



**International
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Editor-in-Chief

Deepak Kamat, US

Asst. Editor-in-Chief

Zulkifli Ismail, Malaysia

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Message from the President



One of the key functions of the IPA is advocacy for children on issues that relate to their physical and mental health, with the goal of changing public policy at local, national, and global levels. However, changing public policy is not simple nor straightforward. It involves a number of factors and must include many players. Dr. Julius Richmond, the former Surgeon General of the United States, presented an elegant, parsimonious model which illustrates the three key factors that must work in alignment to achieve public policy change (figure 1). The IPA plays a major role in both Social Strategy development and fostering Political Will, but where we truly excel is in developing and spreading Scientific Knowledge.

In my last president's letter I outlined two major issues facing children that the IPA was advocating to improve: Immunization Hesitancy and Children Displaced by Disasters, both natural and man-made.

The Global Alliance for Vaccine and Immunization (GAVI) formed in 2000. Since then, the organization

has made vaccines available for children around the world and diminished vaccine-preventable diseases, saving the lives of millions of children. However, Vaccine Hesitancy has made the resurgence of many diseases possible as communities see their herd immunity decrease below effective levels. Most prominently, there have recently been outbreaks of measles in countries and regions where it was thought to have been eliminated, and many other vaccine-preventable diseases have also seen upticks.

Julius B. Richmond Model: Changing Public Policy



Naveen Thacker and Walter Orstein, supported by an educational grant from Sofi Pasteur, have led the IPA efforts to counter Vaccine Hesitancy by developing train the trainer sessions to train Pediatricians and health professionals in dealing with vaccine hesitancy. Multiple training seminars have been held, including one at the International Pediatric Congress in Panama with many countries represented. Many Pediatric Societies are also working to diminish vaccine hesitancy, including The American Academy of Pediatrics and the Canadian Pediatric Society. While vaccine hesitancy is a problem that persists and will continue to be a challenge, there is some evidence that



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the measles epidemic is declining. If your Society has been taking action to reduce Vaccine Hesitancy, please notify Dr. Naveen Thacker with your efforts and results.

Many Pediatric Societies have faced the problems of Displaced Children in dozens of countries, and despite their efforts, the numbers are getting worse. Recent figures from the United Nations suggest that over one quarter of the world's children are now displaced. The IPA has been actively involved, releasing statements and issuing grants, to help alleviate the challenges these children face. Dr. Zulfiqar Bhutta presently represents the IPA at the Partnership for Maternal, Neonatal and Child Health (PMNCH). Grants from the IPA foundation (Bill Keenan - President) and The Johnson and Johnson Foundation have supported multiple societies to work with associated NGOs to care for the children involved.

The IPA and its member Societies have been contributing to the evidence base to inform how to work with displaced children. Dr. Bhutta, in addition to his representation on the PMNCH, has published extensively about the unique problems of displaced children. The Turkish National Pediatric Society led research on the effect of refugee camps on adolescents. They have also published on a model for supporting refugee children, using their experience with a huge influx of Syrian refugees since 2016. These examples are used to inform other Pediatric Societies that have seen or will see an increase in displaced children, whether internally or from neighboring countries.

In an effort to fortify the Scientific Knowledge leg of the tripod to change public policy related to Displaced Children, the IPA, in partnership with Societies, non-governmental organizations, Industry and professionals in academia this has happened hold a one-day workshop on November 22nd, 2019. The objectives of the meeting were to review the current situations affecting children in various regions, consider potential solutions and identify the support needed in various settings. By presenting the problems and solutions being addressed by disparate groups, we can learn from each other's triumphs and challenges and better acknowledge and meet these urgent needs, and improve the lives of countless children worldwide.

Errol Alden
President

International Pediatric Association

Email – ealden41@aol.com

Cell - +18473542400

Reuters Sept 9 2019, <https://www.reuters.com/article/usa-measles/us-recorded-7-new-cases-of-measles-last-week-idUSL3N260363>).

