

Healthy children
for a healthy world



INTERNATIONAL PEDIATRIC ASSOCIATION

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Pediatric Association (IPA)



Message from the President

Dear colleagues,

Greetings from the International Pediatric Association (IPA) and welcome to an enriched issue of our newsletter, containing news from all around the world!

We, at the International Pediatric Association (IPA) have renewed our call for the protection of all women, children and families potentially affected by armed conflict, by producing a new statement about families affected by war. This statement, together with all previous statements, can be found at www.ipa-world.org.



Please feel free to reproduce all IPA statements, helping us in protecting innocent souls!

As far as news around the world, I recently had the opportunity to visit Baku in Azerbaijan, where I attended the **XV Congress of Pediatrics of the Turkish World and Eurasian Countries** that took place on **September 11-12, 2015**. I also had the privilege, as President of the Hellenic Pediatric Society, to welcome my colleagues from Middle Eastern and Mediterranean regions in the **36th Union of Middle Eastern and Mediterranean Pediatric Societies (UMEMPS) Congress** that took place on **October 1-3, 2015**, in Athens Greece. I must say that both meetings offered a high quality scientific program!

The preparations for our **IPA 2016 Congress**, scheduled to take place in **Vancouver-Canada, on 17-22 August 2016**, are smoothly progressing. A first draft of our preliminary program is expected to be available soon, ensuring speakers' participation from all around the world. **The IPA 2016 Congress abstracts submission is now live**, I would therefore like to invite all of you to visit the official congress website and submit your abstracts (<http://www.ipa2016.com/abstracts>)!! Among our future promotional activities for the IPA 2016 Congress, is our participation in the **American**

Academy of Pediatric Meeting that will be held in **Washington DC – USA, on October 23-26, 2015**. We are therefore inviting you to **visit our booth number 1056**, meet IPA 2016 Congress Organizing Committee representatives and receive all exciting updates about the IPA 2016 Congress.

With my warmest regards and wishes for peace and prosperity all around the world,

Prof. Andreas Konstantopoulos
IPA President



Prof. Andreas Konstantopoulos, accompanied by Prof. Enver Hasanoğlu and Leyla Namazova, IPA Standing Committee members, on the occasion of XV Congress of Pediatrics of the Turkish World and Eurasian Countries



Message from the Chief Editor

Dear Readers,

The present issue of our Newsletter is perhaps a little large, but the activities related to IPA are getting more numerous. Because space should be respected some good texts are in the pipeline for the next issue. This trend could be considered initially as



positive but requires a calm afterthought about its frequency and observing the text limits. A new achievement is the consideration of ethics in publishing. Without invading the authors' ethics field, the ethics of the whole content is the responsibility

of the editorial team and this attitude is helped by the Guide to Ethics in Publications (www.printfriendly.com).

The fixed sections reflect the major activities and lines; they are summed up by our higher officers. The specific activities are marked by the present distressful circumstances affecting children consequently it is the very pertinent initiative of IPA such as the Statement on Families Affected by War. Also there is a growing joint participation with WHO and FAO in subjects with a clear repercussion in child health. The News Section as always reflects the usual National Societies activities which knowing them can have a stimulant effect, but a small inset (Fogarty) is important because it can help young clinical researchers to start a line of work.

Global Clinical Practice should not be missed. Accidents not only cause deaths (varied in different regions), but they also have an important economic burden (\$ 671 billion in 2013 in US). Therefore prevention should be a target that it is not always considered as it ought to be by health authorities in different countries especially when this important action is aimed at children. Thus, the article on prevention of injuries in children is extremely important to read and to take in because individual prevention attitudes can be gained from this.

The next paper in this section is no less important, there is a general idea that the Rh incompatibility is a matter of the past which is quite mistaken.

Hot Points section has two notes and you can see how they deserve their place here.

IPA Newsletter has been supporting the 28th IPA Congress from the beginning and although it is the last article in this issue it should not be overlooked. The main lines in it include really new thoughts on the traditional pediatric conferences with plenty of interest.

Finally, let me say, our newsletter is becoming more extensive but not at the required rate to contribute towards child health. So, dear reader, anything you can do in this sense would be in the favor of children.

Manuel Moya

IPA Newsletter Chief Editor

JOIN THE IPA NEWSLETTER DISTRIBUTION LIST!

In IPA we are putting all our efforts in keeping the pediatrician up to date, not only with information related to clinical practice, but also with news and updates of the Pediatric community from all around the world. Among our tools for reaching pediatricians is the IPA newsletter.

To this end, many IPA societies, are receiving a copy of the newsletter, which, in their turn, will be redistributed to all their members. Please feel free to contact the IPA Newsletter Editorial Team (newsletter@ipa-world.org), so as to make sure that your email is being added to our database in order to receive our news and updates.



IPA Ongoing Activities

EXECUTIVE DIRECTOR'S REPORT

Child Health at a glance:

This has been an exciting fall for child health activities.

Possibly the most exciting event which will influence the fate of children around the world was the launch of



a new Global Strategy For Women and Children's Health (EWEC

www.everywomaneverychild.org) (www.globalstrategy.everywomaneverychild.org) . The IPA plus more than 100 other organizations had input to the strategy construct and over \$25 Billion has been committed to woman's, children's and adolescents' health.

The theme of the new strategic document is Survive, Thrive and Transform. This initiative is likely to be critically important for every child around the world and each pediatrician should become familiar with this strategy which will take us all the way to 2030.

Another huge event was the release of the WHO iERG report, Accountability for Woman's and Children's Health (www.who.int/woman_child_accountability/iERG/reports/2015). Our own IPA president-elect Prof. Zulfi Bhutta was one of the authors. Inspirational highlights include a 64% reduction in child mortality from 1970 to 2013. The report points out that tremendous progress can be achieved with advocacy, political commitment and investments in child health. Unfortunately much more work is required to achieve the achievable- the elimination of all avoidable maternal, child and adolescent mortality by 2030. The reports help point the way to sustainable development goals with clear aims to improve neonatal, child and adolescent health. Every pediatrician will find value in this report.

A last note relates to the NCDs (non communicable disease) NCDs will be a major theme for international health initiatives over the next 15 years. The IPA is a valued partner in NCD-Child (www.ncdchild.org). We are hoping that a focus on NCDs in children will help the world respond to the huge variety of child health needs ranging from reduction in congenital anomalies, better nutrition and the care of chronic illness. The above listed website should be checked regularly by every pediatrician.

The IPA will try to keep pediatricians up to date on issues of Adolescent Medicine, Better Medicines for Children, Child Survival, Early Child Development, Environmental Health, Humanitarian Emergencies, Immunization, Non-Communicable Disease, Nutrition and Quality of Care.

I hope to see all of you engaged in the progress for children at the IPA Congress, Vancouver, August 17-22, 2016.

