TUBERCULOSIS (TB)

Childhood TB is a Hidden Epidemic

Tuberculosis (TB) often goes undiagnosed in children from birth to 15 years old because they lack access to health services or because the health workers who care for them are unprepared to recognize the signs and symptoms of TB in this age group.

With better training and harmonization of the different programmes that provide health services for children, serious illness and death from TB could be prevented in thousands of children every year, said the World Health Organization (WHO) and Stop TB Partnership.

“We have made progress on TB: death rates are down 40% overall compared to 1990 and millions of lives have been saved,” said Dr. Mario Raviglione, Director of the WHO Stop TB Department. “But unfortunately, to a large extent, children have been left behind and childhood TB remains a hidden epidemic in most countries. It is time to act and address it everywhere.”

Most families who are vulnerable to TB live in poverty and know little about the disease and how to obtain care for it. All too often, when an adult is diagnosed with TB, no attempt is made to find out whether children in the household also have the disease. This is a crucial step, since most children catch TB from a parent or relative.

Any child living with a TB patient and who has an unexplained fever and failure to thrive may have the disease and should be evaluated by a health worker for TB. Those who are not ill with TB should be protected against the disease through preventive therapy with the drug isoniazid. Those who are ill should receive treatment.

Low cost solutions to treat and cure

“Some 200 children die from TB every day. Yet it costs less than 3 cents a day to provide treatment that will prevent children from becoming ill with TB and 50 cents a day to provide treatment that will cure the disease,” said Dr. Lucita Dittiu, Executive Secretary of the Stop TB Partnership.

“But before we can give prevention or treatment, we have to find the children at risk of TB and this will only happen if governments, civil society and the private sector work together. From now on, let us agree: It is unconscionable to let a single child die of TB.”

TB can be hard to diagnose

Another problem is that TB can be hard to diagnose. While high-income countries now use sophisticated childhood molecular tests to detect TB, most developing countries still use a method developed 130 years ago. The patient must cough up a sample of sputum, which is then checked under the microscope for the bacteria that cause TB. Young children generally are unable to produce a sample. Even if a child with active TB succeeds in providing a sample, it often contains no detectable bacteria.

Recent studies have shown, however, that when health programmes do start looking for children with TB, they find far more cases than expected. In Karachi, Pakistan, in 2011, researchers trained community members in the Korangi and Bin Qasim towns to use an electronic score card on a mobile phone to find people who needed a TB test and then...
The 14th Asia Pacific Congress of Pediatrics & 4th Asia Pacific Congress of Pediatric Nursing, September 8-12, 2012, Sarawak, Malaysia

Date: September 8-12, 2012
Venue: Borneo Convention Centre Kuching, Kuching, Sarawak State, Malaysia
The theme: Towards equity in child health

The event is organised by the Malaysian Paediatric Association (MPA), supported by the Sarawak State Government, the Sarawak Convention Bureau, the Malaysian Convention and Exhibition Bureau and Tourism Malaysia.

Organised by:
Asian Pacific Pediatric Association (APPA) & International Pediatric Association (IPA)

Hosted by:
Malaysian Paediatric Association (MPA)

Organising Committee:
Chairman: Dr. Zukifli Ismail
Secretary: Assoc. Prof. Dr. Tang Swee Fong
Treasurer: Dr. Musa Mohd Nordin
Scientific Committee Chairman: Prof. Dr. Wan Ariffin Wan Abdullah

Scientific Programme
Pre-congress workshops: Echocardiography, Neonatal ultrasound, ABC of EEG, Lung function studies and Childhood trauma

Plenaries:
• Seeking Equity in Child Health in An Unequal World
• Achieving the MDG – countdown to 2015
• The great food imbalance – malnutrition and obesity
• Critical care without boundaries
• Equity in neonatal care
• Childhood cancer is highly curable even in developing countries
• Paediatric research in Asia Pacific – Quo vadis?
• Immunisation – a tool towards health equity
• Global initiative on health financing and delivery.

There will be more than 40 Symposia sessions covering various fields of paediatrics and 20 meet-the-expert sessions to be delivered by experts in the field.

Congress Secretariat:
D-3-32 Pusat Perniagaan Seksyen 8 (8 Avenue) Jalan Sungai Inderi 8/1 46050 Petaling Jaya Selangor, Malaysia
Tel: 603 - 7955 6608
Fax: 603 - 7956 6608
E-mail: secretariat@apcp2012.org

Block your dates and visit our website at http://apcp2012.org.

Children at special risk of TB
TB most commonly affects the lungs, but it can also affect other parts of the body. Infants and young children are at special risk of having severe, often fatal forms of TB such as TB meningitis, which can leave them blind, deaf, paralysed or mentally disabled. Children are just as vulnerable as adults to developing or becoming infected with drug-resistant forms of TB that require a lengthy, costly treatment with often severe side effects.