Email Dr. Naveen Thacker at drnaveenthacker@gmail.com with any actions on Vaccine Hesitancy

Derman, O et al. (2017). The Rise of a Hostile Adolescent Population; the Syrian Refugee Problem. *Adolescent Psychiatry*. 07(2)

Ozmert, E. et al. (2019). Syrian Children in Turkey: A Model of Action for National Pediatric Societies. *Pediatrics*. 143(2)



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Message from the Executive Director



Dear Colleagues,

Greetings from IPA Admin Office!!

As the end of 2019 approaches and I complete 9 months as the Executive Director at IPA, I'm taking time to reflect on the past year and look forward to what's ahead.

With the vision to develop a strong communication network and to reach pediatricians across the globe and to communities with a real need, the first step was to reach out to each member society.

Working towards the vision, in the last nine months we are:

- Able to contact member societies, whose contact information were missing earlier, with the help of Executive Committee and Standing Committee members
- Promptly serve the needs of member societies with the help of efficient and lean administrative structure
- Successful in launching of "Online Payment" feature on our website (www.ipa-world.org) for the member societies to make their annual membership payment through credit/debit card, and this has helped us to collect dues of amount more than \$250,000 for the year 2019

- Making the IPA networking much broader and stronger than before because the member societies are the backbone.
- Receiving requests from many other member societies around the globe to be a part of IPA
- Partnering with the organizations globally (WHO, PMNCH, ICM, FIGO, GAVI) to make sure children's voice is heard across the globe
- Enhancing our communication through social media (Twitter, Facebook, Instagram, LinkedIn, and YouTube) and our website
- Able to create the IPA archive, and have digitalized all the old documents for easy access

Moving forward we plan to:

- Preserve and archive the IPA history
- Help our member societies to have their dedicated webpage and social media profile
- Reach out the pediatric societies across the globe
- Work on constitutional amendment and more equitable geographical representation
- Develop IPA Alumni network and plan a retreat to work on IPA Vision 2030
- Enhance IPA Network to build a community of practice and share knowledge

In addition to that

- To address one of the ten threats to global health defined by the World Health Organization, IPA launched the Vaccine Trust Project in 2019 with a goal to raise resilient public trust in vaccination in countries around the world to support Universal Health Coverage (UHC) and the achievement of the Sustainable Development Goals (SDGs) by establishing a pool of master trainers who will return to their respective countries to train other Healthcare Professionals (HCPs).
- To develop a 2-3-year plan for the 16 SAGs (Strategic Advisory Groups) that identifies



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Message from the Executive Director

which priorities and activities will be addressed, and recommends content experts from all regions of the world as Strategic Advisory Group members are recruited.

- To support IPA governance and administration, SC members are working in 4 SC subcommittees: i) Education & Advocacy ii) Ethics, Evaluation, Awards iii) Membership, Alumni, Communication & iv) Governance, Finance, Policies and Procedures.
- IPA Executive Committee and Standing Committee convened at Istanbul in November (23rd- 24th) to discuss 'Children in Humanitarian Emergencies' and for the annual face to face meeting.

Representing IPA Globally:

- It was wonderful traveling to Brussels representing IPA at Vaccination Summit and meeting experts, where IPA looks forward to working more actively in Europe.

- Represented IPA during the RSVVW'19 5th Re SVINET conference from 12-14 Nov 2019 at Accra, Ghana. It was good to interact with pediatric society of Ghana and discuss how IPA can support Ghana.

Finally, we have continued to find new ways to serve the communities and make this world a better place for children and families and working forward to achieve the IPA vision.

We are so grateful to all our member societies, partners, and others who have been working hard to support IPA.

I look forward to reporting in 2020 again and receive your critical feedback.

With Warm Regards

Naveen Thacker

Executive Director

International Pediatric Association

Email - adminoffice@ipa-world.org

Cell - +91-9426217314





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Words from the Editor-in-Chief



It is my pleasure to present to you the 2020 Volume 14 issue 1 of IPA newsletter. I would like to welcome Dr. Zulkifli Ismail, Secretary General, Asia Pacific Pediatric Association, as the Assistant Editor of the IPA newsletter.