Dr. William J. Keenan
IPA Executive Director



IPAF REPORT

As Pediatricians, the sheer scope and magnitude of the ongoing refugee crisis from Syria stands as a testament to the fact there is a dire need for international pediatric collaboration in confronting the challenge of helping millions of displaced youth. We watch in horror as thousands of families with small children attempt to escape the death and destruction of war while desperately making their way to safer places in Europe and beyond.

At the moment, this is the most urgent child health issue in the world. According to UNICEF's Crisis report on Syria, nearly 2 million Syrian Children live as refugees in Turkey, Lebanon, and Jordan. These children are in refugee camps with a dire need of safe water, adequate sanitation, nutrition, but also medical care, immunization, protection from exploitation and abuse, education. The Syrian refugee children are also suffering the trauma of having left their homes, seen family members and friends killed, and witnessed the sounds and scenes of conflict.

As the crisis in Syria continues through its fifth year and the situation deteriorates, we mustn't forget that our fellow pediatricians and pediatric societies need our continued support. I am proud to say that in response to the refugee crisis, the International Pediatric Association Foundation (IPAF) has worked closely with the American Academy of Pediatrics' "Friends of Children Fund" and other supporters to reinforce previous efforts for the benefit of Syrian refugee children. The IPAF has coordinated efforts with pediatric societies and other partners in the region to provide assistance for the physical, mental, social, health, and well-being of Syrian refugee children.

The IPAF would like to thank those individuals, organizations, and governments who are doing their part to alleviate the traumatic effects of this crisis on an entire generation of youth. Together, the International Pediatric Association and its Foundation

stand ready to help. However, the Foundation cannot do this alone.

Donations of support in confronting these challenges are an investment in our future. If children are immunized, treated for malnutrition, mental illnesses, and other emerging conditions in this time of crisis, even small efforts can have major impacts on overall survival rates. Recent, IPAF response to the earthquakes in Nepal serve as wonderful examples of a timely response catered specifically to the needs of that nation's own pediatric society.

As more children escape the conflict in the Syria, the IPAF will continue to seek out and secure funds to support its efforts to secure the health and wellbeing of refugee children. We never really know where the next disaster will strike, natural or manmade, however, with your support, no matter how large or small, we can make a difference in addressing humanitarian crises.

I encourage you all to visit our website, <http://www.ipaf-world.org>. We also welcome financial support from member societies and pediatricians so that we can to continue to fund projects that make a difference in children's lives.

In addition, the IPAF website is a place where interested partners and individuals can learn about our efforts and donate funds to help advance the IPA's goals. We also use this site as a portal to introduce our grants and provide financial disclosures to donors.

Help continue the legacy and ask your pediatric society to contribute at <http://ipaf-world.org/donate>.

Thank you for all you do!

Dr. Errol Alden, MD, FAAP
IPAF President



The International Pediatric Association Foundation, Inc. (IPAF) works with national pediatric societies to promote the physical, mental and social health of children in order to achieve the highest standards of health for newborns, children and adolescents in all countries of the world. Incorporated over 10 years ago, the IPAF is the fundraising arm of the International Pediatric Association and provides seed money for research and education projects developed in collaboration with national pediatric societies. The IPAF also provides funding during humanitarian emergencies. Dr. Errol Alden is serving as the current IPAF President.



IPA SC Member Kunling Shen, IPA Treasurer Peter Cooper, former IPA President Dr. Chok Wan Chan, IPAF President Errol Alden, on the occasion of the IPA meeting that took place during the Chinese Pediatric Society Conference (September'15, Xiamen-China)

THE IPAF FOUNDATION (IPAF) IN ACTION

Your foundation has provided many awards in areas of disaster and conflict. Last year, it supported small project grants in member countries (14 were awarded last year). Members of the IPAF Board have acted as mentors for those grants. The projects have been amazingly productive.

This year through a generous donation we were able to have a competition for the Ihsan Dogramaci Research Award (IDRA). The \$20,000 award will be awarded annually to a pediatrician for a one year research project focusing on child health and/or child wellness.

We received 26 grant applications from 17 countries for the IDRA. After careful consideration by the selection committee, the grant was awarded to Dr. Prateek Bhatia at the Pediatric Hematology Lab of the Advanced Pediatric Centre in Chandigarh, India.

The grant is for a project to establish, phenotypic and genotypic screening to identify children with iron refractory iron deficiency anemia (IRIDA). Non-iron deficiency anemia is a relatively common problem in developing countries and this work will find ways to identify those individuals early in life so they won't be overloaded with iron. Dr. Bhatia has already made excellent progress: recruiting a senior research fellow and lab attendant, identifying 40 cases and 60 controls, and has begun doing serum hepcidin analysis and genetic analysis. Great progress by our inaugural awardee! Dr. Bhatia will present the results of his project at the IPA Congress in Vancouver in August 2016.

Watch for the next Ihsan Dogramaci Research Award application announcement.

Dr. Judith G. Hall



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IPA STATEMENT ON FAMILIES AFFECTED BY WAR

Parents and pediatricians are children's protectors. Children may consist 20% of the world's population but are, on the same time, 100% of our future.

The International Pediatric Association, loyal to its mission in supporting children all around the world, has renewed its call for protection of children and families affected by war.

I would like to invite all of you to reproduce this statement, helping us in protecting innocent souls.

Prof. Andreas Konstantopoulos
IPA President

IPA STATEMENT ON FAMILIES AFFECTED BY WAR

Children are the future of the world. Each of us is called to protect the innocents of this world. How children together with their families fare within a society can bring hope or a continuing cycle of despair. Anyone who brings harm to children and their families violates universal religious and humanitarian precepts. The global community and all relevant parties have the responsibility to end GRAVE VIOLATIONS against women, children and families affected by the war. Current or recent conflicts in areas such as Syria, Nigeria, Congo, Gaza, Israel and Iraq that target civilian populations will have catastrophic effects over many generations. These disastrous effects reach across all borders.

The International Pediatric Society representing 174 pediatric societies around the globe calls for:

- An immediate end to the violence against or involving any civilian population around the world.

- Adequate nutrition of vulnerable souls is an absolute necessity. Access to humanitarian assistance for these children and families is a duty of all combatants.
- Health care including immunization should be ensured for all affected women and children.
- Keeping children with their families. in any conflict or displacement situation
- Restoring and supporting the ongoing education of all children in any conflict or displacement.
- Commitment to the availability of healing and protective psychological support for all children affected by conflict.

