



International Pediatric Association
Newsletter

ISSN 2410-7069

Year 2019 Vol. 13 Issue 1 www.ipa-world.org

IPA Standing Committee

President: Zulfiqar A Bhutta, Canada, Pakistan

Executive Director: William J. Keenan, USA

President-Elect: Errol R. Alden, USA

Treasurer: Jay E. Berkelhamer, USA

Coordinator of Development: Naveen Thacker, India

Past President: Andreas Konstantopoulos, Greece

Mariana E. Lopez S, Panama

Dorothy Esangbedo, Nigeria (UNAPSA)

Shinichi Hirose, Japan (APPA)

(All above are also members of IPA Executive Committee)

Amha Mekasha, Ethiopia (UNAPSA)

Pramod Jog, India (APPA)

Aman Bhakti Pulungan, Indonesia (APPA)

Enver Hasanoğlu, Turkey (UNPSTR)

Katayoun Khatami Ghazvini, Iran (UNPSTR)

Leyla Namazova-Baranova, Russia (UNEPSA)

Fügen Çullu Çokuğraş, Turkey (UNEPSA)

José Brea Del Castillo, Dominican Republic (ALAPE)

Oswaldo Revelo Castro, El Salvador (ALAPE)

Basim Al-Zoubi, Jordan (UAPS)

Mohamed Douagi, Tunisia (UAPS)

Douglas Donald McMillan, Canada (CPS)

Linda Arnold, USA (AAP)

Shanti Raman, Australia (ISSOP)

Robert Armstrong, Kenya (IPALA)

Jie Ding, China (IPNA)

Usa Thisyakorn, Thailand (ISTP)

Jean Michel Guys, France (WOFAPS)

Zulkifli Ismail, Malaysia (APPA)

Edition summary	Page
Message from the President	2-3
Words from the Editor	4
Message from Coordinator of Development	5
IPA Activity Recap	6-25
What's New	26-31
29th International Pediatric Association Congress	32

International Pediatric Association Newsletter Chief Editor

Manuel Moya, Spain

Assistant Editor

Deepak Kamat, USA

ISSN 2410-7069

© 2014 All rights reserved by the International
Pediatric Association (IPA)



**International
Pediatric
Association**
Every Child · Every Age · Everywhere

Message from the President



Dear Friends and Colleagues,

It is mixed feelings that I pen these words; with happiness in “speaking” to you through our first issue of the IPA Newsletter for 2019, and also with some sadness as this is my last issue as your President. What a tremendous journey it has been over the last 15 years as part of the IPA family. It has been a unique honor to represent my fellow experts, pediatricians and friends as President of this auspicious organization since 2016. Collectively we have made leaps and bounds in our mission of improving children's health, and it is because of the commitment and passion that all of you demonstrate every day, and for that I thank you. I shall continue to serve the IPA as a fellow traveler and support the fantastic incoming leadership team.

We return with brilliant sections, “What's New”, our “IPA Activity Recap” which is filled with highlights and activities from our members, and our “IPA Congress” is fast approaching, if you haven't registered there is still to take advantage of **advance registration** until **March 14, 2019**. Our Congress is a

culmination of our collective expertise and an opportunity to network and engage with fellow pediatricians and subspecialties from around the globe. I personally want to encourage all of you, if you haven't registered yet, don't miss out.

As we approach our Congress in just a few short weeks in beautiful Panama City, there are many people I want to commend for their efforts as their tenures also come to an end. Dr. Naveen Thacker has worn many hats during his engagement with the IPA. Standing Committee Member, Coordinator of Development, Strategic Advisor for Immunizations, Dr. Thacker has worked tirelessly to further the mission of the IPA, and we are so appreciative of all that he has done to raise our profile through social media, engagement with our member societies, and to bring such passion in all he does. I know he will make an excellent Executive Director, but the role has a high standard.

Dr. William Keenan has been an incredible advocate, supporter, and champion for the IPA and I personally cannot express my deepest gratitude in having him alongside me as Executive Director, a mentor, and friend. Dr. Keenan will be taking on the leadership of the IPA Foundation so he will not be too far away, but Bill I personally want to say on behalf of myself, the IPA, our Member Societies, a huge Thank You!

I know you are all in excellent hands as President-Elect Errol Alden takes office at the end of our Congress in Panama on March 21st, and I will



IPA

International
Pediatric
Association

Every Child · Every Age · Everywhere

Message from the President

always have a special place for the IPA in all I do. Now friends, remember that our Congresses are not just a mechanism for scientific refresh but also serve to recharge our enthusiasm to make this world a better place for children and families. These

interactions are a critical refresh for pediatricians everywhere and we look forward to welcoming you in Panama City soon.

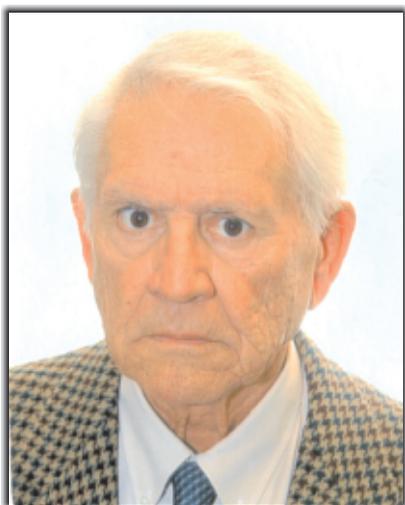
Sincerely,

Zulfiqar A. Bhutta
President, IPA



**International
Pediatric
Association**
Every Child · Every Age · Everywhere

Words from the Editor



Dear Readers,

In this issue, the usual sections of our Newsletter appear but with an attractive aroma of change. Please do not miss the final messages from Professor Zulfiqar Bhutta our President and from Professor Naveen Thacker our Coordinator of Development, they are hearty and prospective. The IPA Activity Recap gives us all the valuable news from you our members and reflects your active global work. The What's New section encompasses two concise subjects in this issue regarding immunization with new aspects of use for pediatricians.