This newsletter includes the following: Dr. Errol Alden, in a message from president, describes the Dr. Julius Richmond's Model on Changing Public Policy and how the IPA is advocating to combat the Immunization Hesitancy and to improve the wellbeing of Children Displaced by Disasters. Dr. Naveen Thacker, Executive Director of IPA, describes what has been achieved since he took over the responsibility as Executive Director of IPA and what are the goals to fulfill the vision of developing strong communication network by reaching out to member societies and individual pediatrician across the globe. Dr. Jonathan Klein, a Coordinator of Development for IPA Executive Committee, discusses the "Electronic Cigarettes and Vaping" problem across the globe. In "what's new" Dr. Manuel Moya, our former Editor-in-Chief of the IPA Newsletter, describes how one can utilize waist to height ratio to estimate abdominal obesity and cardiometabolic risks in children. Under



"IPA Activity Recap" we have included photographs of various activities of IPA and its member societies across the world.

I am looking forward to meeting many of you at the 30th International Pediatric Association Congress at Glasgow, Scotland from August 22-26, 2021. Please mark your calendar.

Wish you all a Happy, Healthy and Peaceful 2020

With Warm Regards

Deepak Kamat

MD, PhD, FAAP
Editor-in-chief
IPA Newsletter
Professor of Pediatrics
Vice Chair for Academic Affairs
Department of Pediatrics
University of Texas Health Sciences Center
San Antonio, Texas, US

Zulkifli Ismail

MBBS, MMed(Paed), FRCPCH
Assist. Editor-in-chief
IPA Newsletter
Consultant Paediatrician &
Paediatric Cardiologist,
KPJ Selangor Specialist Hospital.
Clinical Professor, KPJ University
College of Healthcare, Malaysia
Secretary General, Asia
Pacific Pediatric Association (APPA)



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IPA Activity Recap

Indonesian Pediatric Society held 'The 10th Annual Scientific Meeting of Indonesian Pediatric Society' in Conjunction of '15th Congress of Asian Society for Pediatric Research' on 9th -11th September 2019.



Dr.Doina Anca Plesca - President of Romanian Pediatric Society at 14thRomanian Congress





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IPA Activity Recap

**Dr. Naveen Thacker, Executive Director, International Pediatric Association
at Global Vaccination Summit Brussels on 12th September, 2019**



17th UNPSTR – Central Asia Ped Conference from 19th to 21st September, 2019 in Baku, Azerbaijan





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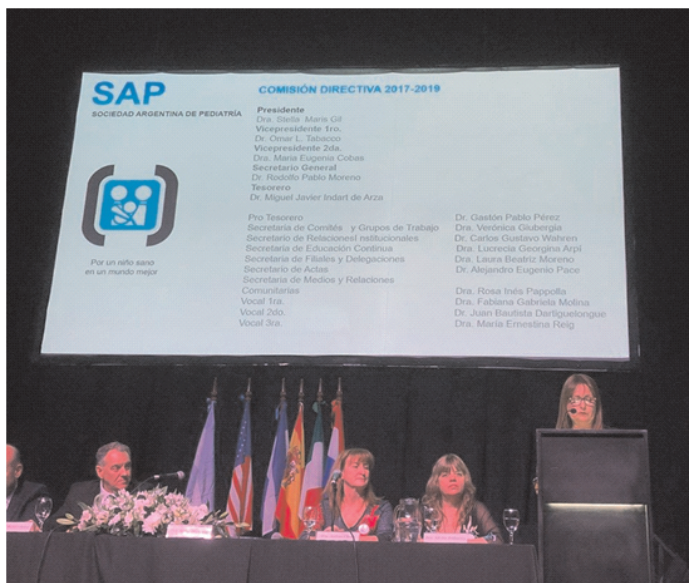
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IPA Activity Recap