LOYAL TO OUR MORAL DUTY AS PEDIATRICIANS, WE CLAIM AND DEMAND FULFILLMENT AND COMPLIANCE WITH THE ORDERS OF UNICEF CONVENTION FOR CHILDREN RIGHTS, ALL PARTIES IN ANY CONFLICT MUST AVOID ATTACK AGAINST INNOCENT SOULS IN ORDER TO AVOID CATASTROPHIC CONSEQUENCES FOR INVOLVED CHILDREN

The IPA Executive Committee has renewed its call for the protection of all women, children and families potentially affected by armed conflict. This statement is intended to augment previous statements that can be found at www.ipa-world.org



WHO COMMISSION ON ENDING CHILDHOOD OBESITY

“Obesity begets obesity”

The reduction of childhood obesity is a critical target as part of a strategy to promote a healthy life expectancy not only for the child but also for the next generation. Thus, WHO incorporates this idea into the discussion of the Sustainable Development Goals (SDGs) built upon the Millennium Development Goals (MDGs) and converging with the Post 2015 Development Agenda. The WHO Director-General set up in 2014 a Working Group for Ending Childhood Obesity with four core areas: Epidemiology, Economic Impact, Interventions and Monitoring that produced a carefully designed report (1). This document contributes to the scientific background for obesity prevention in the life-course context of an individual. President-elect Prof Z. Bhutta was in this WG. IPA participated in this action through its Executive Direction.

On the 14th October 2014 and also in Geneva WHO Headquarters, the WG met with the main international societies/ federations involved in obesity prevention. IPA through the TAG-Nutrition chair underlined the important role that its workforce of pediatricians can play in the core area of Interventions (2)

On the 3rd September 2015, WHO which was following again this track sent to IPA a questionnaire in order to ascertain the degree of priority on questions/ challenges to ‘prevent obesity and metabolic syndrome among children and adolescents by 2030’. Our responses given in due time covered the global situation and trends for pediatric overweight and obesity including the life-course approach (mainly on epigenetics), pure clinical aspects (comorbidities) to be considered and concise interventions on the overweights and other children at risk. All of them taking into account the widespread population and health care provider variety.

This is an important ring in the chain linking knowledge to individual health delivery.

**William Keenan
Manuel Moya**

References

1. Report of the first meeting of the ad hoc working group on science and evidence for ending childhood obesity 18-20 June 2014. Geneva Switzerland. WHO Library cataloging-in-publication data.
2. Report of the first meeting on ending childhood obesity. International Pediatric Association Newsletter 2015. Vol 10 issue 2.

EVERY WOMAN EVERY CHILD RESOURCE HUB

The United Nations Foundation through Ms. Anita Sharma as Executive Senior Director approached Prof William Keenan requesting IPA to join this hub, that will be the germ of critical communication support of the Global Strategy for Women’s, Children’s and Adolescents’ Health. The hub is already at work and can be reached via <http://www.ewechub.org>. There, it can be found also the interesting United Nations General Assembly (UNGA) calendar of events taking place at the UN Headquarters like the 70th General Assembly but also other activities related to the mentioned purposeful action. IPA will join this Global Strategy, true to its principles of gaining efficacy in child’s & adolescent’s health as it will be reported in the next issue.



IPA SUPPORTS CONSENSUS STATEMENT OF THE EFFECT OF CLIMATE CHANGE ON HEALTH. IPA EXPRESSES IT'S CONCERN FOR THE UNIQUE VULNERABILITY OF CHILDREN TO ANY ENVIRONMENTAL DETERIORATION.

An initiative of the Royal Australasian College of Physicians

Peak medical organisations from around the world have come together to call on States at the 2015 UN Climate Change Conference (COP21) to commit to meaningful and urgent action to combat the adverse health impacts of climate change.

The recently released Second Report of the Lancet Commission on Climate Change and Health: Policy responses to protect public health released in June 2015¹ and the wealth of available evidence demonstrates unequivocally that climate change is a global health issue. The devastating impacts of climate change on human health across the globe can no longer be ignored. Extreme weather events, disruptions to food and water supply, loss of livelihoods, threats to human security and alterations in climate-sensitive disease distribution and frequency will all be exacerbated by unchecked climate change.¹ These have serious consequences for physical and mental health and well-being.

Furthermore, the evidence suggests that countries that contribute the least to climate change are most likely to be severely affected. Many have limited resources to allow them to adapt to climate change and their health services already struggle to cope with the burden of climate-sensitive disease.²

COP21 offers the opportunity to limit the degree of warming to levels where adaptation is still possible. States must commit to meaningful measures to circumvent the adverse health effects of climate

change that threaten us all. It is imperative that States commit to investing in climate change mitigation measures and in assisting lower income countries to do so. Alongside these commitments from States at COP21, as a global health and medical community, we will also commit to promoting measures which will have positive co-benefits for our patients. There are significant immediate health benefits that flow from taking action on climate change at the individual and local level that will result in reduced rates of obesity, diabetes, cardiovascular and respiratory disease, improved life expectancy and reduced pressure on health systems.³

For further details:

<http://www.racp.edu.au/advocacy/consensus-statement-health-impacts-of-climate-change>

¹ The 2015 Lancet Commission on Health and Climate Change: Policy responses to protect public health

² Kjellstrom, T & McMichael, A.J (2013) Climate change threats to population health and wellbeing: the imperative of protective solutions that will last. Global Health Action 2013

³Climate change challenges to health. Australian Academy of Science (2015)



SUMMIT ON PROMOTION OF BREASTFEEDING AND EARLY CHILDHOOD NUTRITION IN THE FIRST 1000 DAYS

Breast milk is the best food for all babies and breastfeeding is the most natural feeding process to ensure healthy growth and development of children. The breastfeeding initiation rate in Hong Kong has been increased from 20% in 1970s to over 80% currently. However, the rate of exclusive breastfeeding up to 6 months of life is only around 20%. It is for this objective that the Hong Kong Paediatric Society and the Hong Kong Paediatric Foundation jointly organized a “Summit on Promotion of Breastfeeding and Early Childhood Nutrition in the first 1000 Days” at the School of Public Health and Primary Care, the Chinese University of Hong Kong on 11-12th July 2015 to explore possible solutions and to formulate strategic action plans for remedy of this alarming issue. The Summit was well attended by over 400 enlightened participants coming from various health disciplines including policy-makers, paediatricians, paediatric nurses, dietitians, allied health professionals, community child health workers, parents, industrial partners in infant nutrition as well as representatives from legal profession, social work, human resources and education.

The Organizing Committee chaired by Dr. CHAN Chok Wan has brought together renowned international and local experts as well as government officials. Keynote speakers including Prof. Manuel MOYA from Europe delivered the talks on “Essential Nutrition in the First 1000 Days of Life” and “Gut Health in Early Childhood”; Prof. ZHU Zonghan from China talked on “Improving Early Child Nutrition in Rural China” and Dr. LIU Xihong from China shared her experience on “Science and Logistics for Setting Up Human Milk Bank in China”; Prof. Sophia CHAN, Under-Secretary of Food and Health Bureau of HKSAR government stated the “Update of Breastfeeding in Hong Kong – Current Scene, Implementation Strategies and Policy in

Supporting Breastfeeding”; Prof. Tony NELSON reflected “Profile of Breastfeeding in Hong Kong”; Dr. Lilian WONG discussed “Infant feeding and effective parenting”; Dr. CHAN Chok Wan reviewed the “Ethical Issue on Early childhood Nutrition” together with many prominent local experts from academics, hospital setting, private institutions, legal system, marketing field, community organizations and lactating mothers converged and explored the issue in great depth together.

