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....a seedling for the future growth of NEPAS....

Official Newsletter of Nepal Paediatric Society

Volume 2, Issue 2

April 1, 2014

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Dear friends,

Namaste and Warm Regards,

I'd like to express my heartfelt gratitude for being elected as the New President of Nepal Pediatric Society (NEPAS) for the coming 2 years (2014-2016). I accept this honor with utmost humility and pride.

NEPAS has gone a long way since its establishment in 1981 and every coming year we have only grown bigger in consolidating our prime responsibility of uplifting the quality of child health care in Nepal.

NEPAS has always adapted a holistic role in its mission to improve the health of Nepalese children from lobbying at national policy making levels to incorporate changes in the health care system delivery pipeline, to community level activities aimed at sensitizing public awareness about common preventable childhood ailments and measures to reduce childhood morbidities and at clinical levels by promoting excellence in education, clinical and community research and innovation.

The importance of leadership in all these cannot be overemphasized. Of collaborating, innovating and coming together to drive productive change. And sticking to our core values of accountability, enabling mentorship, child friendliness, partnering, team spirit, good governance and fraternal ethos.

As I assume this newer role, I ask for and expect a continuous active guidance, feedbacks, and participation from my seniors, contemporaries, juniors and alliance members those who have been working together with us in the field of Child Health.

Despite the advances in public health, management of infectious diseases, technological upgrade and concerted efforts by physicians, I must accept that a large gap exists between knowledge and practice. There are significant variations in the delivery and outcomes of health care across providers and communities, in the utilization of appropriate care, in disparities of care for ethnic and minority children and in the safety and quality of care in children.

Our job amidst all these is to address these disparities by ensuring safety, accessibility, effectiveness, efficient delivery, timely and cost-effectiveness of health care, which is aptly described as the Excellent health care. By **excellent health** care to children, I refer to **evidence-based care** that is responsive to child and family needs and results in **superb outcomes**.

NEPAS will be more pro-active than ever in the coming days to deliver excellent health care by addressing all issues from advocating child health care policies in Governmental decisions, promoting knowledge, education, skills for its fellow members, promoting pediatric subspecialty work-shops, updates and training opportunities for fellow members, encouraging clinical and community research and above all, becoming more and more child friendly.

Let's be vigilant.

Let's hold on to our vision for a better future. And let's remember our long-term goal:

Accountability, Team Spirit, Excellence in Education, Research and Innovation!!!

To deliver Equitable and Quality health care to Nepalese Children.

Thank you.
President Elect NEPAS



Quote of the issue:

Health is the vital principle of bliss, and exercise, and of health

-James Thomson



The current NEPAS Executive Committee, led by the dynamic leadership of Dr. Laxman Shrestha, innovative think-tanks like Vice President Col. Dr. Arun Neupane, Ex-President Dr. Jyoti Ratna Dhakwa, President-Elect Dr. Binod L Bajracharya and the concerted efforts of the efficient executive members have identified to achieve and secure the following goals during their tenure.

1. Growing the Conscience of Inclusiveness:

Growth and Development of any organization entirely depends on how much sense of belonging is nurtured in its root members by his/her fraternity. This is what keeps good organizations getting better with time. There have always been some allegations on NEPAS for not being inclusive enough in its endeavour to team up with all generations of pediatricians and all the institutes housing them. The President, in his role, like to remind all the fellow members that NEPAS doesn't belong to one institute, in particular. NEPAS belongs equally to all of its members and I, as the president of NEPAS will, do all my best efforts to keep this conscience growing.

2. Accelerating the cultivation of Pediatric Sub-Specialties:

NEPAS Vision is determined at the highest level for lobbying at National & International levels to bring in fellowship/training opportunities for interested pediatricians. NEPAS is currently working with our allies to generate financial support for such fellowships.

3. Promoting High-Quality Research:

Besides providing a reasonable financial grant of Nrs. 1,00,000 for conducting an original research annually, the NEPAS Vision is committed to actively foster clinical & community research that can challenge our current standard of care & may bring potential implications in practice.

4. Professional Resources & Publications:

Besides JNPS and newsletter, NEPAS Vision is working to generate National Consensus Guidelines on core pediatric issues, along with a national Immunization Policy.