Dr. Errol Alden, President, International Pediatric Association representing IPA at UNGA74 as the World gathers in New York for 74th Session of United Nations General Assembly on 22nd September



Dr. Jonathan Klein, Coordinator of Development, International Pediatric Association attending the 39th Argentina Congress of Pediatrics –SAP 24th- 27th September, 2019





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IPA Activity Recap

**International Society of Tropical
Pediatrics (ISTP)
symposium on vaccines
25th to 26th September, 2019.**



**ISSOP Annual Meeting held
on 26th to 28th September 2019 – A meeting
on the impact of armed conflict on
Child Health and discuss
how to protect and advocate for Child Rights.**



**IPA-Lead Guiding Coalition Meeting to address the Lack of Vaccinology
on 30th September, 2019 in Kathmandu, Nepal.**





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IPA Activity Recap

Turkish National Association of Pediatrics organized Training meeting addressing the common problems of migrant children in the Turkish City on the Syrian border Sanliurfa on 4th October, 2019



Dr. Gohar Rehman, President, Pakistan Pediatric Association and Dr. Aman Pulgnan, President- Elect, APPA at 19th National Pediatric Conference of PPA held on 18th 19th and 20th October 2019 at Lahore.





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IPA Activity Recap

15th International Workshop on Neonatology conducted at 40th UMEMPS Congress on 24th-26th October at Cagliari, Italy



**63rd Turkish National Pediatric Congress
International Workshop on Vaccine Hesitancy, Current Situation and Possible Solutions.
5th Italian-Turkish Pediatric Meeting, 30th October – 3rd November, 2019**

**Dr. Enver Hasanoglu, President- Elect,
International Pediatric Association and Dr. William Keenan,
Past- Executive Director, International Pediatric Association
at Vaccine Hesitancy Workshop**

**Dr. Nasib Quliyev presenting vaccination
situation in Azerbaijan**





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IPA Activity Recap

Dr. Oswaldo Revelo Castro talking about SDG experience in Latin America & about Neonatal Resuscitation Program



Dr. Zulkifli Ismail and Dr. Naveen Thacker awarded Gold Medal and Award and given Honorary Membership of TNPS towards their contribution to Global Child Health.





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IPA Activity Recap

Dr. Naveen Thacker representing IPA at ReSViNET – Combining expertise and leadership to decrease the Global Burden of RSV Infection. Independent Scientific Advisory Board Members of RSV Gold Project meet at ACCRA, Ghana on 12th November to 14th November, 2019.



**Dr Thacker with Dr MameYaa Nyarko,
Past President of
Ghana Pediatric Society**



**Ghana Pediatric Society raising awareness of
challenges of World Prematurity Day 2019 from
17th-21st November, 2019.**





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IPA Activity Recap

Danielle Ehret, IPA Leader representing IPA at 2 weeks of Hands-on Training in CPAP held by UNICEF in joint efforts with Ethiopian Federal Ministry of Health and Vermont Oxford Network for medical and nursing providers from 15 hospitals across the globe.



Dr. Susan Sawyer at Child Rights Conference, Melbourne





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IPA Activity Recap

IPA & IPAF meeting to support Displaced Children on 22nd November, 2019 at Istanbul, Turkey

International Pediatric Association
Foundation, a division of the IPA



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MEETING TO SUPPORT DISPLACED CHILDREN

On 22 November 2019, at Istanbul, Turkey



Representatives from other organization such as WHO, PMNCH, UNICEF, MSF, Save the Children, AFAD, ICM and Johnson & Johnson Corporate Citizenship Trust will be joining IPA to discuss how to contribute and support children and families displaced by conflict





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IPA Activity Recap

Executive Members with first lady Mrs Erdogan during IPA meeting at 22-23 Nov 2019, Istanbul



**IPA Executive Committee and Standing Committee Meeting
on 23rd – 24th November, 2019 at Hotel Marriott Sisli, Istanbul**





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IPA Activity Recap

IPA SC Sub-Committees Group Work

Ethics, Evaluation, Awards Sub- Committee



Education, Advocacy Sub- Committee



Membership, Alumni, Communication Sub- Committee



Governance, Finance, Policies and Procedures Sub- Committee





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IPA Activity Recap

Romanian Pediatrics Conference: Malnutrition in sick child-a challenge for modern Pediatrics on 22nd -23rd Nov 2019 at Cluj Napoca, Romania.