The Chinese character of mother 「母」 is a good candidate for campaigning breastfeeding. The central part and the two dots within can be easily identified as the nipples and the breasts. In fact the original definition of mother in China is a female nourishing and raising her offspring. The calligraphy of 「母」 in the program book cover comes from the inscription on the famous bronze vessel casted in the Zhou Dynasty. The Summit is dedicated to all child healthcare professionals, parents and families who are committed to provide the best nutrition to our babies. It has served as a good platform for all the stakeholders to share their valuable experience and innovative ideas in promoting and sustaining breastfeeding in Hong Kong and ensuring optimal nutrition to our children.

Dr. Lilian Wong



Hong Kong Breastfeeding Summit

IPA SUPPORTS INTERNATIONAL DAY OF THE GIRL CHILD: THE POWER OF THE ADOLESCENT GIRL

Dear Colleagues,

Throughout the world, adolescent girls are at risk of disappearing from the international development agenda and public awareness.

Despite progress in many arenas, adolescent girls risk disappearing from lack of education. They are disappearing because of preventable diseases. They are disappearing because of child marriage. They are disappearing from lack of investment in policies, interventions and services tailored to their specific needs and concerns.

At the same time there are nearly 600 million girls aged 10 to 19 in the world today, each with limitless individual potential.



UNICEF will celebrate the potential power of every adolescent girl as part of the fourth annual International Day of the Girl Child on 11 October. This year's theme is The Power of the Adolescent Girl: Vision for 2030. The topic offers an opportunity to highlight the importance of social, economic, and political investment in adolescent girls both today and in the future.

International Day of the Girl Child will be marked at UNICEF Headquarters in New York



Monday 12 October. Events include a panel discussion featuring UNICEF Executive Director Anthony Lake and key note speaker Chelsea Clinton, Vice Chair of the Clinton Foundation. The discussion will be followed by a dynamic exhibition showcasing success stories about girls from the UNICEF partners and other United Nations Agencies collaborating on the event.

As a part of the day's events, the Education for All Global Monitoring Report at UNESCO will launch a Gender Summary, [Gender and Education for All 2000-2015: Achievements and Challenges](#), which reports on global progress in achieving gender equity and equality in education since the year 2000.

How to get involved:

- Attend the IDGC event (send RSVP to dayofthegirl@unicef.org) or [watch the livestream](#)
- Visit our [IDGC website](#) featuring the theme, concept note, key messages, and examples of UNICEF partner activities
- Download the report: [Gender and Education for All 2000-2015: Achievements and Challenges](#)
- [Share social media messages](#) with your networks

I encourage you to celebrate the power and potential of adolescent girls on this important day and to renew your commitment to long-term momentum and investment in empowering girls. We must move beyond awareness-raising. We must support adolescent girls as they shape the present and become leaders of the future. It is time to consolidate good practice and focus on actions and results as we implement the new Global Goals. It is time to pave the way for a better and more equitable future for adolescent girls.

Claudia Gonzalez
Chief of Public Advocacy, UNICEF



News

THE 10TH ANNUAL CONGRESS OF IRANIAN PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

The 10th annual congress of Iranian Pediatric Gastroenterology and Hepatology was held in Tehran on May 27th -29th, 2015. Pediatricians, pediatric gastroenterologists, hepatologists and nutritionists took part in this annual meeting and speakers discussed about recent scientific subjects. Attendees of this congress came from different parts of the country as this was the most important event on pediatric gastroenterology, hepatology and nutrition through the year and they will have great advantages by participating this congress. It was a very successful congress.

The program included 10 panels covering almost the field of gastroenterology and hepatology.

It is a tradition to invite expert speakers to participate in this meeting. This year's event, had as distinguished guests Prof. Manuel Moya, Prof. Sanja Kolaček and Dr. Khaled Hussein. Prof. Manuel Moya is a Professor and Head of Pediatric Department of University Miguel Hernández, in Spain, Chair of the Technical Advisory Group on Nutrition of International Pediatric Association (IPA), Editor in Chief of IPA's newsletter, Member of the Board of Directors of IPA Foundation, and Vice-President of European Pediatric Association. His lecture topic was "Epidemiology of undernutrition and new approaches to the problem". He also took part in the panel by title of "Undernutrition is still a global problem" with other Iranian colleagues. Professor Sanja Kolaček is Professor of Paediatrics, Consultant in Paediatric Gastroenterology, Head of the University Division of Paediatrics, and Chief of Referral Center for Paediatric Gastroenterology and Nutrition in the University Children's Hospital Zagreb, Croatia and is currently the ESPGHAN Secretary General. The title of her speech was "Long-term consequences of early

programming". Dr. Khaled Hussein from Kuwait talked about IBD and nutrition. Dr. Khaled is a Consultant in Pediatric Gastroenterology, Nutrition, and Hepatology in Amiri Hospital. We enjoyed this scientific interchange and are eager to have International Pediatric Gastroenterology, Hepatology and Nutrition congress in the near future in Iran.

Dr. Kathy Khatami



Iran GI & N Congress. Prof. Moya, Prof. Khatami and Dr. Khatami.

INTERNATIONAL SOCIETY OF TROPICAL PEDIATRICS (ISTP)

IPA has been invited for being present at the preparatory phases (mainly on nutrition) for the next ISTP Congress taking place in Indonesia, in 2017, as well as to the minor activities during next year.

Those interested in joining these activities related to the specific health care, for the pediatric population living there, can contact Prof. Mortada El Sabrawi (meshabrawi@kasralainy.edu.eg) or Prof. Fredrick N. Were, President of ISTP and Dean of the Medical School of the University of Nairobi (frednwere@gmail.com).

TURKISH NATIONAL PEDIATRIC SOCIETY TRAINING MEETING IN SANLIURFA & SYRIAN REFUGEE CAMP VISIT IN OSMANIYE REGION

To better prepare the world's pediatricians to address environmental issues that affect children's health, the International Pediatric Association launched the International Pediatric Environmental Health Leadership Institute.

The central office of the Turkish National Pediatric Society along with its regional office in Sanliurfa has organized a training meeting for paediatricians, family physicians and practitioners who provide healthcare service to the Syrian refugee children living in the camps around Sanliurfa region. Seventy participants attended this meeting which was held on May 23rd, 2015. Sanliurfa is a city located in the southeastern part of Turkey close to the Syrian border, where approximately 300 thousand Syrian refugees live. Children living in this region suffer from various health problems. In a training program tailored to help find solutions to these problems, faculty members from different universities participated to the meeting with lectures on topics including; feeding and nutrition in childhood, approach to the wheezing infant, approach to the child with metabolic disorder, approach to the child with chest pain, diagnostic approach to the child with rheumatological disease and when to suspect early puberty.

