BERITA MPA NEWSLETTER

THE MALAYSIAN PAEDIATRIC ASSOCIATION JANUARY 2010 FOR MEMBERS ONLY

9th World Congress International Association for Adolescent Health (IAAH) 31st Congress of the Malaysian Paediatric Association (MPA)

28-30 October 2009, Kuala Lumpur

It was with a huge sign of relief that we finally concluded the above symposium that took us more than 1 year to organise. The palpitations, anticipation and hard work paid off when at the end of it all we managed to organize a very successful congress. We had 770 participants from 36 countries.

We received close to 200 abstracts and during the congress there were five plenaries, eight concurrent sessions with 19 symposia, 12 workshops, six clinical updates, four free papers sessions and 55 poster presentations. We also had a public forum, a youth debate, and youth commentaries after each plenary. The youths prepared a declaration, which was presented during the closing ceremony.

The initial planning stages were fraught with setbacks especially when the international community realised that citizens of Israel will have difficulties coming to Malaysia since we do not have diplomatic ties with Israel. We were even labeled as racist! We sorted that out quite easily with the ministry of foreign affairs and with three months notice and some documentations, Israelis can enter Malaysia for the congress. But some damages had been done and we were worried that this may have an impact on the participation of foreign delegates.

continued on page 3...

3rd Floor (Annexe Block), National Cancer Society Building, 66, Jalan Raja Muda Abdul Aziz, 50300 Kuala Lumpur.
Tel: 2691 5379/2698 9966 Fax: 2691 3446 E-mail: mpaeds@gmail.com Web page: www.mpaweb.org.my

Malaysian Paediatric Association – 30 Years On…

Assalamualaikum and best wishes folks.

I trust that by now you have all received a letter from me, introducing members of our Executive Committee who will endeavor to serve you and our society for the next 2 years.

The MPA was formed in 1979 and that makes us 30 years old in 2009. It's a long period in the life of a professional organisation.

We have seen significant changes in the way children are treated in this country over this period of time. The concerns about their health, education and social needs have continued to receive constant attention. New Acts of Parliament have been drafted, new ministries formed and innovative approaches created. Those with gifted minds are promised new incentives while the learning disabled child 'speak' to remind us of his existence in his own disabled way. The number of Paediatricians has more than doubled, and our Paediatric health indicators have gone into the League of Elites.

It will be a period of self-congratulating and for the right reason too.

'Neglected and invisible' children

My personal professional experience in Malaysian Paediatrics only dates from 1991; that is not taking into account my personal life as a growing kid in one of the most deprived areas in Malaysia. The professional side of all these has been gratifying, but one does not have to look far into the country to realise that there remains a sizeable group of children and families who remained 'lock-in'; away from the pleasures of economic prosperity, and shielded from public views except when their miseries make good stories to reflect acts of heroism and charity by some.

The World Health Organization has continued to make special mention about these 'neglected and invisible' children. The latest appeared in a report entitled the State of Asia –Pacific Children 2008.

These arguments lead me to say that our combined efforts, intelligence and prosperity must make a difference to these unfortunate souls; among them are those malnourished, the children of indigenous population, the neglected fate of those living with single mothers , and perhaps including children who are emotionally 'neglected' thanks to their extremely tired mums and busy dads!

How can a 30-year-old association make a difference?

As a start, most of us see them in our daily work as they appear in our wards, clinics and consulting rooms with physical illnesses. We will begin to see more of them if we are prepared to look beyond their presenting complaints. Our medical students will see them as they travel during their elective postings. Our researchers will come across them as they document the statistics of their needs. Seeing these larger pictures triggers an alarm that the work of advocacy is long, continuous and arduous. A never ending process as long as we are prepared to look, and not to be contented with our own past achievements and self glory. We need to safeguard ourselves against resorting to an 'easy' pathway of knowledge; by looking into the minute issues of diseases, hardcore science and molecular biology and detached from the bigger picture of real people and their daily existence.

As an independent society consisting of like-minded individuals, we can have open access to others who are equally passionate about the fate of children but have special contributions that they can make. These include the artists, playwrights, editors of the media; all of whom should be in the bandwagon to improve child care through their special capabilities.

That brings me to promise that we will continue to broaden the scope of our work, getting regional groups to be empowered to take up programs and getting more members to be spokespersons for the association. We will enlarge our working groups; form more task forces so that we can hold credible databases on matters pertaining to children in the hope that we can act as an influential association; befitting the status of a 30-year-old mature organisation.

I will come back to you for help, folks.

Sincerely,

Zabidi Hussin
President 2009-2011

… from page 1

please provide high resolution pix

Caption

Of course preparing a scientific program from three corners of the earth: Australia, Switzerland and Malaysia was very challenging indeed. There were some abstracts that were lost in cyberspace, some went to the wrong addresses and we too had glitches in our mails. It was amazing how curt and sometimes outright rude and condescending a few of the abstract owners were, but generally most of them were very understanding and all they need to do was send in their abstracts again. No big deal.

And these all happened at the height of the H1N1 alert when all our committee members were pushed to the limits by their own hospital commitments. Despite all these challenges the final scientific program was good and was well received by all participants.

Another headache was the preparation of the abstract books, when all kinds of format of the abstracts were sent and it was another tedious job of reformatting the abstract into a single readable system.

The social programs were the least of our worries. They were variables, which we were familiar with and very much within our control. The opening ceremony, the banquet and the informal night went like clockwork, wonderfully orchestrated by our partners from the Ministry Of Health (MOH) Malaysia and Lembaga Pembangunan dan Perancang Keluarga Negara (LPPKN). Likewise the logistics were very ably managed by our partner from Federation of Family Planning Associations Malaysia (FFPAM).