Now please allow me to inform you that my term as Chief Editor will conclude at the Panama Congress and I wish to take a moment to summarize the newsletter's progress during my privileged tenure. Presently we have an ISSN that internationally identifies the publication, with more than 17,000 readers and we have been able to reach a reasonable periodicity of issue launchings. Not everything has been positive, as I have been unable to redefine our IPA Activity Recap with the volume of excellent activities to share from our members

and our What's New sections have at times exceeded the expected format of a newsletter kind of publication, but the novel research and discussion must be shared.

This regular distribution has been possible due to the firm support and cooperation of many people. I would like to express my gratitude to Zulfiqar Bhutta, our President, to William Keenan, our Executive Director and to Naveen Thacker, our Coordinator of Development, without them the life and growth of IPA NL would have been short lived. My thanks also to Deepak Kamat the Associate Editor. Finally, I would like to express my deep gratitude to the invisible team: Ms. Danielle D'Annunzio and Ms. Deity Ravi for organizing the content and so on facilitating its readability and dissemination. It has been a real joy to work with all of them. But without a doubt I wish to extend my spirited thanks to all our readers, their inputs and questions. They have always been considered the true reason of our newsletter, and the purpose behind all our efforts.

I am sure that my wishes for the future of this newsletter will be surpassed, by the excellent team of incoming President-Elect, Professor Errol Alden and the new Chief Editor will ensure the ascending trend of the IPA and its activities.

With my warmest regards

Manuel Moya
IPA Newsletter Chief Editor



**International
Pediatric
Association**

Every Child · Every Age · Everywhere

Message from Coordinator of Development



Dear Colleagues,
Season's Greetings!!

This is my last message to all of you as IPA Coordinator of Development and after the coming Congress in Panama I will be taking over as IPA Executive Director. I am fully aware about the responsibilities and expectations of this position and look forward to the taking them on.

Since its founding in 1910, the IPA has become a globally respected voice in the international health community. For over a century, we have been the only global body representing the professional societies of pediatricians. With representing over 1 million paediatricians from 164 member societies, this vast outreach addresses the care for more than 1 billion children worldwide.

When formed, the first objective the IPA defined was to foster "Friendship between the Pediatricians" as our predecessors knew that this would be key to achieving success in all works related to child health. Today it is more relevant than before. I would like to share with you my

upcoming priorities as I take on the post of Executive Director.

My first priority will be to connect pediatricians all over the world, for which I will make efforts to develop a strong communication network to reach pediatricians through our Member Societies.

As our Member Societies are the real backbone of IPA, I will ensure that they receive support and help in a better way. I will strive to take IPA driven programs at country level and to communities where there is a real need.

My second priority will be to develop an efficient and lean administrative structure which can support Member Societies and pediatricians.

My third priority will be to work with Member Societies on the SDGs, and to establish expert groups and design programs to address the top ten threats to global health as defined by the World Health Organization. To accomplish all the above mentioned objectives I hope to get the support from all IPA Member Societies.

I am fortunate to have Dr. Errol Alden as incoming President and Dr. Zulfiqar Bhutta and Dr. William Keenan who have mentored me and will continue to guide me through our future endeavours. I would also like to express my sincere gratitude to the 2016-19 IPA Standing Committee for all of the support they have extended me, it has been my pleasure to work with you.

Naveen Thacker
Coordinator of Development and
Executive Director-Elect



IPA

International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap

STRATEGIC PRIORITIES – HUMANITARIAN EMERGENCIES

An IPA priority is to help children who experience displacement in humanitarian emergencies. Dr. Karen Olness, is the IPA Strategic Advisor for Humanitarian Emergencies and has been working tirelessly on workshops, guideline collection, and initiatives to help educate and shine light on the issues of these vulnerable populations. In 2019 more children are displaced by man-made and natural disasters than ever before. The IPA has an active strategic advisory committee that is working on implementation of several goals. We welcome collaboration with other organizations such as the ISSOP and the International Child Development Association.

This report summarizes our goals and where we are in implementing them.

1) Increased training in problem based learning workshops focused on the special needs of children in humanitarian emergencies. Volunteer faculty conducted a workshop in Nigeria in 2018, and have workshops planned at the IPA Congress in Panama and at Case Western Reserve University in June. We have requested funding to allow us to do more workshops in the Middle East and South Asia in 2019.

2) We have written a manual on “How to help the children in disasters” that is available for free download from the IPA website. This manual is not written specifically for child health professionals but rather for general relief workers who may not be aware of the special needs of children.

3) Development of a list serve for participants in IPA sponsored workshops. This list serve is in process.

4) Provision of comfort kits and guidelines for their use in areas with displaced children. These comfort kits exist and have been used successfully in Haiti after the earthquake and in Thailand after the tsunami. Guidelines for their construction and use have now been uploaded to the IPA website and we sent 1,000 kits to children in Laos who were displaced by severe floods last fall.

5) Provision of disaster preparedness information to the IPA website. We anticipate a meeting in Panama to make decisions about guidelines that would be suitable for a range of countries, living circumstances and cultures.

6) Provision of guidelines to all pediatricians on the care of resettled children who have been refugees or internally displaced. Our committee has identified guidelines from the UK and the US. We ask that pediatricians in many countries send us guidelines which can be shared on the IPA website.

7) Provision of guidelines for relief workers on finding resources for displaced children with chronic illnesses. One of our committee members is seeking this information.

Visit the IPA website for more information and visit the link for the manual “How to help the children in disasters” noted above outlining comfort and



IPA

International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap

healing kits for children in these settings.

<http://ipa-world.org/uploadedbyfck/Comfort-Kits-for-IPA-website.pdf>

IPA CONGRESS

There is still time to register for the 29th IPA Congress in Panama March 17-21, 2019

IPA 2019
PARTNERSHIPS FOR CHILDREN
PANAMA CITY, PANAMA MARCH 17-21, 2019

PROF. ZULFIQAR A. BHUTTA
Presidente de IPA
Canadá

DR. IVAN WILSON
Vice-presidente científico de IPA 2019
Panamá

**LA ASOCIACIÓN INTERNACIONAL DE PEDIATRÍA (IPA)
Y LA SOCIEDAD PANAMEÑA DE PEDIATRÍA, LE INVITAN AL
29 CONGRESO MUNDIAL DE LA ASOCIACIÓN
INTERNACIONAL DE PEDIATRÍA**

Invite a sus colegas y compañeros

Ayúdenos a promover IPA 2019 y hacer de esta 29 edición
la mejor hasta el momento



Take advantage of advance registration until March 14, 2019

<https://www.ipa2019congress.com/registratio>

Visit the IPA 2019 Congress website for more information and be sure to check out the excellent program that has been carefully crafted by our excellent Scientific Committee, Congress and IPA Presidents and IPA Officers.