At least half a million babies and children become ill with TB each year and as many as 70,000 are estimated to die of the disease. Children under 3 years of age and those with severe malnutrition or compromised immune systems are at greater risk for developing TB.

The only vaccine currently available for TB is the Bacillus Calmette-Guerin (BCG), which offers limited protection against severe forms of TB, as TB meningitis, in young children. BCG does not create lifelong protection against pulmonary TB, and is unsafe for use in children living with HIV. Scientists are actively searching for a fully effective vaccine to protect children and adults against all forms of TB.

www.who.int/March 21, 2012, Geneva, Switzerland

accompanied them to the hospital or clinic. One result was a 600% increase in detection of pulmonary TB among children. Another recent study in Bangladesh found that the number of children found to have TB more than trebled when workers at 16 community health centres received special training on childhood TB.

Actions to improve TB care
WHO and the Stop TB Partnership point to three key actions needed to improve TB care and prevent TB deaths in children:
• Examine all children who have been exposed to TB through someone living in their household. If they are very ill or living with HIV, treat them for TB immediately if they have typical signs and symptoms – even if a definitive diagnosis is unavailable.
• Provide preventive treatment with the drug isoniazid to all children who are at risk for TB but are not ill with the disease.
• Train all health workers who care for pregnant women, babies and children to check patients for TB risk, signs and symptoms and refer them for TB preventive therapy or TB treatment as needed.
Report of IPA Standing Committee Meeting
Session #56

Submitted by Naveen Thacker on behalf of APPA President Prof Xiaohu He

IPA SC Meeting session 56 was held on December 17, 18 2011 at Elk Cove Village in Chicago, USA. Dr. Sergio Cabral President of IPA chaired the meeting. Meeting started with introduction of all attendees and the Standing Committee was asked to confirm data of Executive Committee and Standing Committee member lists. Agenda of this meeting was adopted and minutes of previous SC and EC were approved.

Next was presentation of President and Executive Director’s Report. A report was given on the meeting and visits the President made since the last live meeting. These meeting are important because they take the IPA priorities and message to the membership societies and their individual members. It was noted that the IPA has been able to publish an article in the Pediatrics, the journal of the AAP. IPA will have an opportunity with 3 annual articles dedicated to Global Health. As in the past, there is an emphasis in having an IPA stand-alone office (not in the building or supported by a local or regional society).

IPA Executive Director Dr. William Keenan reported on the activities of the office of the ED including an increase in staff time and a new Immunization grant from the Gates foundation for $51,000 USD. There was concern for the low engagement of the technical groups. All archives have been finalized and made electronic. A database was created in Access to maintain all the information previously kept in separate excel and word documents. All these items were necessary as we plan for the future of IPA and the probability of a stand-alone office. This will make it very easy to transfer all material to the new office when the AAP office space is no longer used by IPA.

Next 2011 Dues letter and questionnaire results were discussed. The letters were sent late in 2011. Normally letters go out in spring, but in 2011 the letters were sent out in late summer. Reply has been low. Second notices went out in late fall. All SC members will be contacted if second notices are not effective. There was concern that contact information was not accurate and hence this is the reason the notice response is low. The best way to increase dues is to ensure contact information is accurate, and that all societies understand the work and scope of IPA work.

Then Financial report 2011 and budget for 2012 was presented by Treasurer Dr. Zulfikar Bhutta and accepted. There will be only one SC meeting in 2012.

2011 Report of the IPA Foundation was presented. The IPAF is currently registered as a non-profit, tax-exempt entity in USA.

Then break-out Sessions for Working Groups on Advocacy, Communication, and Education were held. All SC members participated in one group.

Advocacy working group report:
Dr. Berkelhammer led the group in sharing the thoughts brought forth by the group. It was recommended that the IPA have a set of slides (created by the group) to distribute to all SC members to adopt and use with important topics for IPA programs. Once slides are done, they would create a workshop to train societies on how to use the slides. If all societies advocate for the same benefit it would help each other reach goals. The training would also help pediatricians learn how their own power and how to use it in an advocacy field. This should be based on regional meetings. They want to focus on a group of topics including: Early start in Life, Adolescent health, Early pregnancy and pre-conception care.

Communication working group report:
Website and Newsletter update:
- We are now ready to take into and create a database for our own mailing list from the site.
- We would like to, in the future, send a note to all members societies encouraging their members to join our mailing list. This will help get information out.
- Questions arose about setting guidelines and limits on what the IPA would send our mailing list.
- In 2012 Newsletter will be regularly published in present format.

Education working group report:
An update was given on Ham’s CPEC curriculum. The hand out that was shared by the education group as part of the agenda was not meant to compete with current programs but to give a checklist of competencies as a guide when writing curriculum. A step for all graduate education.