It was well worth the effort when we finally saw the jigsaw puzzle finally fitted in so well. When all the sessions went on smoothly with active participation from the registrants. When there was dancing and much merrymaking from the foreign delegates. When we saw old friends coming together and new ones being forged. When contacts were made for further interaction and future cooperation. And most of all, when someone came to thank us for making it happen.

And when we receive these emails…

" …My warmest congratulations in running such a terrific meeting. The feedback that I received while in KL and since has all been extremely positive. Certainly, the quality of your organisational skills is one that I have greatly appreciated – and the warmth and humour with which we have worked together as a team. My warmest congratulations and thanks to you all."
- Prof Susan Sawyer. Director, Centre for Adolescent Health, University of Melbourne.

"I want to thank each of you for the extraordinary work and energy that led to a truly amazing 9th IAAH World Congress. Although those in the planning know the small problems that need

addressing throughout a congress of this size and nature, those attending experienced an extremely well organised meeting, offered with gracious hospitality beyond compare.

A deep thanks from me personally, and a worldwide thank you from the International Association for Adolescent Health. We have all been the benefactors!"
- Linda Bearinger. President of IAAH, USA.

"It was a pleasure to attend your conference and to visit your beautiful country. It became quite evident from the presentation of country reports that the problems facing adolescents are similar across many developed and developing contexts in the world. The crisis we face in South Africa is the devastating impact of AIDS on adolescents at a household level. It would be wonderful if we could collaborate to do some comparative studies to investigate the impact this has on the life choices of young people in society."
- Tanusha Raniga (PhD).University of Kwa-Zulu Natal, South Africa.

"CONGRATULATIONS!! I know particularly you worked soooo hard for this congress and by all accounts that I have heard it was a great success. WELL DONE!!!"
- Sue Bagshaw. Past President of IAAH, New Zealand.

"On behalf of the Society of Adolescent Medicine of the Philippines, we would like to congratulate all the members of the organising committee for the wonderful, very educational and informative 9th World Congress of the IAAH."
- Rose Buzon. President, Society of Adolescent Medicine of the Philippines.

Lessons Learnt and Hope for the Future

How has this congress altered the adolescent health scene in our country? It certainly has brought all the stakeholders of adolescent health and medicine under one forum. It was surprising that we had 550 local registrants comprising of paediatricians, psychiatrists, psychologists, family medicine specialists, public health personnel and members of NGOs. We have launched adolescent health to the forefront and created awareness about their issues.

We created a platform of intersectorial collaboration between the MPA, MAAH, MOH, LPPKN, FFPAM and this relationship is essential to effectively mobilise and maximise limited resources. This partnership has been in existence for a couple of years and this congress has further strengthened our ties. The success of the congress has spurred more collaborative efforts in the future. And even as we were winding up the congress the MOH is keen to jointly organise a future conference on school health together.

Within the international circles the adolescent health community in Malaysia has finally been recognised as Susan Sawyer puts it, "the most common refrains has been 'but the quality of the Malaysian presentations was so good…' which makes me think that perhaps you are not as well appreciated outside your country as you should be …." Indeed our local papers were on par with the international presentations and let us hope that this exposure will give confidence to our young doctors to present their papers internationally.

As the definition of a child is a person 18 years and below, it is most appropriate that the Malaysian Paediatric Association has taken adolescent health under its wings and with the announcement that more hospitals will be having facilities dedicated to adolescents it is a major step forward for adolescent health in Malaysia.

The formation of the Malaysian Association for Adolescent Health (MAAH) is timely and though it is in the fledgling stage, the pivotal role it played in the world congress has put it on the world adolescent health scene.

Most important of all would be the teamwork and contributions from all our committee members who had given their all to make the congress a successful and memorable one.

Nazeli Hamzah
nazelihamzah@gmail.com

Chairperson & Organsing Committee
9th World Congress International Association for Adolescent Health
31st MPA Congress

Successful World Congress

28-30 October 2009, Kuala Lumpur

The 9th World Congress of the International Association for Adolescent Health (IAAH) in conjunction with the 31st MPA Scientific Congress was a great success with a total of 770 delegates, 200 of whom came from 36 countries outside of Malaysia. Starting with a public forum entitled 'Your teenager and sex' on Tuesday 27th October that attracted almost 200 members of the public, the next three days were filled with a packed programme held at the Shangri La Hotel in Kuala Lumpur.

The Public Forum, handled expertly by Dr Sheila Marimuthu (paediatrician), Dr Farouk Abdullah (gynaecologist) and Dr Toh Chin Lee (child psychiatrist), had the speakers answering many questions on various issues related to the topic.

The first plenary the next day by Dr Willard Cates was a real eye- opener on how sex education should be comprehensively approached. Other than abstinence, behaviour, condom use, there were other strategies involving all the alphabets from A to Z. This set the stage for the deliberations over the next few days.

Opening Ceremony

Our still embattled Minister of Health, Dato' Sri Liow Tiong Lai officiated the Congress. This was held on the second day as his hectic schedule did not allow him to be with us on the first day. Speeches by Malaysian Association for Adolescent Health (MAAH) President and Organising Chairperson Dr Nazeli Hamzah, IAAH President Dr Ueli Buhlmann and the Minister preceded the launch of a book on (?). A delightful tongue-in-cheek choral speaking performance by a group of pupils of SMK Taman Tun Dr Ismail and hip-hop dancing by young people from Switch Productions were the highlights of the opening ceremony. Needless to say, with the ongoing turmoil, the Minister was mobbed by reporters and journalists trying to get the latest political quotes just as he left the ballroom.

Social Events

The informal dinner held on the night of the first day was not well attended as most delegates were probably out shopping and having dinner outside. There were 'pocket demonstrations' of batik painting, pandanus leaf weaving, henna skin painting and Malay teahouse that attracted the attention of local and overseas delegates. Dinner was buffet style and entertainment was provided by the Royal Malaysian Police Band.