<https://www.ipa2019congress.com/schedule>

IPA Child Health Emerging Leaders Program (Child HELP)

This is an exciting new leadership development program for Early Career Physicians from IPA Member Societies, designed to help increase current and future engagement and leadership capacity within the IPA and its Member Societies, and to foster collaboration among emerging Pediatric leaders from around the world.

Call for ELP Applications: <https://goo.gl/D4waV8>

IPA EL Applications: <https://goo.gl/cK6eHN>



IPA

International
Pediatric
Association

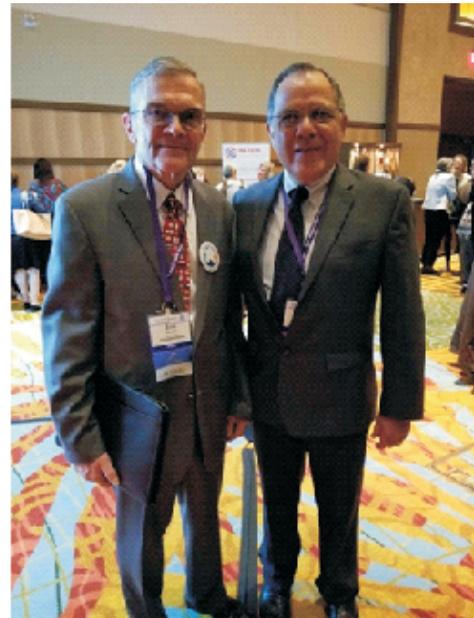
Every Child · Every Age · Everywhere

IPA Activity Recap

Conferences and Advocacy:

The close of 2018 hosted many great events for our IPA members, and Member Societies, and we've captured some of those moments here.

Bill Keenan at the American Academy of Pediatrics meeting in November receiving the 2018 Hillman Oleness award. With him is Linda Arnold. Errol Alden and Oswaldo Revelo also in attendance.



ISSOP IPA LPS UAPS gathering in Beirut, Lebanon November 5, 2018

Lebanese Pediatric Society
Posted by Joseph Haddad
1 min · 🌐
President IPA Bhuta LPS Joseph Haddad
ISSOP RAul Mercer gathering in beirut today
All devoted for children of the world





IPA

**International
Pediatric
Association**

Every Child · Every Age · Everywhere

IPA Activity Recap

November 12, the Scientific Committee for IPA 2021 met in London to discuss plans for the next Congress in Glasgow, Scotland.



Aman Pulungan speaking on World Diabetes Day, November 14, in Jakarta, Indonesia





IPA

**International
Pediatric
Association**

Every Child · Every Age · Everywhere

IPA Activity Recap



See Dr. Pulungan's interview for World Diabetes Day
Here is the link to the video <https://goo.gl/GfNz45>

Dr. Raj Asghar shared how the Pakistan Pediatrics
Association marked World Pneumonia Day





IPA

International Pediatric Association

Every Child · Every Age · Everywhere

IPA Activity Recap

The Nepal Pediatric Society (NEPAS) marks World Pneumonia Day



Shinichi Hirose speaks on World Pneumonia Day at a Media Session in Malaysia

World Pneumonia Day observed at RMU

Administration of pneumococcal vaccine and haemophilus influenzae type B (HIB) vaccine must to avoid pneumonia

Muhammad Gasim
Rawalpindi

Pneumonia considered as the number one killer of children kills an estimated one million children under the age of five every years around the globe, majority of which are of children below one year of age. Out of these, 90 per cent of deaths occur in developing countries.

In Pakistan, well over 50,000 children die before their fifth birthday and if not all, at least 70 per cent of these deaths can be avoided with the help of prevention and in time management of the cases.

Dean of Paediatrics Department at Rawalpindi Medical University Professor Rai Asghar said this while talking to participants of a seminar organized jointly by Pakistan Paediatric Association and Paediatric Department of Rawalpindi Medical University in connection with World Pneumonia Day observed on Monday.

Senior paediatricians from the twin cities of Islamabad and Rawalpindi attended the seminar. Professor Rai gave an overview of childhood pneumonia in Pakistan while Dr Ejaz Ahmed Khan from Shifa International Hospital discussed treatment protocols.

General (r) Salman Ali Principal Fiazia Medical College, Professor Saadia Naeemullah, Brig (r) Shahid Aziz, Prof Mahmood Jamal Ex ED PIMS and Prof Shahzad Mumir were among the expert panel at the seminar.

Professor Rai said prevention from pneumonia is easy and moreover very effective vaccine is available and included in our Expanded Program on Immunisation so it is important to give awareness to the community.

He said the mortalities due to pneumonia around the globe have been reduced to a great level after introduction of pneumococcal vaccine and haemophilus influenzae type B (HIB) vaccine and these vaccines which are available at all EPI centres across Pakistan must be administered to children below five years of age.

Dr. Rai said both the viral and bacterial infection can cause pneumonia and the risk factor is higher in winter. He said breastfeeding for two years and prevention from cold can help avoiding incidence of pneumonia among infants. To avoid pneumonia, parents should use warm clothing for children and avoid them from getting wet, he said.

Smoke from both tobacco and fuel may cause pneumonia among children and to avoid pneumonia, it is necessary to keep children's environment clean. Children should not be allowed to remain barefooted, he said.

Talking of the symptoms of pneumonia, he said fast breathing and lower chest wall indrawing are the main symptoms of pneumonia. A patient of severe pneumonia must need admission to the hospital while simple pneumonia patients can be treated at home, he said.

He said a patient of severe pneumonia also suffer from difficulty in breathing with severe respiratory distress along with central cyanosis in which colour of hands and feet particularly gets bluish.