Executive Committee members of the Turkish National Pediatric Society with representatives of the Ministry of Health have visited a refugee camp in Osmaniye, a city located southern region of Turkey. The purpose of the visit was to observe the conditions the children living in, and to learn the opinion of healthcare providers and other managers of the camp about the things to do for a better service to the children.

By then, June 2nd, 2015, the population of the camp was 9200 of which approximately one third were younger than 18. It was observed that Ministry of Health and Prime Ministry Disaster & Emergency Management Agency had made enormous efforts to provide support in all aspects of life for people living in the camp. However, a support seemed to be required especially in terms of mother education and

communication, for access of the children to the services which were already provided and present in the camp. In collaboration with the Ministry of Health, the Turkish National Pediatric Society is now planning a training and education program especially for mothers consisting child feeding and nutrition, hygiene, prevention of infections, child development, how to use medications, family planning and how to access services in the camp.

Prof. Enver Hasanoğlu

Prof. of Pediatrics, Secretary General of TNPS, UMEMPS, Member of IPA Standing Committee



Visit in the refugee camp in Osmaniye city, located southern region of Turkey



SUSTAINABLE DEVELOPMENT GOALS (POST-2015): A BOOSTER FOR CHILD HEALTH AND CHILDREN'S RIGHTS

REPORT ON CONFERENCE HELD IN GENEVA, 7-9 SEPTEMBER 2015



The conference on Sustainable Development Goals (SDGs), held days before the UN meeting to endorse them, was timely. The discussions on the SDGs and where children's rights and health would fit into the new agenda were presented in both English and French, reinforcing the truly global agenda. Dr Olivier Duperrex (ISSOP Conference Convener) set the scene by defining key terms, including MDGs, SDGs, and the Convention on the Rights of the Child. Gerison Lansdown spoke about child rights and the SDGs, in particular the expanded commitment to children and rights compared to the MDGs. However there were significant challenges including the lack of a holistic vision for delivering to children. The newly appointed Director of Maternal, Newborn, Child and Adolescent Health (WHO), Dr Anthony Costello, spoke about the Global strategy for Maternal, child and adolescent health, 'Survive, thrive, transform'. He highlighted the problems the world was facing particularly the effect of climate change on the world's poor. Octavian Bivol from UNICEF outlined the lessons learnt from health

MDGs and identified UNICEF's key tasks for children in the post 2015 era.

In summary, the consensus was that SDGs were a significant departure from MDGs applying to high and low/middle income countries and embracing a strong rights-based agenda. For paediatricians, key challenges in the SDG era are:

- Commit meaningfully to Every Woman Every Child
- Maintain focus on violence against children
- Paediatric education/training
- Health in all policies

Dr Shanti Raman,

IPA Standing Committee and ISSOP Executive Committee

FOR OUR YOUNG RESEARCHERS

FOGARTY EMERGING GLOBAL LEADER AWARDS AVAILABLE

The purpose of the Fogarty Emerging Global Leader Award is to provide research support and protected time to a research scientist from a low- or middle-income country (LMIC) with a junior faculty position at an LMIC academic or research institution. This intensive, mentored research career development experience is expected to lead to an independently funded research career. This Funding Opportunity Announcement (FOA) invites applications from LMIC scientists from any health related discipline that propose career development activities and a research project that is relevant to the health priorities of their country.

For further information regarding NIH Fogarty International Center Emerging Global Leader Award (K43)

<http://grants.nih.gov/grants/guide/pa-files/PAR-15-292.html>.



Global Clinical Practice

THE GLOBAL BURDEN OF INJURIES IN CHILDREN AND INJURY PREVENTION

Michael E. Höllwarth

The burden of injuries: annually, unintentional injuries are responsible for more than 830.000 deaths of children under the age of 18 years. Thus, injuries are the major killer of children beyond the 1st year of life in high-income countries and beyond the 5th year of life worldwide (Fig 1, Fig 2). More than 90% of all fatal injuries in children occur in low and middle-income countries and the burden is heaviest among the poor families (Tab.1). Injuries are a growing public health problem requiring urgent attention. Road traffic injuries, drowning and fire related burns are the leading causes of death among 15 – 19 year olds and the second leading cause among 5 – 10 year olds (Fig 3) (WHO – Global Burden of Disease 2004). Today, millions of lives of babies are saved by programs related to infectious diseases and nutritional deficiencies however, injury prevention programs must be included in such activities as the children grow up and are subjected to injuries (World Report on Child Injury Prevention 2008). Non-fatal injuries are associated with different causes when compared to fatal injuries. More than 75% of all non-fatal injuries in children up to 6 years of age occur in the home or closely around the home, in the garden or in the playground. Nevertheless, they are a major financial factor for the social and the health care system - additionally to the tragedy for the family in cases of severe head injuries, burn or drowning. Annually, tens of million children require hospital care for non-fatal injuries and long-term morbidity and disability may follow (Tab.2).

Injury prevention: the most important message is that most of the injuries, especially in small children, can be prevented by simple measures and precautions. If an injury cannot be prevented, e.g. fall from a bicycle, the

severity of the injury can be significantly reduced by wearing protective appliances. Injury prevention is a very cost-effective public health strategy because the money used for preventive measures is an order of magnitude lower than the cost for the needed treatment and rehabilitation

To start with effective intervention programs, data on injuries and its determinants are essential for identifying priority issues and high risk groups. However, robust information systems about child injuries and the consequences are missing in many middle- and low-income countries. Furthermore, human resources are limited and therefore governmental and non-governmental organizations and academic institutions should work closely together and share their resources. Pediatricians and Pediatric Surgeons are in the first line treating children after an injury and enjoy a high level of respect within the families. They can inform the parents about most typical age related injuries in the growing child and their advice in regard to injury prevention measures has a high value.

Some of the important fact and suggestions for prevention are outlined in the following paragraphs.

- 1) **Home safety:** Falls are the most common causes of injuries in small children. The fall from the diaper changing table occurs common, even in small babies which are not yet able to turn them self around. It can be completely prevented by changing the diapers on the floor. As soon as the baby starts to walk, it will fall quite often on the floor, but falling over stairs causes severe head injuries and can be prevented effectively by a stairs guard. Babies love to put small toys into their mouth with the risk of suffocation. Thus their playthings should not be smaller than a table tennis ball. Button batteries can create severe damage in the esophagus or stomach and should not be used in children toys as well as kept carefully out their reach. Falling out of the window is typical for 2 – 4 year old children, as soon as they are able to push a



chair close to the window and to open it. Window guards are not expensive and can prevent that serious injury completely. Furniture/TV tip-over are typical injuries occurring in children 4 years and older. All these furniture's have to be fixed safely and any options allowing the children to climb up should be eliminated.