The Formal Dinner on 29th October was attended by the Deputy Minister of Women and Family Development, YB Datin Paduka Chew Mei Fun. Entertainment was again provided by the Police Band comprising of different individual members from the informal dinner. The talented officers took us through songs from various Asian and European countries and various tunes. A dikir barat performance by SMK Maxwell and music using recyclable common objects by the KL Stompers capped the evening.

Involvement Of Young People

This is the first MPA Congress that had the active participation of young people. There were many presentations by young people and other non-medical people that made this congress an interesting and inclusive one. The many presentations by young people showed how some of us had misunderstood and underestimated their abilities. They were proficient, clear and unambiguous; in other words, they were polished speakers who knew what they wanted to say and how to say it to the right target audience.

The feedback obtained was generally good while the committee managed a few damage control maneuvers when negative opinions were heard! Credit has to go to the Chairperson of the Organising Committee, Dr Nazeli Hamzah, the meticulous local scientific committee chairman, Dr Thiyagar Nadarajan and the international scientific chairperson, Prof Susan Sawyer. The persistently cool Assoc Prof Tang Swee Fong who liaised with all speakers by email and was the official master of ceremony introducing the chairpersons in her usual calm tone of voice.

Dato Musa and Datuk Zulkifli wrangled industry and other support to make the congress financially viable, while the former was also busy uploading information on the congress website. Other committee members and the secretariat staff who rallied together to make the event happen also made the organisation more varied. The Ministry of Health with Dr Mymoon Alias and Dr Nik Rubiah Nik Rashid, and National Population and Family Development Board (LPPKN) represented by Dr Norliza Ahmad contributed a massive amount of work to make the opening ceremony and all social functions unique. Federation of Reproductive Health Associations Malaysia (FRHAM)'s Mary Huang worked in her quiet way to organize the participation by young people, hence complementing the work of the rest of the committee.

All the individuals and organisations gelled and worked seamlessly together to make the 9th IAAH Congress memorable for all. It was a success not just for MPA but for Malaysia and all Malaysians, especially the youth.

Zulkifli Ismail
dr.zul.ismail@gmail.com

The Bill Marshall Fellowship

A Research Fellowship to Great Ormond Street Hospital

Chong Tien, Quen Mok and 2 other Russian Scholars

The Bill Marshall Fellowship was created in memory of the late Dr William Courtney Marshal, a Consultant and Senior Lecturer in Great Ormond Street Hospital (GOS). Dr Marshall had special interest in infectious diseases and developed strong ties in South East Asia. Following his death in 1983, a trust fund was set up to enable junior paediatricians in training to obtain further experience in one of the specialist department in GOS.

I decided to apply for this fellowship after hearing about it during one of the Malaysian Paediatric Association (MPA) annual conference. It was a delightful surprise when I was selected for the Fellowship, having applied to visit the Paediatric Intensive Care Unit (PICU) in GOS. After settling my leave with the Ministry of Health, I finally boarded an AirAsia X's flight to London Stansted on 14 April 2009.

Stepping out of the plane, London fulfilled my entire preconception. It was windy, cold, foggy and without sunshine! However, I got my footing soon enough and continued on to London House, the accommodation that was kindly organised for me.

A good night sleep cured me of any lingering jet lag. I then took a 5-minute walk to the University College London – International Child Health (UCL-ICH), who organises the attachment and whose building is attached to GOS. Having introduced myself and settled the paperwork, I was introduced to the PICU of GOS to meet my supervisor, Dr Mark Peters.

Dr Peters introduced me to the staff of the unit, and the daily routine of the PICU. GOS's PICU is a multi-disciplinary 12-bedded ICU. There are a further 10 beds

Great Ormond Street Hospital Entrance

XTRA Great Ormond Street sign

Portable CT

in an adjacent NICU which sees mainly surgical neonates. The PICU admits approximately 1,200 patients per year.

I attended the daily unit ward rounds, where cases are discussed and management planned. The rest of the day is spent observing the progress of cases in the unit, or attending multidisciplinary discussion on patient management. The UCL-ICH also has a well-stocked library where I could use to do some reading during my free time.

I had the opportunity to attend the unit's teaching sessions, and also the various lectures in UCL-ICH and GOS. During my stay there, I managed to enroll into a Paediatric and Neonatal Ventilation Course. I also spent some time with the Children's Acute Transport Service (CATS) and the Cardiac Intensive Care Unit (CICU). It was indeed an eye-opening experience to observe patient management in a setting where resources are not limited.

Under the supervision of Dr Peters, I also undertook a research project, which looked at Down's Syndrome and their stay in ICU. Doing literature review in the library was easy as articles were easy to retrieve. I also get to familiarise myself with SPSS and its many statistical functions.

The fellowship also provided me a chance of exploring the many faces of London. I found this historical city, with its cosmopolitan lifestyle, its world-class theatres, museums and numerous parks to be very alluring. Despite the high cost of living I came to truly enjoy staying in the heart of London. The United Kingdom is well linked by air and rail, so the weekends also provided opportunity to explore the countryside, Scotland, Ireland, and even Continental Europe. However, for me, the highlight was a trip to the Theatre of Dreams – Old Trafford, to visit the home stadium of my favourite team, Manchester United!

In all, I spent a very enriching four months with GOS, making numerous friends during my time there. It was a very rewarding experience and I encourage others to apply for this Fellowship next time. For more information, you can visit the website at: http://www.ich.ucl.ac.uk/education/gosh/fellowships/billmarshall.html

Goh Chong Tien
gghost78@gmail.com

13th Asian Pacific Congress of Paediatrics

14-18 October 2009, Shanghai

The 13th Asian Pacific Congress of Pediatrics and 3rd Asian Pacific Congress of Pediatric Nursing which was held in Shanghai, China, saw a large number of delegates from Malaysia. Most, if not all of the 125 paediatricians were on the MH 386 flight out of KLIA on the 14 October. Truly, it was possibly one of the safest flights a child could be on as a large number of paediatric subspecialties were represented.