IPA Leaders meet at Istanbul to discuss the importance of advocacy work to improve Children Health at the Community, National and Global levels on 25th -26th November, 2019.





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IPA Activity Recap

5th GENC PAEDIATRIC CONGRESS on 29th November - 1st December, 2019 at Istanbul



Dr Leyla Namazova, Past- President, EPA with Dr Massimo Petoello- Mantovano, President, EPA





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IPA Activity Recap

The EPA/UNEPSA Council was selected during the General Assembly. The new council formed: Massimo Pettoello-Mantovani- Italy (President), Hilary Hoey - Ireland (Vice President), Eli Somekh - Israel (Vice President), Julije Mestrovic - Croatia (Secretary General), Mehmet Vural - Turkey (Treasurer), Angel Carraso Sanz - Spain (Member), Tudor Lucian Pop - Romania (Member), Leyla Namazova-Baranova - Russia (Member- Past President) and Aida Mujkic - Croatia (President of Europaediatrics 2020 -ex officio).





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IPA Activity Recap

Aga Khan University honours Dr. Zulfiqar Bhutta, Past- President, IPA with the highest academic rank of Distinguished University Professor on December 1st, 2019



Meeting of Global Health Consortium Immunization Task Force of America on December 5th, 2019 at Miami, Florida, USA coordinated by FIU, SLIPE and ALAPE





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IPA Activity Recap



The 13th conference of the Palestine Pediatric Society held on 5th-6th December, 2019 at Bethlehem, Palestine





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IPA Activity Recap

Cairo University honours Dr. Mortada Elshabrawi, President Elect, ISTP with the highest academic rank of Distinguished University Professor on December 24th, 2019





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What's New

WAIST-TO-HEIGHT RATIO (WHtR): AN EASY TOOL TO ESTIMATE ABDOMINAL OBESITY AND CARDIOMETABOLIC RISKS IN PEDIATRIC AGES.

According to the 2019 UNICEF report on children, food and nutrition (1), the proportion of children and youth who are overweight along with a risk of developing type 2 diabetes (T2D) and other comorbidities, rose from 1 in 10 to 1 in 5 in the period from 2000 to 2016. This is a source of concern since pediatric obesity is also a strong predictor of adult obesity(2).

The abdominal cavity is a major fat deposition site, with this site strongly associated with comorbidities of obesity. The most common of these comorbidities is diabetes mellitus (3), 95% being type 2 and more than 80 million of Americans are suffering from prediabetes. T2D accounts for 7.8% of children with diabetes. A study from Singapore (4) shows that 1 kg of visceral fat is associated with T2D in men (OR 2.28; 95% CI 1.42 to 3.65) and in women (OR 4.21; 95% CI 1.64 to 11.02). Other co-morbidities associated with abdominal fat are cardiovascular diseases such as blood pressure elevation, nonalcoholic fatty liver disease, not just in adults but now also in children and adolescents (5, 6), along with decreased bone mineral content with increased risk of fractures (7). In addition, maternal obesity (pre-gestational and gestational) increases the risk for obesity and T2D in their children (8).