- 2) **Road traffic injuries:** As children grow and their world extends beyond the home, they are exposed to traffic using the roads as vehicle passengers, pedestrians (schoolchildren), cyclists, and motorcyclists. Children in vehicles account for up to 50% of all child traffic death in high-income countries, while 5 – 14 year olds are most at risk as pedestrians and account for 30 – 40% of all road traffic death in low- and middle-income countries. Effective measures reducing road traffic injuries are protective equipment's in vehicles such as restraint seats adequate for the child's age and seat belts for adolescents in the front and rear seats. Parents should advice their children about the safest way and adequate behavior on the road in the first 2 – 3 years of school. Pedestrian injuries are more common in the second school year when the child is not more as prudent as in the first year. Bicycle and motorcycle helmets can prevent severe head injuries very effectively. Legislation of compulsory wearing helmets has been shown to reduce severe head injuries significantly thereby reducing mortality rates or long-term disability.
- 3) **Drowning:** In most countries of the world drowning ranks among the top three causes of death from unintentional injuries. Around a quarter of non-fatal drowning episodes have lifelong economic and health consequences One can observe two different circumstances of drowning: small children around 1 - 4 years of age can already drown in a few centimeters of water (bath tub, little plastic pools); with the face under water they have their eyes often open and could stand up easily, but they drown fast and quiet without moving; when the situation is observed and they are taken immediately out of the water, they are perfectly

normal; the pathophysiological process is not well understood. In contrast, drowning in older children is usually a vago-vagal reflex with a sudden cardiac arrest; even after a short time under water, they need resuscitation. In order to prevent drowning, small children close to any water must never be left unobserved by the caretakers, even not for a minute. Any family swimming pool or pond should have a four-sided fence around. Educate the kids about swimming and safe swimming skills are effective in prevention of drowning, too. Furthermore, parents with children should be well trained in first aid skills and CPR.

- 4) **Burns:** Nearly 96 000 children under the age of 20 were fatally injured in 2004 as a result of fire related burn with a death rate significantly higher in middle- and low-income countries when compared to high-income countries. Sub-Saharan countries carry an extraordinary high burden of burn injuries due to densely populated informal settlement areas with inadequate electrification, and kerosene stoves or open flame for heating. Smoke inhalation is strongly associated with mortality. Installation of smoke alarms in all household levels including sleeping areas are effective devices reducing severe burn incidences. Scalds and contact burns are causes of long-term morbidity and disability. Three quarter of burns in young children are from hot water, thus child protecting regulations of hot water taps should be provided in each household. Accidental exposure to CO (Carbon monoxide) can kill without warning because the poisonous gas has no taste or smell. It is released when carbon containing fuel (gas, oil, kerosine, coal, wood) does not burn fully. This happens when not enough fresh air is available when the heaters, fires or cookers are poorly maintained or the out ways or chimneys are blocked. In extreme weather conditions with a longer and cold chimney the fumes are often pushed back into the room and CO concentration may become toxic.



Effective injury prevention needs a strategic collaboration of caregiver education, public policy and legislation supported by repetition of prevention program. In a southern part of Austria a “Safe Children Community” was founded in a region of 60 000 inhabitants with 12 000 children up to 14 years of age. Under the leadership of “Safe Kids Austria” a collaborative network was established including all relevant organizations such as police, fire worker, and majors of local villages, water safety groups, parent groups, pediatricians, teachers, physiotherapists and many others. Over 4 years many injury prevention messages, different activities and programs in regard to the most common causes of injuries were initiated with the helping groups, children and parents. All child injury data when hospital care was needed - either as outpatients or inpatients - were recorded and compared with data of a similar region without any special injury prevention activities. After 4 years, there was a 16% reduction of all child injuries and a 14% reduction in comparison to the control region. The effect has been maintained over the following years clearly indicating that once injury prevention messages are mentally incorporated they are observed in the future, too. The project was certified by the WHO and officially nominated as the “1st Safe Children’s Community” in the World.

In conclusion, unintentional injuries in children are a major health problem in all countries. Injury prevention actions are extremely effective in reducing adverse fate from the children and families. The costs associated with prevention programs are many magnitudes lower than the health care expenses. Pediatricians and Pediatric Surgeons can contribute substantially to injury prevention by teaching families, advising insurances, child related groups and local politicians and by urgently asking for implementation of related legislations from the country government.

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Figures

Rank	<1	1-4	5-9	10-14
1	Congenital Anomalies 22,778	Unintentional Injury 6,503	Unintentional Injury 4,207	Unintentional Injury 5,326
2	Short Gestation 19,054	Congenital Anomalies 2,152	Malignant Neoplasms 1,950	Malignant Neoplasms 1,935
3	SIDS 9,252	Malignant Neoplasms 1,517	Congenital Anomalies 779	Suicide 946
4	Maternal Pregnancy Comp. 6,943	Homicide 1,516	Homicide 525	Homicide 881
5	Unintentional Injury 4,557	Heart Disease 672	Heart Disease 389	Congenital Anomalies 724
6	Placenta Cord Membranes 4,427	Influenza & Pneumonia 463	Chronic Low Respiratory Disease 201	Heart Disease 602
7	Respiratory Distress 3,349	Septicemia 335	Influenza & Pneumonia 172	Chronic Low Respiratory Disease 256
8	Bacterial Sepsis 3,288	Perinatal Period 254	Cerebrovascular 169	Influenza & Pneumonia 187
9	Neonatal Hemorrhage 2,496	Benign Neoplasms 224	Benign Neoplasms 160	Cerebrovascular 181
10	Circulatory System Disease 2,289	Cerebrovascular 209	Septicemia 150	Benign Neoplasms 160

Figure 1: Cause of mortality in a high income country (USA, CDC)

Rank	< 1 year	1 to 4 years	5 to 9 years	10 to 14 years
1	Perinatal conditions	Lower respiratory infections	Lower respiratory infections	Lower respiratory infections
2	Diarrhoeal diseases	Childhood cluster diseases	HIV/AIDS	Road traffic injuries
3	Lower respiratory infections	Diarrhoeal diseases	Road traffic injuries	Drowning
4	Malaria	Malaria	Childhood cluster diseases	HIV/AIDS
5	Childhood cluster diseases	HIV/AIDS	Drowning	Tuberculosis
6	Congenital anomalies	Perinatal conditions	Meningitis	Protein-energy malnutrition
7	HIV/AIDS	Protein-energy malnutrition	Fire burns	Fire burns
8	Protein-energy malnutrition	Congenital anomalies	Tuberculosis	Self-inflicted injuries
9	Syphilis	Drowning	Protein-energy malnutrition	Leukaemia
10	Meningitis	Road traffic injuries	Falls	Interpersonal violence

Figure 2: Worldwide causes of mortality (UNICEF Youth on Road Safety)

Unintentional injury death rates per 100 000 children^a by cause and country income level, World, 2004

	UNINTENTIONAL INJURIES						TOTAL
	Road traffic	Drowning	Fire burns	Falls	Poisons	Other ^b	
HIC	7.0	1.2	0.4	0.4	0.5	2.6	12.2
LMIC	11.1	7.8	4.3	2.1	2.0	14.4	41.7

Table 1: Injury related mortality in high-income and middle- and low-income countries (WHO-Uncef Report 2008)



**Rh DISEASE CONTINUES TO BE A MAJOR THREAT TO BABIES ACROSS THE WORLD
A CHALLENGE FOR PEDIATRICIANS**

Every pediatrician is a leader in their community and an advocate for the well being of every child. It is my privilege to introduce the thoughtful comments of two pediatricians who have contributed to the health of thousands and thousands of those children we hold so dear.