On treatment protocols, the experts at the seminar said children suffering from either severe or simple pneumonia must be taken to the nearest healthcare facility without wastage of time and must be examined by a qualified physician.

Professor Rai, however, said general cough syrups and medicines for cold available in markets are contraindicated among young children as they may cause life-threatening complications. Instead of giving general cough syrups and medicines for cold, safe home remedies should be given to children like lukewarm green tea with honey to safeguard them from respiratory tract infections including pneumonia, he said.



IPA

International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap



See the video with Dr. Hirose, the Chief Paediatrician in the Ministry of Health, Senior Vaccine Officer in Ministry of Health facilitated by the radio commentator at the event. Here is the link to the video <https://goo.gl/ZzkGnj>

Ethiopian sessions for World Pneumonia Day





IPA

**International
Pediatric
Association**

Every Child · Every Age · Everywhere

IPA Activity Recap

Aman Bhakti , MD, Paed Consultant, PhD, FAAP President of Indonesian Pediatric Society has been awarded by the Ministry of Health of the Republic Indonesia as one of the Most Eminent Person who has been actively involved in the national immunization program. The award had been given by the Minister of Health herself today, November 12 2018. His statements "MR vaccination is effective and safe to prevent measles and rubella, make sure your child is vaccinated" have been quoted by the Ministry of Health.



IPA Executive met in London for a 2-day Meeting November 12-13, 2018





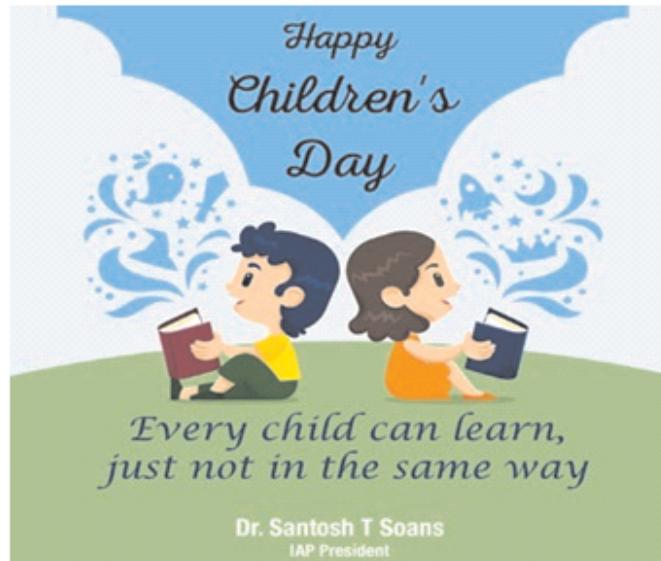
IPA

**International
Pediatric
Association**

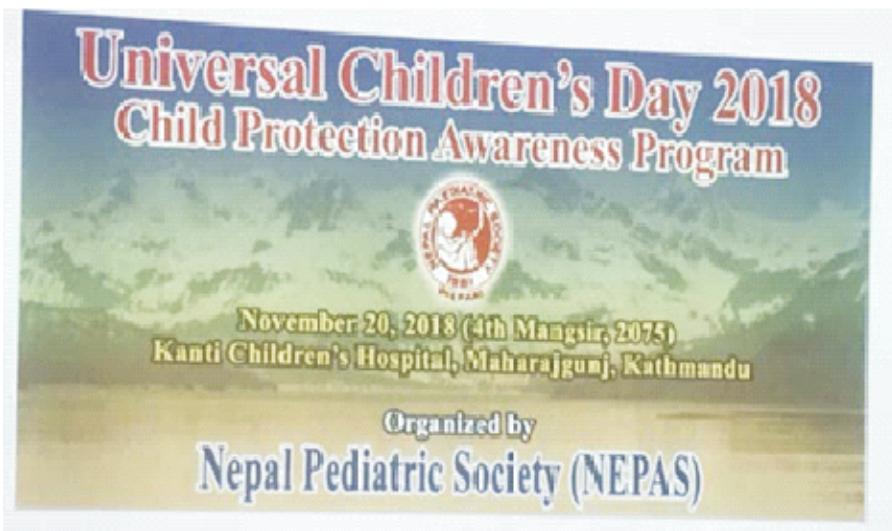
Every Child · Every Age · Everywhere

IPA Activity Recap

India Academy of Pediatrics marks Universal Children's Day



Nepal Pediatric Society marks Universal Children's Day, with a full day Child Protection Awareness Program





IPA

**International
Pediatric
Association**

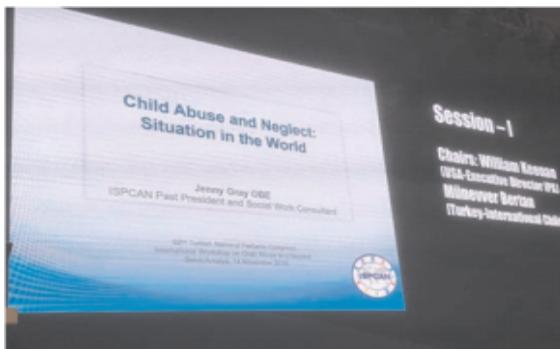
Every Child · Every Age · Everywhere

IPA Activity Recap

President Bhutta spending the Universal Children's day with fellow paediatricians, UNICEF colleagues, the Hon Deputy Prime Minister and Minister of Health of the Kyrgyz Republic in Bishkek.



Dr. Errol Alden speaking in the Child Abuse and Neglect Workshop in the Turkish National Pediatric Society Meeting





IPA

International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap

Dr. Alden, Dr. Hasanoğlu, Dr. Keenan and Dr. Pulungan are at the round table discussion session in the Turkish National Pediatric Society meeting in Antalya, Turkey

Dr. Bhutta and Dr. Hasanoğlu co-chairing a session in the 5th Iranian Turkish Pediatric Meeting which is taking place in conjunction with the 62nd Turkish National Pediatric Society meeting, in Antalya



Closing remarks by Professor Hasanoğlu

Dr. Enver Hasanoğlu and Dr. Oswaldo Revelo conference during the 62nd Turkish National Pediatrics Congress at Antalya



President Zulfiqar Bhutta talking about Global Child Health and Sustainable Development Goals





IPA International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap

Group photos from the International Workshop on Child Abuse and Neglect at the 62nd Turkish National Pediatrics Congress at Antalya



See how IPA member societies mark World Prematurity Day

MALAYSIA IN PURPLE !!
Catch us in glittering purple in support of babies born too soon !!