The prevalence of abdominal obesity is unknown because it is not measured routinely as compared

to the body mass index (BMI). A study from China with 441306 participants(9) showed a prevalence rate of abdominal obesity to be 28.6 % in men and 29.6 % in women. A smaller pediatric study was conducted to determine the prevalence of abdominal obesity in Greece (10) following the Childhood Obesity Surveillance Initiative (COSI) protocol from WHO- Europe. They considered abdominal obesity when the waist-to-height ratio (WHtR) was higher than 0.5, which is used in adults to diagnose abdominal obesity. More than 5000 children, divided into two groups of 7 year old and 12 y old were included in this study. In the 7-year-old group the prevalence was 25.2 % for both genders, whereas in the 12 year-old group the prevalence was 33.3 % in boys and 28.2 % in girls. Another study conducted in Australia by Garnett et al(11) and also using the WHtR > 0.5 as a threshold showed that between 1985 and 2015 in a 7- 15 year old population, the prevalence increased from 8.6 % (95% CI 8.0 – 9.2) to 25.1% (95% CI 23.5 – 26.7). These studies merit close attention.

Methods for assessing abdominal fat :

In the abdominal cavity, visceral fat is located intraperitoneally around and/ or between stomach, liver, gallbladder, spleen, pancreas, small intestine, mesentery and large intestine. Perirenal and epididymal fat are also considered as visceral fat. Different terms are used in the literature to



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describe abdominal fat. Visceral fat refers to the total fat when measured by magnetic resonance imaging and is considered as the gold standard for assessing abdominal obesity. Trunk fat refers to the values obtained by Dual-Energy X-Ray Absorptiometry (DXA) scan. There is high correlation between both methods, although this correlation is weaker when visceral fat is measured by abdominal circumference (12). Conventional or high definition ultrasonography (US) exams are good for assessing liver and pancreas fat content (13). Waist circumference (WC) is an easy way to estimate the abdominal fat, provided the WHO recommendations are followed. The standard method is to use a flexible tape, with the individual in a standing position, to measure at the midpoint between the lower costal margin and the upper anterior iliac apophysis. The tape should not be too tight nor too loose and reading should be measured at the next 0.1 cm at the end of exhalation. Before recording the result see how the read centimeter moves (left to right) with the respiratory movements. While waist circumference centile charts are available, one even with international centile cut-offs (14) but due to their variability, it is preferable to use the z-score method widely applied for the BMI evaluation. If the WC exceeds 2 standard deviations, further evaluation is necessary. The waist-to-height ratio (WHtR) was proposed almost simultaneously in 1995 in Japan by S. D. Hsieh and in the UK by Margaret Ashwell (15) in adults who demonstrated that a WHtR > 0.5

is strongly associated with myocardial ischemia and metabolic risk factors (T2D) and is not inferior to BMI or WC. The association risks estimated by WHtR has also been described in children and adolescents in different parts of the world (16, 17). Other variants of the ratio (18) are not widely used. However, volumetric abdominal MRI segmentation is very promising because of its ability to differentiate superficial subcutaneous adipose tissue from deep subcutaneous and from visceral adipose tissue in children(19).

A small but well-designed study showed that WHtR changes from 0.69 in the newborn period to 0.41 in the adolescent (20). The AVON longitudinal study (21) of 2858 children followed for 8 years demonstrated the association of WHtR>0.5 with raised fasting blood lipids, glucose/ insulin and blood pressure values when children reached adolescence. Also, the prevalence of overweight or obesity based on BMI z-score and the percentage of WHtR>0.5 was significantly greater in adolescents (17.2%) than in children (6.8%). Interestingly, 70 % of these younger kids that already were overweight had greater WHtR during adolescence. Importantly, WHtR>0.5 in 15 year olds increased the odds ratio by 6.8 (95% CI 4.4 - 10.6) in males and 3.8 (2.3 - 6.3) in females for three or more of the above mentioned cardiometabolic risk factors, using either cross-sectional or prospective analysis. The cut-off point of 0.5 (WHtR> 0.5 versus BMI z-score) was highly specific for identifying cardiometabolic risk factors in



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overweight and obese children (> 90%), but the sensitivity was low.

In summary waist-to-height ratio is a very simple and reliable method, not needing reference growth centile charts, that can be used for screening cardiometabolic comorbidities in overweight or obese children. Therefore, it should be included in routine somatometric measurements in primary health care and in specific surveys because of its potential for identification of children at

cardiometabolic risk factors. In fact, decline of T2D in Australia (21) is attributed to early detection and prevention.