Upon arrival at Pudong International Airport, we were taken to our respective hotels. Each group had their own itinerary. My group embarked on a tour to Zhouzhiyang, or Venice of Shanghai, a water village approximately 2 hours from Shanghai. There, in addition to the beautiful sceneries and an idyllic ride on their boats, most of us also had our first hand at bargaining. And bargain we did!

The conference proper started the following day. The venue, the Shanghai International Conference Centre, was an imposing 7-storey building. Security was tight as not only were the front doors manned by several security officers, doors leading to the exhibition booths and lecture halls were also similarly manned. One had to produce one's delegate tag to be allowed into these places.

Topics Galore

The choices of topics were plentiful, and often I found myself unable to decide on which to attend. Lunch-time symposia were also interesting and well attended. The organisers were very considerate in providing not only the daily fare, but also food for Muslims and vegetarians. Upon listening to the talks on Kawasaki disease I was surprised to learn that much has been done to look at long term cardiac risks in patients with Kawasaki disease.

One study showed that even in patients with seemingly normal coronary artery appearance and diameter, there was intimal thickening on intravascular ultrasound. This is truly fascinating as it means that we should perhaps re look at our current follow up strategies. The speaker recommended a five yearly follow up for patients with normal coronary arteries on echocardiogram. Another study found that while the optimal dosing for IVIG in Kawasaki was 1-2g/kg, doses

Caption

in excess of 2g/kg was actually detrimental to the patient. This is one case where more is not better. The talk on allergy and house dust mite too generated a lot of interest and a flurry of questions. It was very relevant to us Malaysians as the study was conducted in Singapore.

The talks by Professor Watanabe and Professor Swati Yashwant Bhave deserve special mention. Professor Watanabe presented a paper on stresses affecting children of post war Japan. She touched on the changes that occurred following World War 2, and the resultant change in family dynamics. Once family-centred, Japanese families are now not as close knit as fathers tend to spend longer hours at work. Living circumstances have also changed, particularly in cities. Instead of villages where everyone knows each other, families now live in small apartments in high-rise blocks. The concept of extended families no longer exists in cities. Neighbours hardly know each other. Children are pressured to excel in school exams in order to gain entry into prestigious universities. The result is an increase in the incidence of maltreatment and bullying, both at home and in school, school refusal, anorexia nervosa, developmental disorders and diverse psychosomatic symptoms requiring psychiatric management. Professor Swati Yashwant Bhave spoke on childhood and adolescent obesity in India as well as managing teenage angst. She has started an organisation and conducts training sessions both for teens and adults as well as those interested in becoming trainers. Interestingly, Professor Swati cites excessive homework as a cause of obesity as it keeps a child indoors and sedentary. Do either of these issues ring a bell? I believe we too are headed in the same direction as Japan and India. With a shift from agriculture to industrialisation, we too are seeing rural urban migration and its effects on children. Perhaps we should take a leaf out of their book.

Another highlight of the meeting was the fact that Malaysia had won the bid to host the 14th APCP in 2012.

Caption

Congratulations to those involved and better be prepared to work hard to match the Shanghai one.

Going Home

As the saying goes, all good things must come to an end, and thus, after 5 days it was time to head home. Once again, Pudong airport saw a lively group of Malaysian paediatricians, this time with far more luggage than what they came with. Judging by the number of suitcases and bags, some people had truly brushed up on their bargaining skills!

The flight back was uneventful save for a delayed landing due to traffic congestion at KLIA. We were soon separated as some delegates had connecting flights to catch while diehard shoppers like myself continued to browse at the duty free shops before proceeding to the immigration counters.

The 13th APCP was truly memorable in more ways than one. New friends were made, and old friendships further strengthened. Let us hope we can put into practice all we have learned, and meet up again in Sarawak in 2012.

Yong Junina Fadzil
yjunina@streamyx.com

800,000 Doses of Kids' Vaccine Recalled over Loss of Potency

December 15, 2009

Sanofi Pasteur has recalled 800,000 doses of its 2009 H1N1 influenza vaccine for pediatric patients over concerns that four lots of the vaccine have lost potency since manufacture, the CDC reported on Tuesday. The CDC says it has no safety concerns with the recalled product (prefilled syringes, 0.25 mL, for children aged 6 to 35 months). The vaccine met potency specifications before it was shipped, but the vaccine's strength dropped "slightly below" the prespecified limit sometime after shipment. Children who received this vaccine do not need to be revaccinated, the CDC advises.The recalled lots are numbered UT023DA, UT028DA, UT028CB, and UT030CA.

In The Next Decade The Vaccine Industry Will Be Into The Golden Age

December 15, 2009

China: Unlike some years ago, the pharma industry today is working on vaccines to prevent diseases such as malaria, tuberculosis, Alzheimer's disease, AIDS, pandemic flu, genital herpes, urinary tract infections, grass allergies etc. Vaccines are no longer a sleepy, low-profit niche in a booming drug industry. Today, they are starting to give ailing pharmaceutical makers a shot in the arm and have been the motive behind many a business acquisition and mergers such as Pfizer's $68 billion acquisition of Wyeth in October which was partly about getting its vaccine expertise. Wyeth makes the most successful vaccine ever, Prevnar, which protects children from ear infections and potentially deadly pneumonia and blood infections. Prevnar brought in $2.7 billion in 2008 sales, and with approval of an improved version pending, billions more a year are expected.