IPA congress, Melbourne Report was presented by Prof Neil Wigg. Various other reports like IPA AAP global Tobacco program, IPA Adolescent Health, Non-communicable diseases, Global immunization grant (GATES), Website update, Developmental Program, Environmental Health, PMNCH, Immunization, Decade of Vaccines, IPA Congress 2016 were presented and discussed.

A new Logo of IPA was presented by Prof Michael Krawinkel but no decision was taken.

Verbal and written reports were submitted by regional and, subspecialty societies including report from APPA.

Meeting ended on December 18, 2011 at 11:20 am
Increasing Birth Registrations


The resolution, entitled: “Birth registration and the right of everyone to recognition everywhere as a person before the law”, seeks action for universal registration at birth of all individuals, in order to reduce the high number of individuals throughout the world who are not registered and may never be registered during their lifetime.

HMN and WHO participated in consultations on the draft resolution and provided technical input.

Registration of birth – critical to better health

WHO estimates that 40 million or approximately one third of births are not registered each year. Many barriers can prevent people from registering births including: poverty, social exclusion, remote geographical location, disability, discrimination and vulnerability, as well as a country’s laws, subinstitutions and infrastructure. It is critical that an official birth certificate.

“Recent emphasis and action on the long-neglected, but critical issue of registering births, deaths and causes of death will lead to better health, equity and accountability,” says Dr. Marie-Paule Kieny, Executive Secretary ad interim, HMN and WHO Assistant Director-General for Innovation, Information, Evidence and Research. “I welcome this latest commitment by countries towards universal birth registration.”

“Lack of birth registration not only impacts the enjoyment of rights to which all persons are entitled, but may also hinder access to a range of essential services, including health care,” says Dr. Flavia Bustreo, WHO Assistant Director-General for Family, Women and Children’s Health. Moreover, without data on births, national governments will not have credible evidence as a basis for planning, implementing and monitoring public health policies and programmes, and the global community will have less facility in reaching internationally-agreed development goals.

“The Council’s resolution is therefore important and timely, and will provide further incentive for countries to ensure birth registration for all children.”

HMN: key partner

In 2012, the Commission on Information and Accountability for Women and Children’s Health, co-chaired and hosted by WHO, recommended that by 2015 “all countries (world) have taken significant steps to establish a system for registration of births, deaths and causes of deaths.”.

HMN has been designated as a key partner to lead actions for the realization of objectives of this first recommendation of the Commission. WHO and partners are currently facilitating a series of inter-country workshops on the Accountability Framework in which country teams start planning for a national roadmap to follow up on the recommendations of the Commission. Strengthening civil registration systems is a key component in this effort.

Lessons learned and guidance

Through its Multiple Interventions Using Information Technology (MOVE-IT) country projects in Africa and Asia, HMN will be generating lessons learned and guidance on best practices for improving civil registration in developing countries.

These will be presented at the 8th Africa Symposium for Statistics Development and Statistics Commission for Africa meetings in Abidjan, Ivory Coast in November 2012, and will provide an important input to governments in designing appropriate approaches to reach universal coverage of birth registration.

www.who.int/March 23, 2012
MEASLES & RUBELLA

Global Partners Launch New Plan to Control and Eliminate Measles and Rubella

Increasing measles outbreaks prove need to bolster investment and political commitment to reach global goals

Today, April 24, 2012, the partners leading efforts to control measles announce a new global strategy aimed at reducing measles deaths and congenital rubella syndrome to zero.

The announcement comes with the publication of new data using a state-of-the-art methodology showing that accelerated efforts to reduce measles deaths have resulted in a 74% reduction in global measles mortality, from an estimated 535,300 deaths in 2000 to 139,300 in 2010.

Vaccination has been key to this progress. Through increased routine immunization coverage and large-scale immunization campaigns, sub-Saharan Africa made the most progress with an 85% drop in measles deaths between 2000 and 2010, according to a new study published in today’s Lancet.

Vaccinating over a billion children

Since 2001, the Measles Initiative has supported developing countries to vaccinate over one billion children against measles. Now, in keeping with the new Global Measles and Rubella Strategic Plan to control and eventually eliminate measles and rubella, the initiative is called the Measles & Rubella Initiative. Measles and rubella elimination naturally go hand-in-hand, as measles and rubella vaccines are routinely combined in a single shot.

“A three-quarters drop in measles deaths worldwide shows just how effective well-run vaccination programmes can be,” says Dr. Margaret Chan, Director-General, World Health Organization (WHO). “Now we need to take the next logical step and vaccinate children against rubella, too.”

Investment and political commitment are critical

The new data underscores that progress in reducing measles deaths was especially strong from 2001 to 2008. However, when investment and political commitment to measles control faltered in 2008 and 2009, many children were not immunized.

Measles came roaring back and caused large outbreaks in Africa, Asia, East Mediterranean and Europe. In 2010, an estimated 19 million infants – mostly in sub-Saharan Africa and South-East Asia – did not receive measles vaccine.