Wawasan Bridge Putrajaya
Menara Kuala Lumpur

1 IN 10 BABIES ARE BORN TOO SOON. WORLDWIDE

17TH NOVEMBER IS WORLD PREMATURETY DAY

Wawasan Bridge Putrajaya was lovely in bright purple yesterday. Today & tomorrow KL tower will be in glittering purple from 8 pm. Other venues - KOMTAR Penang, Menara Aca Setar & Terengganu signboard. Dedicated to babies who are born too soon.

HAPPY WORLD PREMATURETY DAY !!! 🇲🇾🇲🇾🇲🇾

See u all tomorrow for our Malaysian SuperPremies Run !!! 🇲🇾🇲🇾🇲🇾

4:18 PM 57%
mobile.twitter.com

Search Twitter

Log in Sign up

Kenya Paediatric Association
@Kenypaeds

Low-cost, high-impact tools such as the @WHO Safe Childbirth Checklist ensure that babies #borntoosoon receive the best care, this subsequently is part of what it takes to save #premature babies. #WorldPrematurityDay #Healthforall @UCSFPTBIEA @MOH_Kenya #KMCTrainingManualLaunch

#WorldPrematurityDay

Kangaroo Mother Care (KMC) is a low-cost, high-impact intervention technique where newborns are put on their mothers' chest, with skin-to-skin contact.

"Working Together: Partnering with Families in the Care of Small & Sick Newborns"

5:19 AM - Nov 16, 2018 - Twitter Web Client



IPA International
Pediatric
Association
Every Child · Every Age · Everywhere

IPA Activity Recap



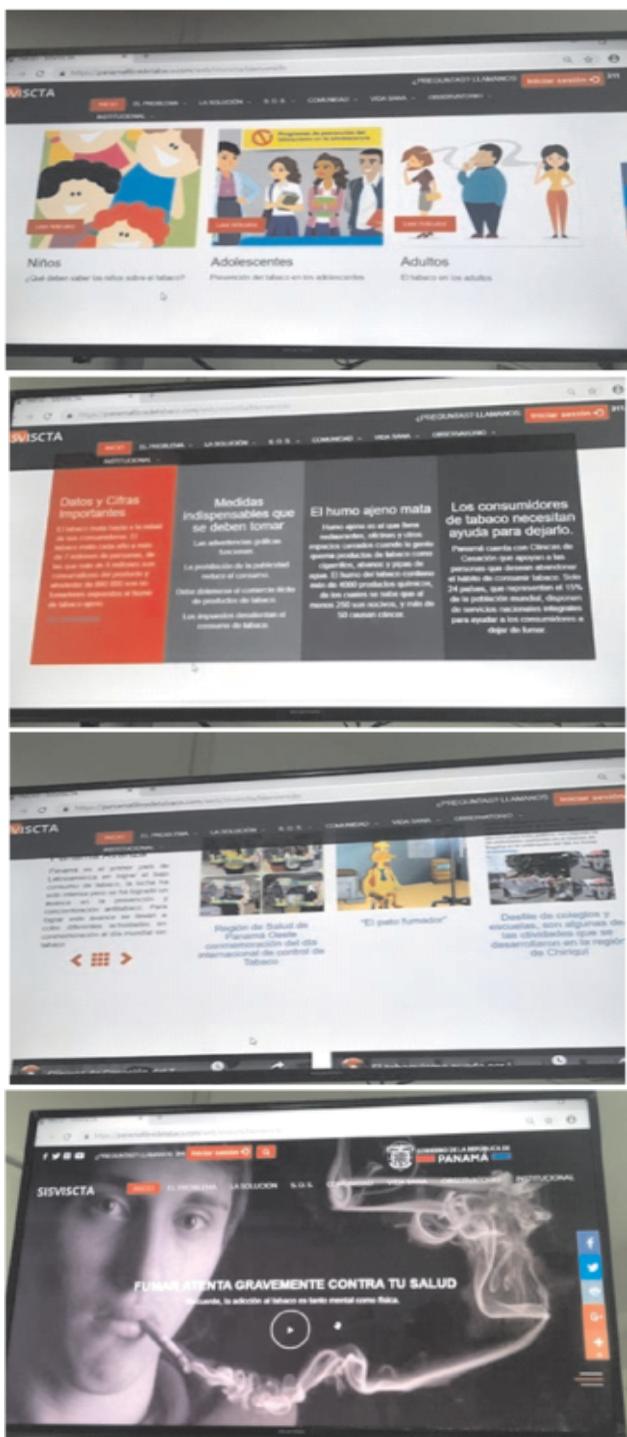


IPA International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap

Panama Ministry of Health launches website to prevent tobacco use.



Members gather for the 24th Biennial International Pediatric Conference Nov 21-25 Peshawar, Islamabad





IPA International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap



Strategic Advisor, and Coordinator of Development Dr. Naveen Thacker expertly organized the first IPA Vaccine Hesitancy Workshop Dec 14-16 in New Delhi, India.



IPA International
Pediatric
Association
Every Child · Every Age · Everywhere

IPA Activity Recap

Congratulations to Dr. Thacker for the accomplishments from this workshop and for championing this very important issue.





IPA International
Pediatric
Association
Every Child · Every Age · Everywhere

IPA Activity Recap



IPA Members Drs. Naveen Thacker and Zulkifli Ismail attend the Partners Forum 2018. Drs. Thacker and Ismail seen here with Dr. Ajay Khara, Deputy Commissioner of Child Health for the Government of India.