United Nations Convention on the Rights of the Child (UNCRC) & Paediatricians

For much of human history, children's needs were viewed through the lens of adults' kindness and charity. Twenty years ago, on 20th November 1989, United Nations General Assembly adopted United Nation Convention on the rights of the Child (UNCRC) to ensure all the basic needs of children will be met universally using a common standard.

The Convention sets out these rights in 54 articles and two Optional Protocols. It spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. The social, economic, and political environments in which children live and develop are increasingly being recognized as the most important contemporary determinants of child health. It is seen as a highly advanced instrument available to respond to these contemporary determinants to improve the well-being of children in any society.

Malaysia acceded to UNCRC in 1995 and is obliged to develop and undertake all actions and policies in the light of the best interests of the child. The tenets of the UNCRC underlie the Child Act 2001 (Act 611) and Disabilities Act 2007 in Malaysia. The rights-based approach calls on us as our duty and obligation to recognise the value of families, therefore to protect the individual child, and to ensure that children can grow up in conditions that enable them to attain their full potential within society. This offers the possibility for progressive interventions into child poverty and child survival. Increasingly UNCRC has formed a core principle for medical guidance and health services in other countries. It also forms the fundamental basis of Paediatric training and professional standard in Australia, U.K. and U.S.A.

As paediatricians, we work closely with children and we are their best advocates, besides their parents. We believe in working for the wellbeing of all the children we are looking after, but how well can we utilise UNCRC (or CRC in some articles) to get our government to produce a better policy for children? How can we use UNCRC in our daily practice to get the best treatment for children? But first of all, how many of us have ever heard of UNCRC in Malaysia? Therefore, we set off and did a national survey on the awareness of UNCRC among us who work with children and young people every day last year. The summary of our research project is as shown below:

Awareness of United Nation Convention on the Rights of the Child among Doctors Working with Children in Malaysia.

SS Chin, Amar-Singh HSS

Objective: To assess the knowledge of UNCRC and its application among doctors working with children in Malaysia.

Methodology: A cross-sectional study using self-administered questionnaires to 148 doctors at 14 regional paediatric centres. The questionnaire used pre-tested scenarios to evaluate participants' knowledge of applying UNCRC in the healthcare setting.

Results: 106 questionnaires were returned (71.6%) of which 102 were completed. Out of 102 participants, 63(62%) doctors were aware of UNCRC but only 19(18.6%) could list some articles of the UNCRC. Doctors with >5 years experience in paediatrics were significantly more likely to have some level of knowledge on the UNCRC demonstrated by their ability to list some articles. Most quoted articles are rights to education and best available healthcare. Less than 10% knew the right to participate and disability right in two scenarios.

Conclusion: The level of knowledge of UNCRC among doctors working with children in Malaysia remained suboptimal. Further training in this area is needed to prepare us to be better advocates for children.

UNCRC and its Application

One of the clinical scenarios in our survey described a 14 years old girl has had insulin dependent diabetes mellitus since the age of 4 years old. She has been coming regularly to clinic for follow-up accompanied by her mother. In the past 6 months, she has two hospital admissions due to diabetic ketoacidosis. In the clinic, her record book of blood sugar showed recording of 4-10mmol/l. However her HbA1c has come back repeatedly as high and is currently as 14%. We asked respondents for their ways of approach towards this young woman and her underlying issues, and any relevant UNCRC articles we can relate.

Response to this scenario showed that the majority, 83 (81.4%), of doctors would counsel the child with her family together, providing more information on diabetes and stressing the importance of medication compliance. Only 27 (26.5%) expressed that they would try to explore her opinion and 11 (10.8%) will talk to her without her parents or respect her privacy. Only 5 doctors (5%) answered one relevant UNCRC article - her right to participation relevant to her decision.

We thought the key UNCRC articles in this scenario were mainly right to participation (Article 12), right to privacy (Article 16), right to information (Article 17) and right to freedom of expression (Article 13). This young woman has probably had some adolescent identity issues and does not have enough information on her own health. She knew enough to write down a normal range of blood sugar in her record, which needs to be shown to everyone, but she is more than likely not compliant with her insulin injections and diet. If we understand our patient well enough, we should explore more towards this direction with respect of her privacy and be sensible to her needs. Only if we can get a child to understand her condition well and give her all the relevant information in a balanced way, she can then make informed decisions in her life. There may be some changes to her activities and diet as she gains more independence during her adolescent years, she might find this challenging; we need to understand this changing period in a young person's life before we made a judgmental "diagnosis" on her diabetic control. A full understanding of the principles of UNCRC would gear us to respect her rights and approach her in a more sensible way.

Of course, this example is one way of using UNCRC in daily practice. We could also use UNCRC fighting for national policies, such as law for car seat and safety belts for children, safety issues on children's toys, child trafficking issues, child poverty, etc.

Ways Forward after the Study

We believe that UNCRC should be introduced in all levels of training, from undergraduate curriculum to postgraduate CMEs. It should form the foundation of all policies related to children and young people, such as guidance for doctors (In UK, General Medical Council produced a legal guideline for doctors working for children based on UNCRC). We also hope that it will form the core principles of all societies related to children.

However it will only work if we, the advocates of children, know the UNCRC and operationalise it in the day to day care of children in our wards, clinics, communities and our own homes.

Final Notes

20th November is now celebrated each year as Universal Children's day to promote international togetherness and awareness among children worldwide. For the full articles of UNCRC, please refer to: www.unicef.org/crc

Chin Saw Sian & Amar-Singh HSS
sawsian@gmail.com, amimar@pc.jaring.my

Congratulations

To Datuk Dr Ng Kock Chai on the conferment of the Darjah Mulia Seri Melaka (DMSM) during the occasion of the 71st Official Birthday of TYT (Tuan Yang Terutama) The Governor of Melaka Tun Datuk Seri Utama Mohd Khalil Yaacob on 10th October 2009.