These outbreaks combine with a delayed start in intensifying measles control in India, meant that the goal of 90% reduction in measles mortality by end of 2010 compared with 2000 levels was not met. In addition, target dates for measles elimination goals in the WHO Mediterranean and European regions had to be revised.

“Recent measles outbreaks have affected children in the world unevenly, with the poorest and youngest children the most at risk of death or disability,” said United Nations Children’s Fund (UNICEF) Executive Director Anthony Lake. “This new Strategic Plan stresses that measles and rubella vaccinations must be delivered to children deep in the poorest and hardest to reach communities.”

Strategic Plan to cut deaths

The New Strategic Plan presents a five-pronged strategy to cut global measles deaths by at least 95% by 2015 compared with 2000 levels and to achieve measles and rubella elimination in at least five WHO regions by 2020. The strategies include:

• high vaccination coverage;
• monitoring spread of disease using laboratory-backed surveillance;
• outbreak preparedness and response and measles case management;
• communication and community engagement; and
• research and development.

“Measles continues to kill children around the world and rubella is the leading infectious cause of congenital malformations in newborn infants; these are avoidable tragedies,” says Thomas R. Frieden, M.D., M.P.H, CDC Director. “This new plan outlines strategies we know work. It is time to partner with key countries to implement the plan in order to save our children from these terrible diseases.”

Under the new strategy, 62 countries currently not using rubella vaccine are encouraged to use their measles vaccination delivery system to introduce rubella vaccine into their national immunization schedule and protect families against both diseases with one combined shot. Many high-income countries already offer routine immunization for both measles and rubella through the use of combines measles-rubella or measles-mumps-rubella vaccine.
PHG Foundation Making Science Work for Health

Dear Colleague

I am delighted to announce the publication of the first topics of the PHG Foundation's free, online Health Needs Assessment Toolkit for Congenital Disorders. I am writing to you as part of an organisation or network whose members are in a position to make a powerful and positive impact on the lives of millions of children. The Toolkit can help achieve that.

In 2010, the World Health Assembly urged its member states to act to redress "the limited focus to date on preventing and managing birth defects, especially in low- and middle-income countries". To speed progress towards this critical objective, the PHG Foundation has developed this Toolkit to help countries, particularly low and middle income countries, plan and build practical services to prevent, diagnose and treat congenital disorders (also known as birth defects).

PHG Foundation is the trading name of Foundation for Genomics and Population Health, a charitable company registered in England and Wales.

What is the Toolkit?
The Toolkit gives health professionals a comprehensive database, information resource and systematic method to create robust cases for service development in the neglected area of congenital disorders. The seven topics now available are:
- Down's syndrome
- Neural tube defects
- Orofacial clefts
- Health services
- Preconception care and screening
- Prenatal services
- Newborn screening

Further topics will be added during 2012 and we will let you know that they are available as they are released.

Find out more about the Toolkit and what it can do at: www.phgfoundation.org / www.bornhealthy.org/toolkit

Who should use the Toolkit?
The Toolkit can be used by:
- Health policy makers and planners
- Geneticists
- Public health experts
- Other health professional working in the field of congenital disorders
- Health educators

Please share this information with colleagues in your professional organisation and networks and feel free to post it on your website. The Toolkit and email support are completely free, we only ask that you register to use it here.

If you have any difficulty or difficulties accessing the Toolkit, email us at toolkit@bornhealthy.org

Thank you

Dr Hilary Burton
Director, PHG Foundation

Financial support for the vaccine

From 2012, developing countries can apply to GAVI (formerly the Global Alliance for Vaccines and Immunizations) for financial support with the combined measles-rubella vaccine, a low cost and effective vaccine, deliverable through existing immunization structures. GAVI will also continue to offer the measles second dose vaccine.

"We're delighted to strengthen our partnership with the renamed Measles & Rubella Initiative, which has done great work to reduce measles infections and reduce mortality," GAVI CEO, Dr. Seth Berkley said. "With GAVI's US$605 million investment for both the combines MR and measles second dose vaccines in developing countries, this is an historic moment for the reduction and hopefully eventual elimination of both diseases," he said.

GAVI is a public-private partnership focused on saving children’s lives and protecting people's health by increasing access to immunization in poor countries.

US$112 million still needed
According to Kathy Calvin, CEO of the United Nations Foundation (UNF), an additional US$112 million is needed to achieve the global measles and rubella goals for 2015.

The release of the new measles mortality data and the Strategic Plan coincides with WHO’s World Immunization Week, with over 180 countries worldwide rolling out various activities to raise awareness and take action on the importance of immunization.

WHO, April 24, 2012 / Atlanta / Geneva / New York / Washington D.C.
2nd GCCPCH

Report on the 2nd Global Congress for Consensus in Pediatrics & Child Health

The 2nd Global Congress for Consensus in Pediatrics & Child Health (CIP) was held at Renaissance Moscow Monarch Centre Hotel, Moscow, Russia from May 17-20, 2012 with 1,200 participants from various countries.