The message by Drs. Zipursky and Bhutani call pediatricians to play a pivotal role in preventing a major cause of child mortality and morbidity. They ask each of us to work vigorously to help achieve the necessary but cost effective Rh disease prevention strategies in every community. Use your substantial and sustained persuasive powers to partner with obstetricians, midwives, and medical officers to enact updated practices. We are being asked to work with health leaders and administrators to help wipe out this very preventable cause of death and debilitating lifelong injury.

Dr. William J. Keenan
IPA Executive Director

**Rh DISEASE CONTINUES TO BE A MAJOR THREAT TO BABIES ACROSS THE WORLD
A CHALLENGE FOR PEDIATRICIANS**

Alvin Zipursky
Vinod Bhutani

Rh disease continues to be a major everyday threat with huge impact on thousands and thousands of families around the globe.

14% of all pregnant women who are Rh negative and bearing an Rh positive fetus will develop anti Rh antibodies. Babies born of mothers with anti Rh antibodies will develop Rh hemolytic disease with a 50 % risk of one of three outcomes: 1) die in utero, 2) die shortly following birth or 3) develop serious jaundice

with a significant risk of major brain damage from kernicterus

The administration of anti-Rh gamma globulin to Rh negative women who have delivered an Rh positive baby saves lives and spares heartache. Effective anti-Rh gamma globulin prophylaxis prevents those women from developing anti-Rh antibodies which could affect their next Rh positive fetus. Rh prophylaxis, prevents Rh hemolytic disease of the newborn.

Currently, Rh disease is very preventable and rarely, if ever, seen in high income countries. The eradication of Rh disease in high income countries is considered one of the great successes of modern medicine.

Regrettably Rh disease has only been eradicated in a small portion of the world. Best available evidence suggests that each year, in low- and mid-income countries, over one million Rh-negative women who have delivered an Rh-positive baby have not received prophylaxis. Best estimates put the number of newborns suffering and/or dying needlessly from Rh haemolytic disease at over 100,000 each and every year 1,2.

What can we, as pediatricians and pediatric societies, do to protect babies and address this egregious situation? First we can acknowledge and publicize the failure to prevent Rh disease as a major global child health issue. Second, we need to vigorously advocate that protection be provided to all Rh-negative women, not just those lucky enough to be living in the wealthy parts of the world. Such advocacy is needed at national policy levels, at our local institutions and within our national professional societies.

RECOMMENDED STEPS THAT WILL REDUCE RH DISEASE BY 90%

1. Test all women during pregnancy or immediately after birth for blood groups and for the presence of anti Rh antibodies.



2. Test blood groups of babies of Rh negative mothers immediately after birth.
3. Administer anti Rh (anti D) gamma globulin within 72 hours of delivery to each Rh negative mother of an Rh positive baby.

2. Zipursky A, Bhutani VK. [Impact of Rhesus disease on the global problem of bilirubin-induced neurologic dysfunction.](#) Semin Fetal Neonatal Med. 2015 Feb;20(1):2

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Dr. Vinod Bhutani: Bhutani@stanford.edu

ADDITIONAL STEPS TO APPROACH 100% PROTECTION

1. Administer anti Rh gamma globulin to Rh negative women during the third trimester of gestation to prevent Rh isoimmunization prior to delivery.
2. Administer a larger dose of anti Rh (anti-D) gamma globulin if transplacental fetal-maternal hemorrhage is detected
3. Administer Rh (anti-D) gamma globulin following an abortion.

Need more information or assistance with advocacy? Contact CURhE.

CURhE is a multi-pronged effort to help eliminate Rh disease around the world through research, implementation projects and advocacy led by Dr. Alvin Zipursky of the Hospital for Sick Children in Toronto or Dr. Vinod Bhutani of Stanford University*. CURhE includes clinicians and researchers from around the world, as well as industry. The International Pediatric Association (IPA) and the International Federation of Gynecology and Obstetrics (FIGO) strongly endorse the goals of CURhE and association representatives have been working with CURhE in a supportive capacity. The IPA presented the issue to the World Health Assembly in Geneva, May, 2015.

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Hot Points in Pediatric Care & Prevention

HOW TO HELP THE CHILDREN IN DISASTERS

This is the fourth edition (2015) of a manual originally published in 1998 by Health Frontiers to provide guidance on how to help children affected by natural or man made disasters. It was written for both pediatric and non pediatric professionals. We intended those people who have little knowledge about the special needs of children would gain insight into how to help them in disaster situations. The book contains 32 chapters. Topics include Priorities for Children, Triage and Children, Sexual and Gender Based Violence, Epidemiology, Water and Sanitation, Nutrition, Routines for Children, Media and Disasters, Books and Reading for Children, Newborn Resuscitation, Immunizations and International Law.

The manual is available on the IPA website (<http://ipa-world.org/society-resources/code/images/19q4bcd-ChildenDisastersBookCreateSpace%20Rev%20Y3-1.pdf>) for free download

**Karen Olness,
Anna Mandalakas
Kristine Torjesen**

WARNING - NEVER ALLOW CHLORHEXIDINE DIGLUCONATE IN THE EYE

For the great interest Prof D McMillan has facilitated us the information below reported from Nigeria but relevant to many other parts of the world. While chlorhexidine digluconate applied to the umbilical cord of the newborn can help prevent sepsis and save lives, there is a serious potential for misuse. In addition to advocating for packaging standards to minimize potential misuse, health care practitioners must ensure that parents clearly understand instructions for care after birth. The International Pediatric Association (IPA) urges its member societies to reach out to their members and other newborn health care personnel with this important message.

Date: Sun 6 Sep 2015

Source: [Nigerian Health Watch](#)

Early in September 2015, in Yobe State in Nigeria, a 3-week old baby was brought to a doctor with corneal ulceration leading to immediate blindness. The doctor took a detailed history, and the only possible cause that he could find was the use of what the mother described as "eye drops", given to her as part of a pack to support the delivery. The doctor asked the mother to go home and bring in the "eye drops".