Manuel Moya, MD, PhD

Catedrático E de Pediatría/ E Professor & Head
FAO: Global Forum on Food Security & Nutrition
member

Academician of the Real Academia de Medicina
University Miguel Hernández. Edificio Balmis
Av Ramón y Cajal s/n, 0350 S. Juan. Alicante. Spain

Ana Pilar Nso-Roca, MD, PhD,

Endocrine & Obesity Unit,
Hospital UniversitarioS, Juan, Alicante Spain.

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What's New


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Electronic Cigarettes and Vaping – An old problem in a new package

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Electronic cigarettes (e-cigarettes), also known as electronic nicotine delivery systems (ENDS), are devices that produce an aerosol for inhalation by heating a liquid. These liquids usually contain nicotine, flavorings, and other chemicals. The heated aerosols contain chemical particles from the liquid solutions and metal particulates from the heating coils in the devices. Newer e-cigarettes (e.g., JUUL) contain nicotine salts, which lead to more rapid addiction. Fruit, candy and mint flavor e-liquids are often marketed heavily to young people, and many adolescent and young adults erroneously believe that flavored e-cigarettes do not contain nicotine. Menthol is also a common flavoring additive, and, as with combustibles, this acts as an anesthetic, ameliorating the harsh impact of smoke on the airways. Use of e-cigarettes is commonly called vaping, and e-cigarette devices are more often called vapes, e-hookahs, vape pens, tanks, mods. In recent years, Juul and other smaller, discreet devices using pre-filled cartridges have become the dominant product in many markets, and use of these filled pods has been referred to as “Juuling”.

E-cigarettes have lower levels of some carcinogens and higher levels of other carcinogens, including formaldehyde and acrolein, than traditional, combustible

(smoked) cigarettes. These products are advertised as safe, and as healthier than smoking traditional cigarettes; however, these claims are untrue. Almost all e-cigarettes and all Juul and other pod-like products contain nicotine, which is both addictive and toxic. Nicotine affects the cardiovascular, respiratory, immune and gastrointestinal systems, increasing risks of both chronic and acute diseases. For example, both combustible smoking and vaping exposure limits the ability of blood vessels to dilate (expand) by similar amounts. Exposure to nicotine during adolescence also affects the developing brain, impacting attention, learning, and memory, increasing rates of anxiety and mood disorders, and increasing the risk of alcohol and other drug use as well as leading to lifelong nicotine addiction. Severe and acute lung injury associated with e-cigarette vaping has also recently been reported. While many of those affected had vaped both marijuana and tobacco, early pathology reports suggest generalized inflammation, likely due to intrinsic flaws in the products themselves and not to any specific drug or contaminants. Secondhand electronic vapor product exposure also poses health risks, and animal model data has shown that secondhand e-vapor affects both lung function and early lung growth.



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Electronic Cigarettes and Vaping – An old problem in a new package

As reviewed in a recent position statement by the Society for Adolescent Health and Medicine, e-cigarette use patterns among adolescents and young adults vary significantly; however, use rates are increasing in most of the world. In the US, e-cigarettes are the most common nicotine product used by adolescents, and any past-month e-cigarette use increased sharply among secondary school students to nearly 1 in 4 youth by 2019. Globally, e-cigarette products are being manufactured and distributed by major tobacco companies, and are being aggressively marketed to youth. While the World Health Organization, the US Surgeon General, and others have concluded that e-cigarettes are unsafe, should not be recommended for smoking cessation, and should be included in all tobacco control efforts, laws and regulations in individual countries governing youth and adult access range from total bans to unrestrained promotion.