The opening ceremony was held in the evening of 17th May, 2012 with a violin group followed by the opening speech by Dr. Manuel Kaiz, CIP President and CIP 2012 President, Dr. Nikolay Volodin, Chairman of the Russian Local Organizing Committee followed by other distinguished persons from Russia.

The scientific program started in the morning of the 17th May, 2012 and went on until the 20th May, 2012. At the closing, an award was given to the best E-poster out of 171 abstracts submitted.

The scientific program brought together 100 speakers from several countries featuring key leaders and opinion makers in all areas of Pediatrics presented as 7 plenary sessions, 15 master classes, 6 controversies and consensus and 8 industry symposia. Six controversies and consensus sessions included the scourge of obesity, issues in adolescent medicine, acute otitis media, the many faces of failure to thrive, AAP consensus on clinical and community preventive care and gastroenterology.

The 2nd Global Congress for Consensus in Pediatrics & Child Health was a very successful event in opening dialogue of all fields in Pediatrics worldwide, exchanging ideas, sharing new methods of prevention and treatment and breakthroughs, most of all it creates the worldwide partnerships that can cross borders not only to specialists, practitioners, researchers and scientists, but to the patients as well.

The 3rd Global Congress for Consensus in Pediatrics & Child Health will be held in Bangkok, Thailand on 13-16 February 2014 with Professor Usa Thisyakorn as the Local Organizing Committee.

Professor Usa Thisyakorn, M.D.
President, International Society of Tropical Pediatrics
President, Pediatric Infectious Disease Society of Thailand
Secretary General, Asian Society for Pediatric Infectious Diseases

The event was held in the millennium city of Gurgaon, Haryana, India, from January 18 to 22, 2012. The conference kicked-started on January 15, with a “Child Festival” organized to celebrate the theme, “Nurture with Care” and revolved around the concerns of the girl-child. Prominent citizens, celebrities, and administrators of India were present to advocate the case of the girl-child. They emphasized upon better survival opportunities for girls and providing an “equal” upbringing for the girl child. In another part of the conference venue, a workshop on good parenting and another one on basic life support training for citizens were held.

On January 16, two expert group meetings were held, one on Encephalitis and other on Public Private Partnership (PPP) for projects on child health. The meeting on encephalitis brought together 20 experts from various streams of medical science (Virologists, microbiologist, Pediatric neurologist, Pediatrician, Infectious disease Specialists and Health administrators) to present guidelines and management protocols for encephalitis to be published in Indian Pediatrics Journal and to be presented to the concerned State Governments and the Central Government of India.

The meeting for “Public Private Partnership – Expanding Horizons” was the brainchild of the Organizing Secretary of Pedicon 2012, wherein stakeholders from different agencies like UNICEF, WHO, USAID, UNFPA (United Nations Population Fund), Govt. of India, IAP, NNF (National Neonatology Forum), FOGSI (Federation of Obstetric and Gynaecological Societies of India), ABH, NABH (National Accreditation Board for Hospitals & Health Care Providers) and representatives of the state Government of Haryana, where PPP projects are successfully running, participated, and discussed strategies for implementing programs for better child healthcare in India in order to achieve the MDG 4 (Millennium Development Goals-4).

NRP (Neonatal Resuscitation Program) training was carried out on January 17 and 18 and the program was a huge success, with ten faculties from AAP (American Academy of Pediatrics) and an equal number from India. 110 Pediatricians were trained in NRP 2010 guidelines and these master trainers will be recruited to train other pediatricians in future.

The science at Pedicon 2012 was tailored to cater to the practicing pediatricians and to postgraduate students primarily. This was the first time that one entire workshop and one full day CME was devoted to teaching postgraduate students about techniques in exam preparation, and the method of clinical case presentation, by top postgraduate teachers of the country. More than 15 workshops were held on January 18, in various hospitals of Gurgaon, and at the main venue. These workshops were attended by more than 800 delegates and conducted by a faculty of more than 200 members. Most workshops were well attended, and the workshop for postgraduates on thesis writing and OSCE Objective Structured Clinical Examination was especially well received.

