, Gastroenterology, Pediatric Psychiatry and Pediatric Psychology, Medical Education, Nursing, Challenge for the Pediatric resident training, Evidence base medicine in pediatric practice, Perinatal care and child health, Information Technology in Health Care and Ethical.

Registration Fees

<table>
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<tr>
<th></th>
<th>Early Bird Registration (up to October 1, 2008)</th>
<th>Pre Registration (up to June 30, 2009)</th>
<th>Late Registration (from July 1 to on-site)</th>
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<tr>
<td>Full Participant</td>
<td>APPA Country 300 Non APPA Country 400</td>
<td>350</td>
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<td>450</td>
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<tr>
<td>Trainee/Resident Student</td>
<td>200</td>
<td>250</td>
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<tr>
<td>Accompanying Person</td>
<td>100</td>
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<td>100</td>
</tr>
</tbody>
</table>
Degrees and Qualifications:
- M.D. (Hon), Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand 1964.
- Certificate in Biochemistry, Tulane University School of Medicine, New Orleans, La, USA 1967
- Diplomate of the Thai Board of Pediatrics, 1975.
- Fellow, Infectious Diseases Society of America, 1983.
- Certificate, Pediatric Infectious Diseases from the Royal College of Pediatricians of Thailand, 1996
- Diplomate of the Thai Board of Family Medicine 2001
- Diplomate of the Thai Subspecialty Board on Pediatric Infectious Diseases 2004

Professional and Administrative Activities:
Present Position
- President, the Medical Council of Thailand (2000 – present)
- President, the Royal College of Pediatricians of Thailand (2001-2005) (2007-present)
- President, Pediatric Infectious Disease Society of Thailand (1995-present)
- Executive Committee, Western Pacific Society for Chemotherapy and Infectious Diseases (1988-present)
- National Advisory Committee on Immunization Practice (1978-present)
- Board Member of National Health Security Office (2003-present)
- Committee of Basic Education Commission, Ministry of Education. (2004-present)
- Committee of National Health (2007-present)
- President, Federation of Professional Council of Thailand (2005-present)
- Chairman, Board of Director Ladprao General Hospital (1991-present), and Ladprao Bilingual School (2000-present)
- Chairman, Expert committee on pediatric infectious diseases, Royal College of Pediatricians of Thailand (1991-present)
- Member, Steering Committee for the Prevention and Control of Infectious Disease in Asia (April 1995-present)
- Editorial Board of the Journal of Paediatrics, Obstetrics & Gynaecology (1997-present)
- Editorial Advisory Board- MIMs Asia (1994-present)
- Member, Executive Committee of Medical Association of Thailand (2000-present)
- Editor, CME Plus (2002-present)
- Advisory committee of CME and Medical Times, MIMS CME, Health Today Thailand (2002-present)
- Chairman of Juristic person (2002-present) and Chairman of Noble House Phayathai Management Control Board. (2001-present)

Publication
More than 200 scientific articles in English and Thai

Research interest
- New vaccines, new antibiotics, nosocomial infection, pediatric AIDS,
- immunologic deficiency diseases, epidemiology of infectious diseases
**PREVENAR**® SETS THE CRITERIA

**EPIDEMIOLOGY IN PNEUMOCOCCAL DISEASE**

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**Well-Documented Safety Profile**

References:

PREVENAR® is indicated for the active immunization of infants and children from 6 weeks through 9 years of age against invasive disease, pneumonia and otitis media caused by *Streptococcus pneumoniae* serotypes 4, 6B, 9V, 14, 18C, 19F and 23F.