5. Pub-Med Indexing of JNPS:

NEPAS ex com is desperately pushing hard to get PubMed Indexing for our Official Journal in the coming few months. And we all know, how significant an impact that would make.

6. Targeted Nationwide Advocacy:

Going Public. Actively engaging in Media (TV/Radio/tabloids) & **Social networking sites** (facebook, twitter) on important pediatric issues on a regular basis. NEPAS is working with National Telecom providers on highly subsidized mobile texting of important pediatric health & immunization related messages to the relevant population.

7. Continuing Professional Development

A major initiative to undertake **Accredited monthly CMEs** to promote excellence in Academics and professional medical education, NEPAS is working on organizing more **subspecialty based workshops, seminars and conferences.**

8. Innovation

NEPAS Vision is working on to design a National Electronic Networking Database to link up all major pediatric service providers throughout the country. The NEPAS mobile App(containing essential drug dosages, growth,SMR, BP centile charts, practice guidelines, JNPS, Calendar of National & Global pediatric events, news and contacts of all NEPAS members & their institution may be launched in near future

9. Networking

Over the period of the next 2 years, NEPAS is committed to network all major pediatric service providers & academic institutions via an electronic database to generate a common National data on major child health related issues, to benchmark the quality of care among various centers, to promote protocolised care, easy referrals & minimize the disparities in care.

10. Taking National & International Alliance to altogether new levels

NEPAS is teaming up and taking our relations to a new high level with national & international alliance members with discrete aims & objectives to achieve for the next few years. Formation of Newborn Alliance, IPA granted research, CDC granted Hib Studies are a few examples.



<Immunization Advocacy President's Take>

Namaste

It is my great pleasure to welcome you all as we gather here to celebrate the 33rd Annual NEPAS day on this gala day.

The annual NEPAS day celebration has been continued every year to commemorate the achievements and consolidate our multi-faceted efforts in improving the quality of pediatric care in Nepal.

First, of all let me thank all of NEPAS executive committee members for taking this very important initiative of advocacy session on Immunization and all of NEPAS members who have spared your valuable times to pledge your solidarity with our noble cause.

Of course I don't have to convince you of the need to fight for immunization and polio eradication. In 2012, 6.6 million children died before reaching their fifth birthday. It is a sharp decrease from 1990, when more than 12 million children died under age five – but it is not good enough. Every year...130 million children are born worldwide, 23 million will not be vaccinated, and 6.6 million will die before their fifth birthday. More than two million will die from diseases vaccines can prevent.

We all know that, every day, there are 19,000 clear and convincing reasons for doing so. Because that is the number of children under the age of 5 who on average die every day from preventable causes. 1 child dies every 20 seconds from a disease that could have been prevented by a vaccine.

The interventions needed to save these children are, for the most part, known. Existing high-impact, low-cost interventions such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated bednets, improved breastfeeding practices and safe hygiene practices have already saved millions of lives.

Pneumococcal disease and rotavirus are the two leading causes of death for children in the developing world. We have vaccines to prevent them. I am glad that Child Health Division is soon introducing PCV -10 as a part of EPI schedule. The use of pneumococcal vaccine should be seen as complementary to the use of other pneumonia control measures, such as appropriate case management, promotion of exclusive breastfeeding for first 6 months of life, and the reduction of known risk factors, such as indoor pollutants and tobacco smoke.

More and more, the world unites to bring this tragedy, this insult to human dignity, to an end - because it is simply unacceptable. We can stop this, and we will.

And today here as we come on this impressive gathering, we have more than one good reason to celebrate. We have achieved a landmark milestone in the global effort of Polio

eradication, and NEPAS is proud to be part of that global coalition who are free of this age old morbid disease with significant morbidities.

This evening we will hear from our experts the Government's plan for "the Polio Eradication Endgame". This plan includes the introduction of at least one dose of inactivated polio vaccine into routine immunization schedules as a strategy to mitigate the potential risk of re-emergence of type 2 polio following the withdrawal of Sabin type 2 strains from oral polio.

Nepal is in the elimination phase of measles. Reaching all children with 2 doses of measles vaccine should be the standard for all national immunization programmes for its virtual elimination and I hope NCIP is considering this approach.

Rubella has been incorporated in the EPI schedule, Measles vaccine has been replaced by MR.