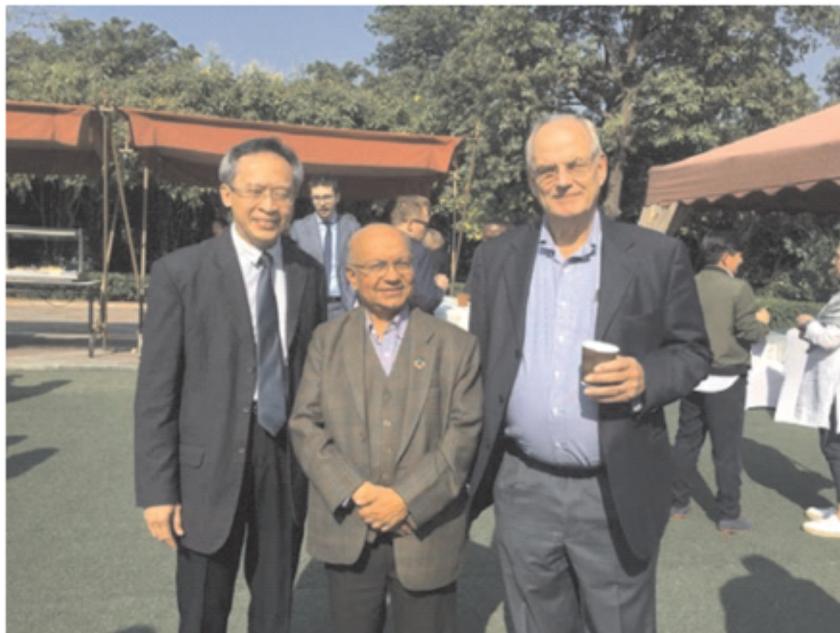




IPA International
Pediatric
Association
Every Child · Every Age · Everywhere

IPA Activity Recap

Dr. Zulkifli Ismail seen here with Dr. Kul Gautam a founding member of the PMNCH and Dr. Gerard Visser from FIGO at the Partners Forum 2018



Drs. Shinichi Hirose and Aman Pulungan present at The First International Symposium on Research Branding Project at Fukoka University.





IPA International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap



IPA Members Drs. Fugen Cullu Cokugras and Leyla Namazova present at the Turkish Paediatric Association 4th Young Paediatricians Congress, in Istanbul. Three young paediatricians who succeeded the exams in the last session will be sponsored completely to participate in EUROPAEDIATRICS 2019, Dublin.





IPA International
Pediatric
Association

Every Child · Every Age · Everywhere

IPA Activity Recap

IPA with the American Academy of Pediatrics and The Coalition of Centres in Global Child Health are hosting a joint Satellite Session at the Consortium of Universities in Global Health March 7, 1-5pm CST. Register here

<https://www.eventbrite.ca/e/migration-and-displaced-children-current-issues-and-potential-solutions-tickets-54944399177>



The Coalition CGCH
@CoalitionCGCH

Join us at the [#CUGH2019](#) Satellite Session on 'Migration and displaced children: current issues and potential solutions'. Hosted in partnership with [@AmerAcadPeds](#) [@IPAWorldorg](#) [@CUGHnews](#). Learn more & register:



Migration and displaced children: current issues and potential solutions
[eventbrite.ca](https://www.eventbrite.ca)

Missed our previous IPA Spotlight Messages, see them all on our Facebook page and below are the links to our most recent messages.

Universal Children's Day

<https://m.youtube.com/watch?v=SfiKIBFGwcc&feature=youtu.be>

World Human Rights Day

https://www.youtube.com/watch?v=6_3U_hO2OaE

Get involved

Are you interested in sharing a comment, a quote, or evidence on recent research or controversies in child health?

For more information contact:

membersupport@ipa-world.org

Engaged in groundbreaking work, have opportunities for advocacy, or recently published? Please share your work to:

membersupport@ipa-world.org



IPA

**International
Pediatric
Association**

Every Child · Every Age · Everywhere

What's New

(I)

Vaccines present failure coverage. A paradigm for human papillomavirus (HPV) diseases

When vaccines began to be effective their administration was heavily influenced by socioeconomic reasons but they have achieved an important reduction of preventable infections (diphtheria, poliomyelitis, etc) at different rates in different areas. After nearly a century the positive evolution is evident: we have more vaccines for more infectious diseases and the new ones are in general more effective with lesser side effects but perhaps with less efficiency due to the higher cost of some of them. The direct consequences of this have been to remove determined vaccines from the free immunization schedule for children and adolescents in some countries. Thus the economic factors return to our present world, where other new negative ones such as vaccine hesitancy have appeared. This one is considered by WHO (1) as one of the threats to the global health for 2019. IPA is contributing to counteract this attitude.

New hindrance aspects, social and technical, are represented by the lack of adequate information to families about vaccination and another being the presence of studies of an inappropriate design that later on would be used tendentiously. At this point and as an example let us consider the rotavirus vaccination, for decades it has been related to intussusception in the vaccinated infant. After the adequately carried out studies the real conclusion has not only been that this association was proved to be false, but even that the vaccination was

associated with a decline of type 1 diabetes at 4 years in a large cohort in Australia (2).

The vaccination adverse factors, mentioned general causes, some additional local circumstances should be considered. For instance a photograph appearing in a previous issue of this newsletter where the army is seen protecting the kid, family and the vaccination team against political/ religious violent organized activists could represent the importance of local situations, not always so hard fortunately but no less effective against this health action. As a further example and considering measles this bad symbiosis between these general and local causes have led to the undesirable and well documented reduction of vaccination coverage affecting to a different extent almost all countries: in 2017 there were an increased number of cases in five of the six WHO regions with 110,000 deaths. This is bad news because up to 2010 measles were decreasing all over the world. The main cause of this surge is the growing trend in under- or unimmunized children (3).

At this point it is necessary to consider the human papillomavirus (HPV) immunization status because of the severe consequences of this infection and also due to the fact that a newer vaccine is less well known. WHO on the occasion of the World Cancer Day wrote 'Let's eliminate cervical cancer' as it is a great threat to women's health with a death toll of 300,000 per year. In the same notification (4) the



IPA

International
Pediatric
Association

Every Child · Every Age · Everywhere

What's New

proposed actions were vaccination and screen. The screen program is complex with some weak points even in high income countries. Health campaigns in rural areas especially in low- and middle-income countries have more difficulties to be carried out and so recur to the strategies for vaccination promotion (5).