Post-Vaccine Acetaminophen May Harm Immune Response

By Todd Neale, Staff Writer, MedPage Today
Published: October 15, 2009
Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco and Dorothy Caputo, MA, RN, BC-ADM, CDE, Nurse Planner
http://www.medpagetoday.com/Pediatrics/Vaccines/16458

Giving prophylactic acetaminophen to children to prevent vaccine-induced fever reduced the immunogenicity of some common vaccines in two randomized trials, Czech researchers said.

Following initial vaccination at 3 to 5 months, infants who received acetaminophen had reduced immune responses to vaccines against pneumococcal disease, *Haemophilus influenzae* type b (Hib), diphtheria, tetanus, and pertussis, according to Roman Prymula, MD, of the University of Defence in Hradec Kralove, Czech Republic, and colleagues.

After booster doses at 12 to 15 months, children who received prophylactic acetaminophen still had reduced immune responses to the vaccines against pneumococcal disease, Hib, and tetanus, the investigators reported in the Oct. 17 issue of *The Lancet*.

Action Points

- Explain to interested patients that although prophylactic acetaminophen following vaccination reduced the occurrence of fever, it also impaired the immunogenicity of the vaccines.
- Point out that the researchers said the clinical relevance of the findings was unclear.

"To our knowledge, such an effect of prophylactic [acetaminophen] on postimmunization immune responses has not been documented before," the researchers said.

Although the clinical relevance of the findings should be explored further, they said, "prophylactic administration of antipyretic drugs at the time of vaccination should nevertheless no longer be routinely recommended without careful weighing of the expected benefits and risks."

Although fever after vaccination is not unusual and is generally benign, it can be a concern for parents. As a result, many parents now give their children prophylactic antipyretics, particularly after pertussis vaccination.

Prymula and his colleagues conducted two randomized controlled trials -- one for the initial vaccine dose and one for the booster dose -- to explore the effect of prophylactic acetaminophen on fever and on the immunogenicity of the vaccines.

At 10 centers in the Czech Republic, infants were randomized to receive three prophylactic acetaminophen doses every six to eight hours the day after vaccination (226 patients) or no prophylactic treatment (233 patients).

The babies who received acetaminophen had a significantly lower rate of fever, defined as 100.4°F or higher, after both the initial round of immunizations (42% versus 66%) and the booster doses (36% versus 58%).

Adverse events occurred at similar rates in the two groups.

Following the initial vaccinations, immune response, as measured by the geometric mean antibody concentration, was lower in the prophylactic acetaminophen group for all 10 pneumococcal vaccine serotypes, Hib polysaccharide, diphtheria, tetanus, and one of the pertussis antibodies, pertactin.

After the booster, antibody concentration was lower for tetanus, Hib, and all but one of the pneumococcal serotypes in the children who received prophylactic acetaminophen.

Prymula and his colleagues hypothesized that the lower immune responses resulted from acetaminophen interfering "with the early interactions between dendritic, B, and T cells, possibly through a reduction of inflammatory signals at the site of injection."

In an accompanying editorial, the CDC's Robert Chen, MD, and colleagues, had an alternative explanation. "Despite being an inhibitor of cyclo-oxygenase 2 (COX-2), [acetaminophen's] anti-inflammatory activity is contested, perhaps related to inhibition of activity in high-peroxide environments that are common at sites of inflammation," they wrote.

Regardless of the mechanism, they added, the findings raise the question of whether prophylactic acetaminophen reduces population protection from vaccines.

"This point has implications, especially for *Haemophilus influenzae* and pneumococcus, for which higher and sustained antibody concentrations are needed to interrupt the carrier state and reduce transmission within the population, and for pertussis, the bacterial vaccine-preventable disease that is the least well controlled."

GlaxoSmithKline Biologicals funded the study and covered the costs associated with developing and publishing the report. The company manufactured all of the vaccines used in the study.

Prymuda is a consultant to GlaxoSmithKline and has received travel grants or honoraria within the past three years.

His co-authors reported potential conflicts of interest with GlaxoSmithKline, Wyeth, Sanofi Pasteur, and GlaxoSmithKline Biologicals. Four of the study authors are employed by GlaxoSmithKline Biologicals and three of them own equity or stock options.

Chen reported that he had no conflicts of interest. One of his co-authors has funding for clinical trials from two manufacturers of pertussis vaccines, Sanofi Pasteur and GlaxoSmithKline.

Primary source: The Lancet
Source reference:
Prymula R, et al "Effect of prophylactic paracetamol administration at time of vaccination on febrile reactions and antibody responses in children: two open-label, randomized controlled trials" *Lancet* 2009; 374: 1339-50. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2809%2961208-3/abstract

Additional source: The Lancet
Source reference:
Chen R, et al "The yin and yang of paracetamol and pediatric immunizations" *Lancet* 2009; 374: 1305-06. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61802-X/fulltext

Does the Recommendation to Use a Pacifier Influence the Prevalence of Breastfeeding?

Jenik AG, Vain NE, Gorestein AN, Jacobi NE, Pacifier and Breastfeeding Trial Group J Pediatr. 2009; 155:350-354

Study Summary

One of the World Health Organization's recommended best practices for assuring successful breastfeeding is for nursing mothers to use no artificial nipples or pacifiers with newborn infants who are breastfeeding. The American Academy of Pediatrics recommends waiting to introduce pacifiers until infants are at least 1 month old. Data are mixed on whether pacifier use affects breastfeeding. Observational studies suggest that pacifier use has a negative effect on nursing success, but randomized trials in developed countries suggest either no effect of pacifiers on nursing success, or reduced nursing success only with very early pacifier introduction.