Child health division has planning to conduct study on the CRS burden and has identified few sentinel sites for its surveillance.

Disparities exist in immunization coverage by eco-belt, gender and by wealth quintiles and these inequalities must be addressed and solved.

The role of National Committee on Immunization Practice is recommendable in developing policy recommendations for use of new vaccines and changes in recommendations for existing vaccines in addition to ongoing review of vaccine safety, vaccine supply, and cost-effectiveness of vaccines.

Distinguished audience, ladies and gentlemen, Immunization advances currently enable us to protect infants and children from 14 different vaccine-preventable diseases before they reach age two.

The chance to survive is a right owed to every child. Every child deserves vaccination.

This campaign for immunization is not just a health action. It is a moral imperative. The world cannot watch idly while preventable and shameful deaths occur every day.

We all have our roles to play, in an effective division of labor, and I'm happy to see that all of us here are so strongly committed to living up to this responsibility. We all should be the ambassadors and champions for the cause child health and immunization is one the beads of the thread.

I thank you very much for all of your support.

Thank you.



March 27-29, 2014

XVIIth Nepalese Congress of Paediatrics-NEPCON 2014

Venue: Hotel Radisson

Inaugural Ceremony followed by scientific programme attended and participated by distinguished guests from Nepal and abroad. Closing Ceremony was concluded with newly formed executive committee for the next 2 years followed by general body meeting and dinner. Subspecialty based original research papers were presented by national & international delegates.

April 16, 2014

CME on Neonatology

- Surfactant replacement therapy
- Apnea of prematurity
- Neonatal sepsis-recent trends

Venue: Kanti Children's Hospital

June 7, 2014

CME on Preventive Pediatrics Update on Immunization

Venue: Everest Hotel, Biratnagar

This is the first CME conducted by NEPAS outside the valley under the new executive committee, and encourages the Paediatricians to open up.

June 21, 2014

NEPAS Day

Venue: Hotel Malla, Kathmandu

NEPAS celebrated its 33rd anniversary with immunization update and launching its own website www.nepas.org.np

June 28, 2014

NEPAS monthly CME

Topic: HIV Cardiomyopathy – A Case Series.

Venue: T.U. Teaching Hospital

NEPAS has conducted its first monthly Accredited CME programme hosted by the Department of Pediatrics at Tribhuvan University Teaching Hospital.

Speaker: Asst. Prof. Dr Srijana Basnet

July 19, 2014

NEPAS monthly CME

Topic: Persistent cough in Children

Venue: Kathmandu Medical College Teaching Hospital

Speaker: Assistant Professor Dr. Anil R Ojha

<EVENTS 2014>



Saving antimicrobials to save lives: It's time to ACT!

Jiwan Kshetry

The world has seen many dire predictions about our collective future, from population explosion to global warming. In most such cases the extreme predictions have not translated into reality and there is a general tendency to not take any alarmist prediction seriously.

Exceptions, however, abound in this imperfect world. There are many credible threats now that have a real possibility of making things extremely harsh for all of us if not altogether taking lives in every instance. [Emerging antimicrobial resistance](#), along with the threat of global pandemics like avian influenza and a silent worldwide epidemic of malignancies, forms some of the most immediate concerns of the practicing doctors as well as public health workers.

How have we reached in a situation in which multi-resistant microbes—so called [superbugs](#)—are so rampant? How long will the limited arsenal of antimicrobials sustain our health care delivery system which is so heavily dependent on the use of these agents? Why is the pace of development of new antimicrobials agonizingly slow?

A proper answer to this larger question is the only thing that will help us to salvage something from what increasingly appears as a drying up potency of the antimicrobials.

True, there are many culprits, from the self-medicating patients to unscrupulous pharmacists and quacks who can be blamed for the problem. But as we move ahead, there is no recourse to pinpointing the fault within the medical community, through introspection and self-assessment if nothing else. Indeed, we have the capacity to change ourselves and nobody else.

So where is our fault? 'A practice focused at a single patient's wellbeing and not that of the population at large', we may answer.

But I shall point to a more fundamental fault: our medical education is crippled, with little or no emphasis to research. As a result, we do not practically understand the hurdles and limitations that the scientists have to face in developing a new genre of an antimicrobial. That makes a rational prescription of antimicrobials rather unusual.