HPV not only causes the well known genital warts, in women it can cause also cervical, vaginal, vulvar, anal and oropharyngeal cancers, the last two also in men plus penile cancer, non-cervical cancers are on the rise specially in males of high-income countries. This clinical track should be considered by the pediatrician when dealing with the pre- or adolescent because of the availability of highly protective vaccines. The best choice is the one containing the virus-like particles (VLPs) of HPV oncogenic types 6, 11, 16, 18, 31, 33, 45, 52 and 58. It should be remembered that types 16 and 18 cause about 70% of cervical cancers and types 6 and 9 cause 90% of genital warts and all the nine types elicit a very effective antibody responses. In case the 9 component vaccine is not available do not hesitate to use another (4 VLPs) or even the older ones. The safety and effectiveness of these vaccines have been demonstrated in long term and large studies carried out in adolescents and women all over the world (6; 7). The most common problems of its administration are local and sometimes general but comparable to those out of standard vaccines use.

Despite safety and effectiveness and the firm recommendations from high health authorities its coverage is far from the desirable

due to several factors the most important being, the acceptance among adolescents and their parents which is low (16% and 34% respectively) probably owing to ignorance about HPV risks (8). In the case of females, acceptance is probably higher because women at risk of intimate partner violence believe and prefer prophylaxis (9). Next comes the cost, HPV vaccination rates cannot be the same when it is completely free (as in many EU countries) or when it is fully paid or if the reimbursement is partial and bureaucratic. Finally the information given to the adolescent (and parents) should be unhurried, clear and informative on the present risks and later in adulthood. The primary health care provider must take advantage of direct contact and confidence generated in previous knowledge, during any visit by adolescents and a few moments should be dedicated to this specific immunization.

Therefore we should keep in mind the CDC (7) recommendations for the vaccination against HPV:

- All children between 11 or 12 years should get two HPV vaccine shots 6 to 12 months apart. If the two shots are given less than 5 month apart, a third shot will be needed.
- HPV vaccine is recommended for young women through to the age of 26 and young men through to the age 21.
- Adolescents who get their first shot at the age of 15 or older need three doses over six months.
- Persons who have completed a valid series



IPA International
Pediatric
Association

Every Child · Every Age · Everywhere

What's New

with any HPV vaccine do not need any additional doses.

Additional guidance for specific populations can be found on the CDC website.

In summary, it may be said that the not wide coverage of HPV vaccination, together with the regression in measles prevention require not only

an enhancement from international health authorities but also a higher degree of communication specially at primary care level about the devastating effect of these diseases that are entirely preventable.

Manuel Moya

Emeritus Professor & Head
Universidad M Hernández. Alicante. Spain

References

1. WHO. Ten threats to global health in 2019. <https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>
2. Perrett KP, Jachno K, Nolan TM. Association of rotavirus vaccination with the incidence of type 1 diabetes in children. *JAMA Pediatr.* 2019. Doi: 10.1001/jamapediatrics. 2018. 4578
3. Dabbagh A, Laws RL, Steuler C, Dumolard L, Mulders MN, Kretsinger K. Progress toward regional measles elimination—Worldwide 2000-2017. *Morb Mortal Wkly Rep* 2018 doi:10.15585/mmwr.mm6747a6.
4. WHO. Let's eliminate cervical cancer. worldhealthupdates@who.int
5. Huchko MJ, Ibrahim S, Blat C, Cohen CR, Smith JS, Hiatt RA. Cervical cancer screening through human papillomavirus testing in community health campaigns versus health facilities in rural western Kenya. *Int J Gynaecol Obstet* 2018; 141(1): 63-9
6. Spinner C, Ding L, Bernstein DI, Brown DR, Franco LF, Covert C. Human papillomavirus vaccine effectiveness and herd protection in young women. *Pediatrics* 2019 doi: 10.1542/peds.2018-1902
7. NIH National Cancer Institute. Human papillomavirus (HPV) vaccines. Reviewed May 16, 2018. <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-vaccine-fact-sheet>.
8. Khurana S, Sipsma HL, Caskey RN. HPV vaccine acceptance among adolescent males and their parents in two suburban pediatric practices. *Vaccine* 2015; 33(13): 1620-4
9. Willie TC, Stockman JK, Keene DE, Calabrese SK, Alexander KA, Kershaw TS. Social networks and its impact on women's awareness, interest and uptake of HIV pre-exposure prophylaxis (PrEP): Implications for women experiencing intimate partner violence. *J Acquir Immune Defic Syndr* 2018 doi: 10.1097/QAI.1935.



**International
Pediatric
Association**
Every Child · Every Age · Everywhere

What's New

(II)

MATERNAL VACCINATION: CURRENT STATUS

Infections is a leading cause of mortality among children and immunizing children against infections is an important means of preventing these deaths. (1) Immunizing the pregnant woman protects not only the mother but also the fetus and the newborn infant. The newborn infant is protected by the transplacentally transferred IgG (2) as well IgA in the breast milk (3) till the infant develops active immunity acquired by the process of vaccination. The earliest age the infant can receive the vaccine is 6 weeks and the infant needs to receive multiple doses to develop better protection and therefore the infant is vulnerable to infections till almost 6 months of age. Maternal immunization with tetanus vaccines began in late 1980s and have since prevented hundreds of thousands of deaths due to neonatal tetanus (4). Subsequently, successful programs have been initiated where mothers are being immunized with influenza and pertussis vaccines. The effectiveness of pertussis containing vaccines in preventing infections and death in young infant has been shown to be more than 90% (5). Maternal influenza vaccination has not only reduced the influenza infections in mothers and infants under 6 months of age but has also shown decrease in premature births and still births. (6) There is no evidence of adverse maternal or perinatal outcomes with maternal vaccination (7).

Maternal vaccinations against Respiratory Syncytial Virus (RSV) and Group B Streptococcus (GBS) are on horizon because these two infections are major causes of morbidity and mortality among young infants. (8,9). The phase III clinical trial is underway with the primary outcome of this trial being prevention of RSV proven lower respiratory tract infection with hypoxemia in infants. Ideally the RSV vaccine should prevent infection and reduce severity of lower respiratory tract diseases, prevent hospitalization, reduce mortality, reduce the use of antibiotics for lower respiratory tract infection, prevent spread of infection to others, have beneficial effect on pregnancy and be safe for mother and infant.