This study sought to evaluate the effect of pacifier use on breastfeeding success in infants up to 3 months of age -- a longer period than has been assessed in previous studies. Participants were enrolled at 5 tertiary care centers in Argentina, which were a mixture of public and private institutions. All hospitals, as part of routine care, encouraged mothers to avoid use of pacifiers. Infants were enrolled at 2 weeks of age after meeting the following inclusion criteria:

- Gestational age ≥ 37 weeks;
- Birth weight ≥ 2500 g;
- Exclusively breastfed;
- Mothers intended to nurse for at least 3 months;
- Not using pacifiers; and
- Well-established nursing (infant had regained birth weight and mom was routinely experiencing let-down reflexes).

The investigators excluded infants who had medical problems or whose mothers' medical problems would interfere with successful nursing, and infants whose mothers expressed a definite preference (either for or against) pacifier use.

Infants were randomly assigned to either an intervention group whose mothers received pacifiers and instructions on pacifier use or to a control group whose mothers received information on how to comfort infants without pacifiers. The main outcome of interest was the prevalence of exclusive breastfeeding at 3 months of age. The investigators also compared the prevalence and duration of any breastfeeding, as well as compliance with group assignment instructions (e.g. the number of mothers in the no-pacifier group who used a pacifier). A research assistant, blind to group assignment, conducted phone follow-up with the mothers at monthly intervals through 6 months, then at 8, 10, and 12 months of infant age.

In 2005 and 2006, 1021 infants were enrolled (528 assigned to pacifier use group). The groups were virtually identical on pre-enrollment characteristics, including birth weight, rate of cesarean section, maternal age, previous breastfeeding by the mothers, maternal education and smoking status, and percentage with fathers in the home. Approximately 95% of the subjects in both groups completed the trial.

The prevalence of exclusive breastfeeding at 3 months of age was 85.8% in the pacifier group and 86.2% in the no-pacifier group, for a risk difference of 0.4%, (95% confidence interval -4.7% to 4%) In both groups, > 75% of the mothers were exclusively breastfeeding their study infants at 4 months. The rates of "any breastfeeding" were also virtually identical and remained > 97% for both groups through the 3 and 4 month assessments. Of note, only 67% of the infants in the pacifier use group actually used a pacifier, but 40% of the infants in the no-pacifier group also used a pacifier. The investigators concluded that pacifier use does not alter the prevalence of exclusive breastfeeding at 3 months of age among infants born at term who had successful breastfeeding established at 2 weeks of life.

Viewpoint

The study authors noted that because previous trials enrolled fewer participants or followed infants for shorter periods, this study adds a great deal to the literature around this question. Although the investigators caution that this was a highly selected population (motivated mothers and infants who had established successful early nursing), such women likely constitute large percentages of the population at many US maternity hospitals. These data strike me as highly useful and practical when offering advice to expecting or new mothers on "what to do about pacifiers?" Coupled with data on decreased risk for sudden infant death syndrome with pacifier use, these new data should reassure both moms and pediatric providers that pacifier use is not harmful and may, in some scenarios, be beneficial.

Action Urged to Reduce Global Diarrhow wea Deaths in Children UNICEF/WHO

Report offers seven-point recommendation for prevention and treatment
Thursday, October 15, 2009 (HealthDay News)

In an effort to reduce the worldwide diarrhea death toll among children, the United Nations Children's Fund and the World Health Organization have issued a series of prevention and treatment recommendations and an urgent call-to- action, published online Oct. 14 in The Lancet.

Tessa Wardlaw, Ph.D, of UNICEF in New York City, and colleagues authored the report, "Diarrhoea: why children are still dying and what can be done," containing recommendations to address the condition, which is the second leading cause of death worldwide among children younger than 5 years of age. Some 1.5 million children die from diarrhea annually, a number greater than that for AIDS, malaria, and measles combined.

The seven UNICEF/WHO recommendations include five prevention and two treatment strategies. The prevention recommendations are: 1) rotavirus and measles vaccinations; 2) early and exclusive breast-feeding and vitamin A supplements; 3) promotion of hand washing using soap; 4) improvement of water quality and quantity, including treatment and safe storage of household water; and 5) better community sanitation.

The treatment strategies are: 1) fluid replacement to prevent dehydration (including oral rehydration [especially low-osmolarity oral rehydration solution] and continued feeding, including breast-feeding) and 2) zinc supplements.

World Pneumonia Day

2 November, WHO and UNICEF Release Global Action Plan for Pneumonia

The Global Action Plan for the Prevention and Control of Pneumonia (GAPP), released by WHO and UNICEF, outlines a six-year plan for the worldwide scale-up of a comprehensive set of interventions to control the disease. Countries are urged to implement a three-pronged pneumonia control strategy that:

1. Protects children by promoting exclusive breastfeeding and ensuring adequate nutrition and good hygiene.
2. Prevents the disease by vaccinating them against common causes of pneumonia such as *Streptococcus pneumoniae* (pneumococcal disease) and *Haemophilus influenzae* type b (Hib).
3. Treats children at the community level and in clinics and hospitals through effective case management and with an appropriate course of antibiotics.

The GAPP estimates the cost of scaling up exclusive breastfeeding, vaccinations and case management in the world's 68 high child mortality countries. Together, these countries account for 98% pneumonia deaths worldwide. With this investment, the GAPP projects that by 2015, the scale-up of existing interventions can decrease child pneumonia mortality substantially.

Editor's note:
World pneumonia day was celebrated for the first time on 2 November 2009. The launch in New York and activities in other countries were covered by CNN. In Malaysia, it was just another day!