The main conference started on January 19 in a specially created Pedicon Village. The village was erected on 40 acres of barren land, where German aluminum hangers were used to house delegates during science sessions, and these were built around a 45 feet tall replica of the Singapore clock tower. The food court was located in a huge area adjacent to the science village, where all attendees had hot meals comfortably. Five CME’s were held on January 19 which were all very well attended. Two special CMEs held this year were: Clinical skills and preparation for examinations for Postgraduates, and another one on “Pediatrician as an entrepreneur”. The theme of the basic/essential CME was “critical care” in various types of shock. This hall was full beyond its capacity despite the cold and the fog. The IAP-AAP advanced CME was a mixed bag of chemotherapeutics, drug resistance, nosocomial infections, VLBW (Very Low Birth Weight) babies, Nitric oxide, ARDS and recent concepts of BMT, Liver transplant, Stem cell therapy, genomic medicine and vasculitis syndromes. The RCPCH (Royal College of Pediatrics and Child Health) & Allied CME (on pediatric surgery, orthopedics and radiology) were also well attended. The RCPCH was a mixed bag of topics on NIPPV in NB, Secondary deterioration in newborns, Celiac disease, Food allergies, Congenital heart disease, UTI & SLE (Urinary Tract Infection & Systemic Lupus Erythematosus).

The Conference was inaugurated on the evening of January 19 by the Honorable Chief Minister of Haryana, Ch. Bhupinder Singh Hooda. IAP’s National President exchanged the medallion with the outgoing President, and was warmly welcomed by the Pediatric fraternity. This was followed by a cultural evening and dinner. The following three days of January 20, 21 and 22 saw a very busy conference venue with the sub specialty chapter symposia, panel discussions, paper and poster presentations, plenary sessions, immunization dialogues and much more. The special features of the main conference were - dialogue based and interactive sessions, ask the experts sessions, panel discussions, serious subjects like HIV, TB, and diarrhea being discussed.
The 17th Biennial International Conference of Bangladesh Paediatric Association

The Bangladesh Paediatric Association (BPA) had organized the 17th Biennial International Conference of BPA on 17-18 February 2012.

Some 900 paediatricians from home and abroad attended the conference. Among them: Dr. Rohit Agrawal, President of Indian Academy of Paediatrics (IAP), Prof. Iqbal Ahmed Memon, President Elect of the Pakistan Paediatric Association (PPA), Dr. HT Wickramasingha, Past President of the Sri Lankan College of Paediatrics and Dr. Bajracharya Binod Lal, Secretary General of the Nepal Paediatric Society.

Two speakers from Australia and three from India also attended the Conference.

The theme of the conference was “Reaching Child Care at the Community Level”. Various child health issues were discussed at the conference and about 80 papers were presented on the two-day long conference.

alongside lighthearted but informative discussions on Dos and Don’ts of pediatric practice. There were 16 panel discussions in all, 24 subspecialty chapters/groups held their symposia during the three days. There were guest lectures on all three mornings and several topics were covered in ‘Pediatrics in Review’. On January 21, there were sessions on ‘Case scenarios’. The various cases discussed were failure to thrive, short stature, respiratory problems, encephalomyelitis and problem tuberculosis. There were also sixteen ‘Debates’ on various topics like- Influenza vaccine, IPV (Injectable Polio Vaccine), CPAP (Continuous Positive Airway Pressure) vs mechanical ventilation, food supplements, Montelukast, Cord blood banking, ICT (Intracranial Tension) vs. VATS (Video Assisted Thoracic Surgery), Rheumatic fever, Neonatal thyroid screening, relevance of laboratory correlation of clinical diagnosis.

A discussion on Polio eradication addressed issues of surveillance and the vaccination strategies (IPV and OPV-Oral Polio Vaccine) to be adopted hence forth. The SAARC (South Asian Association for Regional Cooperation) Symposium on Typhoid fever was well attended and generated a lot of interesting questions. The Dr Shantilal Seth oration by Dr. Raju Khubchandani focused on the development of Pediatric Rheumatology as a specialty in India over the last decade. A plenary session on conference theme dealt with sex selection issues, post birth discriminations and a discussion on gender related legislation. Another plenary session was on “Millennium Development Goals – 4”. The role of IAP and other international agencies in the strategic planning was discussed. The final rounds of Pediatric Quiz for Undergraduates and Postgraduates were conducted on the last day of the conference and saw a lot of interaction from audience. As a departure from norm, doctors’ emotional, mental and spiritual health was addressed by a spiritual leader, Sister Shivani of the Brahma Kumari sect, with two talks on “Self Awareness” and “Managing oneself”.

Pedicon 2012 saw an attendance of close to 8000 delegates and guests, who braved ambient temperatures of as low as five degrees C, to enjoy interesting science, ethnic food, and great entertainment. The organizers of the next National conference at Kolkata registered over 2,200 “early-bird” delegates for Pedicon 2013 at the venue of Pedicon 2012. The organizing team of Pedicon 2012 wished them well and pledged support. An unending stream of congratulatory messages form delegates poured into the mailbox of Pedicon 2012 even as last as a month after completion of the conference, and it is a matter of great pride for the organizers and for IAP in general.