The content of this bottle is chlorhexidine digluconate 7.1 percent solution packaged in a white plastic bottle apparently manufactured by Galentic Pharma (India) Pvt Ltd (<<http://www.galentic.com/>>). The problem with this is that chlorhexidine digluconate 7.1 percent is licensed for use in Nigeria as an antiseptic gel to be applied to the newborn's cord stump to prevent infection. Most people reading this will associate the container as the usual means of dispensing eye drops in Nigeria. It should never have been applied to the eyes, and therefore should never have been delivered in containers generally used for eye drops, especially when you are targeting an intervention at the poor

living in mostly rural communities. It has been distributed in Yobe since March 2015.

What are the consequences so far? There are 5 known cases of irreversible blindness associated with the use of these drops already, 3 reported in Yobe State and 2 in Adamawa State. The 3 children in Yobe are 3 weeks, 4 weeks, and 2 years old. All their parents were uneducated, their fathers are farmers. This will represent the socio-economic circumstances of many people in the area. An unknown number of these containers were distributed to patients in Yobe, and Adamawa through government primary healthcare centers. The source of these bottles is not yet clear. They do not have a NAFDAC [National Agency for Food and Drug Administration and Control] number inscribed on them. It is not clear if they were distributed in other states in Nigeria. We have some very graphic pictures of the consequences of these drops on children, which we have decided not to show here.

What has been the response? Many astute and hardworking physicians and other health care workers have personally led advocacy campaigns and search efforts to retrieve as many of these bottles still in circulation. Our understanding is that NAFDAC (www.nafdac.gov.ng), whose vision is to "safeguard the health of the nation" and the National Primary Health Care Development Agency (NPHCDA) (www.nphcda.gov.ng), have responded to this, as well as the Yobe State Government, trying to find and retrieve as many of the remaining bottles in circulation. The Yobe State Ministry of Health has reached out to all the Primary Health Care and Maternal and Child Health coordinators in the Local Government Areas with relevant information and apparently all the remaining stock of the drugs have been collected and as much as possible, those that were already dispensed traced and retrieved. It is clear that health workers did not actually prescribe the drugs for use in eyes but the packaging was misleading and parents mistakenly used these as eye drops. Local awareness campaigns have

been carried out and the 3 children affected in Yobe are getting care and support. At the time of publishing this piece, none of the responsible agencies, the Federal Ministry of Health (FMoH), or the Yobe State Ministry of Health has made any public announcement, and there is nothing on any of their websites.

If you are a clinician reading this, especially if you are practicing in northern Nigeria where the few cases have been reported, look out for the bottles in the image (shown below) and retrieve these. Immediately contact relevant authorities with the information. Please inform any clinician that you know who deals with children on the situation and ask them to look out for these bottles.



Image: Chlorhexidine digluconate 7.1% solution packaged in a white plastic bottle distributed in Nigeria

Distribution chains are generally weak and porous in Nigeria, but we know how well we can work together when there are concerted efforts.

Details of the product being withdrawn is as below:

Composition: Chlorhexidine Diguconate Solution BP 7.1 percent

Manufacturing Licence no.: KD-214

Batch no: variable

Manufacturing date: variable

Expiring date: variable



28th International Pediatric Association Congress

When asked why I put forward my name for consideration as the IPA 2016 Congress President, I indicated that this is a challenging opportunity to work with others from around the world to contribute to improved health for children and youth. This will also provide an opportunity for other groups to meet and discuss mechanisms to contribute to the same goal. This is an opportunity for many to share their expertise and experience and for all to continue to learn. As professionals working with children and youth, we should recognize the importance of development in our patients and in ourselves. This is a message I would like to share with others.

The 2016 IPA Congress in Vancouver, August 17-22, 2016 will have the theme of **Community, Diversity and Vitality**. For the International Pediatric Association, our **community** is the children and youth for whom we care. However, we also recognize the importance of families (especially mothers) and other members of the “village” who contribute to the health and happiness of our future generations.

As Pediatricians, we recognize the **diversity** of people in these important processes. These include not only members of the health care team (Nurses, Respiratory Therapists, Dieticians, Pharmacists, Psychologists, etc.) but also those who contribute to education, water, sanitation, transportation, and an economy which allows families to appropriately care for their children and youth. Most, but not yet all, recognize the need to preserve religious, ethnic, gender and other diverse identities with mutual respect as we collectively assist all global children, youth and their families. We must strive for individual health and happiness which will contribute to the health and happiness of the whole society.

Vitality has many forms. It may be the tiny preterm baby struggling for life outside the womb after having emerged before being fully prepared. It might be the teenager struggling with the complexities of social adjustment along with affective disorders such as depression (which often does not emerge to be addressed as soon as it should). These and other topics will be included in the IPA 2016 Congress to assist learning and provide renewed energy for pediatricians and other health care workers.

Attend the Congress August 17 to 22, 2016 to participate in the scientific and social events. Contribute your abstracts (and the prior work necessary) and plan to attend the sessions which will help you (and others) to be more effective contributors to the health of children and youth. Make new friends and colleagues who will contribute to both your personal and professional growth.

As in a previous newsletter, I will reiterate “**Always forge ahead yourself and help others along with you**”.

Doug McMillan
IPA 2016 Congress President

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Calendar of Events

American Academy of Pediatrics 2015 National Conference (AAP)

October 24-27, 2015
Washington DC – USA
www.apexperience.org

12th World Congress of Perinatal Medicine

November 3-6, 2015
Madrid – Spain
www.wcpm2015.com

Update in Paediatric Respiratory Diseases 2015 & Paediatric Respiratory and Critical Care Workshop

November 13-15, 2015
Shatin – Hong Kong
<http://www.pae.cuhk.edu.hk/>

The 9th World Congress on Pediatric Infectious Diseases, (WSPID 2015)

November 18-21, 2015
Rio de Janeiro – Brazil
<http://wspid.kenes.com/>

Neonatal Update 2015 “The Science of Newborn Care”

November 30 – December 4, 2015
London – UK
www.symposia.org.uk/neonatal

15th Asia Pacific Congress of Pediatrics (APCP) & 53rd Annual Conference of Indian Academy of Pediatrics (PEDICON 2016)

January 19-24, 2016
Hyderabad – India
www.apcppedicon2016.org

53rd Philippine Pediatric Society Annual Convention 2016

April 3-6, 2016
Pasay City, Philippine
www.pps.org.ph

34th Annual Meeting of the European Society for Pediatric Infectious Diseases (ESPID)

May 10-14, 2016
Brighton – United Kingdom
<http://espid2016.kenes.com/>

28th International Pediatric Association Congress (IPA 2016)

August 17-22, 2016
Vancouver – Canada
www.ipa2016.com

8th Asian Congress of Pediatric Infectious Diseases (ACPID)

November 7-10, 2016
Bangkok – Thailand
<http://www.acpid2016.com/>

August 17 - 22, 2016



28th International
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