GBS is a significant cause neonatal sepsis and meningitis. Maternal screening during pregnancy and prophylactic antibiotics during labor have been used for preventing GBS infections in neonates.(10) Bivalent, trivalent and pentavalent GBS vaccines are in works. Both clinical outcome endpoint and immunological correlates of protection need to be utilized to determine the effectiveness and safety of these vaccines.(11, 12)

Human cytomegalovirus infection (CMV) is the most common infectious cause of birth defects including sensorineural hearing deficit,



IPA International
Pediatric
Association
Every Child · Every Age · Everywhere

What's New

microcephaly, and developmental delay. (13) Therefore, it is logical to develop vaccine against CMV infection and few candidate vaccines are undergoing pre-clinical trial or clinical trials. The major issue with CMV is that the natural infection with CMV does not provide complete protection and therefore there is skepticism that the CMV

vaccine will provide protection from CMV infection. However, understating the immune response to CMV infection and identifying epitope which will induce a strong and lasting immune response may lead one day to development of a successful CMV vaccine. (14)

Deepak Kamat

MD, PhD, FAAP
Professor of pediatrics
Vice Chair For Education
Department of pediatrics
Wayne State University
Designated Institutional Official
Children's Hospital of Michigan

References

1. McGovern ME, Canning D. Vaccination and all-cause child mortality from 1985 to 2011: global evidence from the Demographic and Health Surveys. *Am J Epidemiol*. 2015 Nov 1;182(9):791-8.
2. Sager R, Kuhn P, Nicolaidis KH, Schneider Hand Malek A. Evolution of maternofetal transport of immunoglobulins during human pregnancy. *Am J Reprod Immunol*. 1996 Nov;36(5):248-55
3. Abu Raya B, Srugo I, Kessel A, Peterman M, Bader D, Peri R, Ashtamker N, Gonen R, Bamberger E. The induction of breast milk pertussis specific antibodies following gestational tetanus-diphtheria-acellular pertussis vaccination. *Vaccine*. 2014 Sep 29;32(43):5632-7.
4. Thwaites CL1, Beeching NJ2, Newton CR3. Maternal and neonatal tetanus.. *Lancet*. 2015 Jan 24;385(9965):362-70.
5. Effectiveness of Vaccination During Pregnancy to Prevent Infant Pertussis. Baxter R, Bartlett J, Fireman B, Lewis E, Klein NP. *Pediatrics*. 2017 May;139(5). pii: e20164091. doi: 10.1542/peds.2016-4091. Epub 2017 Apr 3. PMID: 28557752
6. Fell DB, Azziz-Baumgartner E, Baker MG, Batra M, Beauté J, Beutels P, Bhat N, Bhutta ZA, Cohen C, De Mucio B, Gessner BD, Gravett MG, Katz MA, Knight M, Lee VJ, Loeb M, Luteijn JM, Marshall H, Nair H, Pottie K, Salam



IPA International
Pediatric
Association

Every Child · Every Age · Everywhere

What's New

- RA, Savitz DA, Serruya SJ, Skidmore B, Ortiz JR; WHO task force to evaluate influenza data to inform vaccine impact and economic modelling. *Influenza epidemiology and immunization during pregnancy: Final report of a World Health Organization working group.* *Vaccine.* 2017 Oct 13;35(43):5738-5750.
7. Keller-Stanislawski B, Englund JA, Kang G, Mangtani P, Neuzil K, Nohynek H, Pless R, Lambach P, Zuber P. Safety of immunization during pregnancy: a review of the evidence of selected inactivated and live attenuated vaccines. *Vaccine.* 2014 Dec 12;32(52):7057-64.
 8. Shi T, McAllister DA, O'Brien KL, Simoes EAF, Madhi SA, et al Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in young children in 2015: a systematic review and modelling study. *Lancet.* 2017 Sep 2;390(10098):946-958.
 9. Seale AC, Bianchi-Jassir F, Russell NJ, Kohli-Lynch M, Tann CJ, Hall J, Madrid L, Blencowe H, Cousens S, Baker CJ, Bartlett L, Cutland C, Gravett MG, Heath PT, Ip M, Le Doare K, Madhi SA, Rubens CE, Saha SK, Schrag SJ, Sobanjo-TerMeulen A, Vekemans J, Lawn JE. Estimates of the Burden of Group B Streptococcal Disease Worldwide for Pregnant Women, Stillbirths, and Children. *Clin Infect Dis.* 2017 Nov 6;65(suppl_2):S200-S219.
 10. Verani JR, McGee L, Schrag SJ; Division of Bacterial Diseases, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC). Prevention of perinatal group B streptococcal disease--revised guidelines from CDC, 2010. *MMWR Recomm Rep.* 2010 Nov 19;59(RR-10):1-36
 11. Dangor Z, Lala SG, Kwatra G, Madhi SA. Group B Streptococcus: developing a correlate of protection for a vaccine against neonatal infections. *Curr Opin Infect Dis.* 2016 Jun;29(3):262-7.
 12. Giles ML, Krishnaswamy S, Wallace EM. Maternal immunisation: What have been the gains? Where are the gaps? What does the future hold? *F1000Res.* 2018 Nov 1;7. pii: F1000 Faculty Rev-1733
 13. Kenneson A, Cannon MJ. Review and meta-analysis of the epidemiology of congenital cytomegalovirus (CMV) infection. *Rev Med Virol* 17; 253-276.
 14. Schleiss MR, Permar SR, Plotkin SA. Progress toward Development of a Vaccine against Congenital Cytomegalovirus Infection. *Clin Vaccine Immunol.* 2017 Dec 5;24(12).



IPA

**International
Pediatric
Association**

Every Child · Every Age · Everywhere

29th International Pediatric Association Congress

International Pediatric Association and Sociedad Panamena de Pediatria on behalf of its Executive, Standing and Scientific Committees, welcome you to the 29th IPA Congress and wishes you a happy and friendly stay at Panama City.

We would also provide the highlights and extended information on the relevant scientific breakthroughs on the website and in the next issue so that the colleagues who are unable to attend the Congress may also benefit.