Prepared by:
Dr. Ramesh Goyal, Chair, Pedicon2012, IAP office
Dr. M P Jain, Org Sec, Pedicon 2012
Dr. Devesh Aggarwal, Treasurer, Pedicon 2012
Dr. Satish Gupta, Hon Sec Gen IAP
International Events For 2012 & 2013 & 2014

Events In 2012

SINGAPORE

The Singapore Paediatric Society, in conjunction with the Singapore Perinatal Society and the College of Paediatrics and Child Health, Singapore, will be holding the inaugural Singapore Paediatric and Perinatal Annual Congress.
Date: July 7, 2012
Venue: Grand Copthorne Waterfront Hotel in Singapore.

This is the first time that a combined congress is held by both Paediatric and Perinatal Societies in Singapore and it is planned to be held annually. Delegates from the region are cordially invited to participate in what promises to be an interesting and fruitful update.
E-mail: secretariat@sps.org.sg
Tel: (65) 6772 4468
Fax: (65) 6779 7466

MALAYSIA

The 14th Asia Pacific Congress of Pediatrics (APCP) & 4th Asia Pacific Nursing Conference (APNC)
Theme: “Towards Equity in Child Health.”
Dates: September 8-12, 2012
Venue: Borneo Convention Centre Kuching (BCCK) in Kuching, Sarawak, East Malaysia.

The event is organized by the Malaysian Paediatric Association (MPA), supported by the Sarawak State Government, the Sarawak Convention Bureau, the Malaysia Convention and Exhibition Bureau, and Tourism Malaysia.
Website: www.apcp2012.org
E-mail: secretariat@apcp2012.org

INDONESIA

The 5th Child Health Annual Meeting of the Indonesian Pediatric Society
Dates: October 13-17, 2012
Venue: Bandung, West Java, Indonesia.
E-mail: idacohystp@gmail.com

UNITED STATES OF AMERICA

The 61st Annual Meeting of the American Society of Tropical Medicine and Hygiene (ASTMH)
Dates: November 11-15, 2012
Venue: Atlanta, Georgia, USA
Website: www.astmh.org/home.htm

PAKISTAN

The 21st Biennial Paediatric Conference
Theme: “Beyond the Barriers in Child Health.”
Dates: November 24-25, 2012
Venue: Karachi, Pakistan
Office Secretariat: Pakistan Pediatric Association (PPA) No. 5, P.M.A. House, Aga Khan III Road Karachi-74400, Pakistan
Website: www.ppa.org.pk
E-mail: ppabiennial2012@gmail.com / pkiennial2012@gmail.com

PAKISTAN

The 6th Asian Congress of Pediatric Infection Diseases (ACPID 2012)
Dates: November 28-December 1, 2012
Venue: Bandaranaike Memorial International Convention Centre (BMICC), Colombo, Sri Lanka
Website: www.acpid2012.org
Email: acpid2012@skenes.com

INDONESIA

Congress of Asia Pacific Endocrine Society (APPES)
Dates: November 14-17, 2012
Venue: Bali, Indonesia
Email: appes@willorganise.com.au
Website: www.appes2012.com

CHINESE TAIPEI

The 4th World Congress of Pediatric Gastroenterology, Hepatology & Nutrition (WCPGHAN) will be held in Taipei, Taiwan.
Date: November 14-16, 2012
Website: www.wcpghan2012.com
E-mail: wcpghan2012@gmail.com

Events In 2013

AUSTRALIA

The 27th International Congress of Pediatrics 2013 (ICP2013)
is organized by the Paediatrics and Child Health Division of the Royal Australasian College of Physicians (RACP).
Dates: August 24-29, 2013.
Venue: Melbourne, Australia
Congress website: www.ipa-world.org/ipacongress/

INDONESIA

The 6th Child Health Annual Meeting of the Indonesian Pediatric Society
Dates: November 9-13, 2013
Venue: Solo, Central Java, Indonesia

Events In 2014

INDONESIA

The 16th Indonesian Congress of Pediatrics (KONIKa)
Dates: July 2014
Venue: Palimbug, South Sumatera, Indonesia

— Compiled by Fairuz Naazi, Executive Secretary, APPA —
International Congress of Pediatrics 2013 (ICP2013)

The next International Congress of Pediatrics will be in Melbourne, Australia on the 24th – 29th August, 2013. The Host Society for this important event is the Paediatrics and Child Health Division of the Royal Australasian College of Physicians (RACP).

On behalf of the International Pediatric Association, and the paediatricians of Australia and New Zealand, I have great pleasure in inviting you to the Congress and to Melbourne in August next year. ICP2013 will be an exciting congress with a high quality program, opportunities to meet with colleagues from around the world, and the very best of culture and tourism that Australia can offer.

Professor Elizabeth Elliott, Sydney, is chairing the Scientific Program Committee of ICP2013. A comprehensive range of topics from health policy, child public health, primary through tertiary health care, education and training and research will be featured in the program. Adolescent health will be a major theme. In addition to Australian and New Zealand Paediatricians, the Program Committee includes Drs Jie Ding (China), Ali el Halabi (Jordan), Peter Cooper (South Africa), Gary Pekeles (Canada), Ricardo Uauy (Chile), Olle Soder (Sweden), Ralph Cohen (WOFAPS) and Nick Spencer (ISSOP). This panel will ensure a program of exceptional breadth and depth.