NeoPrep® - An Intensive Review of Neonatal-Perinatal Medicine

Date : 6-12 February 2010
Venue : Newport Beach Marriott Hotel & Spa, Newport Beach, California USA
Secretariat : American Academy of Pediatrics
141, Northwest point Blvd.
Elk grove village, Il 60007-1098
Tel : 847 434 4000
Fax : 847 434 8000
E-mail : kidsdocs@aap.org
Website : http://www.aap.org/perinatal/events.html

3rd International Online Medical Conference (IOMC 2010)

Date : 6-7 March 2010
Website : http://www.iomcworld.com/2010/index.htm

14th International Congress on Infectious Disease (ICID)

In conjunction with the 4th Regional Conference of the International Society of Travel Medicine (ISTM) and the 2nd Congreso Latinoamericano de Medicina del Viajero (SLAMVI)

Date : 9-12 March 2010
Venue : Miami, Florida, USA
Secretariat : International Society for Infectious Disease
1330 Beacon Street, Suite 228
Brookline, MA 02446 USA
Tel : + (617) 227 0551
Fax : + (617) 278 9113
Email : info@isid.org
Website : http://www.isid.org/14th_icid/

PREP® The Course – Austin, TX

Date : 13-17 March 2010
Venue : Renaissance Austin Hotel, Austin, Texas USA
Secretariat : Marge Gates
American Academy of Pediatrics
141, Northwest point Blvd.
Elk grove village, Il 60007-1098
Tel : 847 434 4000
Fax : 847 434 8000
Email : mgates@aap.org
Website : http://www.aapexhibits.org/prep.html

7th International Symposium on Pneumococcal and Pneumococcal Diseases

Date : 14-18 March 2010
Venue : Tel Aviv. Israel
Secretariat : Kenes International
1-3 Rue de Chantepoulet
PO Box 1726
CH-1211 Geneva 1 Switzerland
Tel : + 41 22 908 0488
Fax : + 41 22 906 9140
E-mail : isppd@kenes.com
Website : www.kenes.com/isppd

Practical Pediatrics CME Course - Orlando, FL

Date : 18-20 March 2010
Venue : Hilton in the Walt Disney World Resort, Lake Buena Vista, Florida USA
Secretariat : American Academy of Pediatrics
141, Northwest point Blvd.
Elk grove village, Il 60007-1098
Tel : 847 434 4000
Fax : 847 434 8000
E-mail : kidsdocs@aap.org
Web : http://www.aapexhibits.org/practical_pediatrics.html

Clues & Cues In Pediatric Digestive and Nutritional Disorder

Date : 15-16 March 2010
Venue : Waterfront Hotel, Lahug Cebu City, Phillippines
Contact : Lourdes Genuino, MD
Tel : + (632) 525 8970
E-mail : bebotgg90@yahoo.com
Website : http://www.ipa-world.org/Meetings/Pages/Home.aspx#2010

20th Biennial International Pediatric Conference of Pakistan Pediatric Association

Date : 1-4 April 2010
Venue : Quetta, Pakistan
Secretariat : Department of Pediatric Unit-II
Sandeman (P) Hospital, Quetta, Pakistan
Contact : Dr Aamir Daud
17 A Chaman Housing Scheme, Quetta.
Tel : 092 81 9202017
Email : aamird62@yahoo.com

NEW LIFE MEMBERS

Dr Kogilavani A/P Gunasagaran
3, Leboh Sin Lok, Taman Sin Lok
30010 Ipoh, Perak

Dr Meenakshi Vairavan
B1-09-3A, Royal Domain Condominium
Jalan Sri Putramas
51200 Kuala Lumpur

Dr Cheong Shu Meng
7, Jalan Sentosa 30, Off Jalan Meru
41050 Klang, Selangor

Dr Anu Ratha Gopal
C-6-2, Kediaman Kakitangan Hospital Sultan Abdul Halim, Jalan Lencongan Timur Bandar Aman Jaya
08000 Sungai Petani
Kedah

Dr Toong Siew Wai
5-4-32 Lebuh Sungai Pinang 1
11600 Sungai Pinang
Pulau Pinang

NEW ORDINARY MEMBERS

Dr Yek Wai Leong
51, Jalan USJ 18/2C
47630 Subang Jaya
Selangor

Dr Shoba Pathmanathan
No. 5, Solok Stadium 3, Ipoh Garden
31400 Taiping, Perak

Dr Pravin Sugunan @ Vasanrhan
123, Lorong Penaga, Jalan Izuddine Shah
34000 Taiping, Perak

Dr Maneet Kaur
Department of Paediatrics, Hospital Likas
88996 Kota Kinabalu, Sabah

Dr Mohamed Nazir Abu Bakar
No. 29, Jalan Bola Lisut 13/17, Section 13
40000 Shah Alam, Selangor

Dr Wan Rahmah Wan Mustapha
Shah Alam Specialist Hospital
2-14 Jalan Nelayan 19/13
40300 Shah Alam, Selangor

Dr Nor Aini Bakar
Department of Paediatrics
Hospital Raja Perempuan Zainab II
16150 Kota Bharru, Kelantan

Dr Mohamed Ameenudeen B.A. Sultan Abdul Kader
No. 41 India Street, P.O. Box 67
93000 Kuching, Sarawak

CHANGE OF ADDRESS

Dr Lim Ee Sze
No. 51, Jalan Jenaris 6
Bandar Botanic
41200 Klang, Selangor

Dr Indra Ganesann
156, Lorong Pokok Seraya 4B
Taman Khidmat
88450 Kota Kinabalu
Sabah

Dr Terrence Gerard Sundram Thomas
156, Lorong Pokok Seraya 4B
Taman Khidmat
88450 Kota Kinabalu
Sabah

Dr Alvin Chang Shang Ming
Block 135, Simei Street1, #04-60
Singapore 520135

Ad