Although e-cigarettes have been promoted by some as a harm reduction tool to promote cigarette smoking cessation among adults, most studies have shown e-cigarette use makes smokers less likely to quit, and increases the risk of future cigarette smoking initiation in both adolescents and young adults. In fact, the rising prevalence of e-

cigarette use has reversed the progress made in tobacco control by helping renormalizing smoking, and by increasing adolescent initiation of nicotine products. E-cigarettes are also commonly used to deliver tetrahydrocannabinol (THC), the principal psychoactive component of cannabis (marijuana).

It is essential for child and adolescent health clinicians to effectively counsel parents to prevent secondhand smoke and secondhand vapor exposure, as well as to counsel children to prevent smoking initiation and to help youth who are users to quit. Approximately 10% of preventable deaths from tobacco are in non-smokers exposed to secondhand smoke, and nearly one quarter of these are in children. Most smokers know they are addicted, and want to quit (ranging from 32.1% of smokers in Uruguay to 90.2% in the Philippines). Similarly, the majority of electronic cigarette product users also want to quit. Parents are often more highly motivated to protect their children's health than their own, but this requires that all front-line health care workers ask the right questions about secondhand smoke and vapor exposure, and know how to provide brief interventional counseling that can help change behaviors, and thus health outcomes.



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The WHO MPOWER framework also provides guidance for policies that help promote both public health and clinical interventions.

The WHO MPOWER Framework for Tobacco Control

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

The American Academy of Pediatrics also recently published guidelines based on the best available evidence for promoting e-cigarette cessation for youth who have already started to vape. Pediatricians and national pediatric societies can and should advocate for policies that protect youth from initiation and addiction, and that protect children and other non-users from secondhand smoke, and secondhand electronic vapor. Effective strategies start with either banning e-cigarettes entirely, or by including vapes and other novel products with all combustible tobacco products. Effective strategies include:

- Prohibiting all flavors (including mint and menthol) in all tobacco products, including e-cigarettes, cigarettes and cigars;
- Raise the tobacco product legal sale age to 21, and effectively enforce age verification and age-of-sale rules;
- To protect youth from e-cigarette use, limit marketing and promotion of both e-cigarettes and traditional cigarettes, including prohibiting online sales of tobacco products;
- Support the development of public education campaigns and educational curricula for schools and health providers about e-cigarette and clinical and community policies that can help prevent their use.
- Support training for health providers to ensure screening for e-cigarette use in routine health visits for all ages.

Jonathan D. Klein, MD, MPH

Coordinator of Development
Professor and Executive Vice Head,
Department of Pediatrics
University of Illinois at Chicago, Chicago,
IL, USA



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https://e-cigarettes.surgeongeneral.gov/documents/2016_sgr_full_report_non-508.pdf See also:

<https://e-cigarettes.surgeongeneral.gov>.

<https://www.who.int/tobacco/mpower/publications/en/> (Note: Available in English, Arabic, Chinese, French, Russian and Spanish.)

The World Health Organization Tobacco Free Initiative. WHO MPOWER Framework. <https://www.who.int/tobacco/mpower/publications/en/> (Note: Available in English, Arabic, Chinese, French, Russian and Spanish.)

AAP Richmond Center Resources on E-Cigarettes and Vaping

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Richmond-Center/Pages/Electronic-Nicotine-Delivery-Systems.aspx>

Includes the following and more:

[Vaping, JUUL and E-Cigarettes Presentation Toolkit State-of-the-Art Review Article: A Public Health Crisis: Electronic Cigarettes, Vape, and JUUL Supporting Youth who are Addicted to Nicotine: Advice for Pediatricians \(F a c t s h e e t \)](#)
[JUULing: What Pediatricians and Families Need to Know E-Cigarette reference guide for clinicians](#)

The Society for Adolescent Health and Medicine. Protecting Youth From the Risks of Electronic Cigarettes. DOI: <https://doi.org/10.1016/j.jadohealth.2019.10.007> Published online: November 25, 2019. [https://www.jahonline.org/article/S1054-139X\(19\)30506-3/fulltext](https://www.jahonline.org/article/S1054-139X(19)30506-3/fulltext)



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