ICP2013 is less than 18 months away, so make an early decision to register the dates in your diary, and also plan to spend extra time “down-under” visiting Australia and New Zealand. You will not be disappointed.

Check out the Congress website at http://www.ipa-world.org/ipacongress/

Further information about the Congress will be added regularly.

I look forward to meeting you and to personally inviting you to ICP2013. You will find me at a booth promoting ICP2013 at the APCP Conference in Kuching, Malaysia in September.

Dr Neil Wigg
Congress President ICP2013

New Office Bearers of APPA Affiliates

MYANMAR

PAEDIATRIC SOCIETY OF MYANMAR MEDICAL ASSOCIATION (PSMMA 2012-14)
President: Prof. Saw Win
Joint Secretary: Dr. Nyunt Win

Address 1:
Prof. Saw Win, Professor & Chairman of Department of Paediatrics, University of Medicine (1), Yangon, Myanmar.
Office Tel: 951-222802-222810 (ext 305) E-mail: drsawwin@gmail.com

Address 2:
Paediatric Society of Myanmar Medical Association (PSMMA), Yangon Children Hospital,
No. 2, Pyidaungsu Yeiktha Road, Dagon P.O. Yangon, Myanmar. E-mail: nyuntwinrd@gmail.com

NEPAL

NEPAL PAEDIATRIC SOCIETY (NEPAS)
President: Dr. Jyoti R. Dhakwa
Immediate Past President: Dr. Dhana R. Aryal
President-Elect: Dr. Laxman Shrestha
Vice-President: Dr. Binod L. Bajracharya
General Secretary: Dr. Kailash P. Sah

Address:
Nepal Paediatric Society, G.P.O. Box No. 2668, Kathmandu, Nepal
Phone: 4412648 Fax: 4427449 Email: nepas2012@gmail.com Website: www.nepas.org.np
RotaTeq is an oral pentavalent vaccine indicated for the prevention of rotavirus gastroenteritis in infants and children caused by the serotypes G1, G2, G3, G4, and G-serotypes that contain PIA(8) (eg, G9). RotaTeq may be administered as early as 6 weeks of age.

As for any vaccine, vaccination with RotaTeq may not result in complete protection in all recipients.

The most commonly reported adverse experiences with RotaTeq (frequency >1/10) include diarrhea, vomiting, and pyrexia.

RotaTeq should not be administered to individuals with hypersensitivity to any component of the vaccine. Individuals who develop symptoms suggestive of hypersensitivity after receiving a dose of RotaTeq should not receive further doses of RotaTeq.

In clinical trials, RotaTeq was not administered to infants known to have immunodeficient household members. There is a theoretical risk that the live virus vaccine can be transmitted to non-vaccinated contacts. RotaTeq should be administered with caution to individuals with:
- Individuals with malignancies or who are otherwise immunocompromised;
- Individuals receiving immunosuppressive therapy.

GARDASIL is a vaccine indicated in girls and women 9 through 26 years of age for the prevention of cervical, vaginal, and vulvar cancers; precancerous or dysplastic lesions; genital warts; and infection caused by Human Papillomavirus (HPV) Types 6, 11, 16, and 18.

Gardasil is indicated in boys and men 9 through 26 years of age for the prevention of genital warts (condyloma acuminata) caused by HPV types 6 and 11.

GARDASIL is contraindicated in individuals who are hypersensitive to the active substances or to any of the excipients of the vaccine. Individuals who develop symptoms indicative of hypersensitivity after receiving a dose of GARDASIL should not receive further doses of GARDASIL.

Pregnancy should be avoided during the vaccination regimen for GARDASIL.

As for any vaccine, vaccination with GARDASIL may not result in protection in all vaccine recipients.

This vaccine is not intended to be used for treatment of active external genital lesions; cervical, vulvar, or vaginal cancers; cervical intraepithelial neoplasia (CIN), vulvar intraepithelial neoplasia (VIN), or vaginal intraepithelial neoplasia (VIN).

Syncope, sometimes associated with fainting, has occurred after vaccination with GARDASIL. Therefore, vaccinated individuals should be carefully observed for approximately 15 minutes after administration of GARDASIL.

The vaccine-related adverse experiences that were observed among recipients of GARDASIL at a frequency of at least 1.0% and greater than that for placebo were headache, dizziness, nausea, pain in extremity, and pyrexia for females 9 to 45 years of age, and headache and pyrexia for males 9 through 26 years of age.

GARDASIL should be administered in 3 separate intramuscular injections. Individuals are encouraged to adhere to the 0-, 2-, and 6-month vaccination schedule.