Then comes the environment where we work: we are demanded to work fourteen hours a day if we want to make a decent living. Who can bother about paucity of new antibiotics when he/she is not getting enough sleep or time to play with the kids?

Then, of course, there are issues of incentives that the myopic drug companies provide for [reckless and idiotic prescription](#) of costly antibiotics in which a very significant minority of our community is indulged.

So, as clinicians, most of us are like a dismembered human body, devoid of the research element that is so essential for a good clinical practice.

What can be done then? The resistant bacteria won't miraculously attain sensitivity towards many antibiotics whose lives we have shortened by our crass ineptitude.











The only way forward is to salvage whatever we can from the arsenal—after all we cannot even imagine a new antimicrobial being discovered in a state like Nepal—so that the 'antibiotic era' for us can be prolonged by some decades. Awareness, coordination and action are the three indispensable steps: let's educate ourselves, spread the message and ACT.

The platform for this sort of coordination is the NIPAR initiative which maintains a blog (www.nipamr.blogspot.com) and an email address (mailnipar@gmail.com). You are an email away from participating in the noble initiative.

<Upcoming NEPAS Activities (July - December, 2014)>

Event	Category	Schedule
Monthly CME	CME	1 st Saturday of Every Nepali Month Venue: Changes every month; pre-notified
Kangaroo Mother Care Workshop	Workshop	
Pediatric Expert Opinion CME	CME	
Mechanical Ventilation Workshop		

<IT in Pediatrics PedsMade Easy>

Application		Compatibility	Features	Paid /Free	Rating
Read By Qxmd		Android / iOS	Update on the latest medical research and topic review. All latest research papers are tracked, saved & accessible at one place.	Free	****
Medscape		Android / iOS	The latest medical news Drug information Disease condition	Free	****
Pediatric On Call		Android / iOS	Abstracts of every pediatrics article	Free	****
British National Formulary		Android / iOS	Up-to-date practical guidance on prescribing, dispensing, and administering medicines	Free	****
Pub Med Mobile Abstract		Android / iOS	More than 21 million citations for biomedical literature from medline, life science journals, and online books.	Free/ Paid	****
American Academy Of Pediatrics Apps		Android/ios	All the best AAP apps, websites, articles, tools, and resources from one centralized app	Paid	***
AAP Red Book		Android/iOS	The gold standard infectious disease problem solver quickly access critical, current information for diagnosis, treatment, and management of more than 200 infectious diseases, including drug dosing, immunization information and updates	Paid	***
Pediatric Growth Chart By Boston Children Hospital		IOS	Allows to track children's growth over time and display the data p[oints on any of the included who and cdc growth chart	Free	***
Uptodate		Android/ IOS	The leading clinical decision support resource with evidence-based clinical information – including drug topics and recommendations that clinicians rely on at the point of care.	Paid	****
Palmpedi		Android/ IOS	The only pediatric resuscitation reference you need children in an emergency or intensive care setting, all the information you need is at your fingertips on a single screen	Paid	***



World Sepsis Day: September 13, 2014.

To date we are experiencing an outbreak of Ebola virus disease in West Africa, which is the most severe in recorded history. Infection with this virulent and contagious agent leads to death from sepsis with multi-organ failure in 70 – 90% of sufferers. Since 1976, when it was first identified, this disease has killed about 2,000 people. Now, everything possible needs to be done by the national authorities and the international community to stop this frightening disaster. However, we should remind ourselves that this headline infection accounts for less than one thousandth of a percent of the 300 million deaths from infection globally in the same time frame.

The world must face the fact that despite the advances of modern medicine, the fight against infectious diseases and sepsis is far from won. The public is largely ignorant of the fact that sepsis – also called “blood poisoning” – can be triggered by almost any infectious disease and is responsible for almost 8 million annual deaths worldwide. The annual increase of sepsis cases in industrial nations by 7 – 8% over the last decade has remained largely unnoticed and un commented. Sepsis cases are increasingly caused by viruses and multi-resistant bacteria., impacting clinicians and public health initiatives.

In resource poor countries we do not have the data. We can extrapolate the figures based on the very high numbers of bacterial infections, that in every one minute there will be twenty deaths due to sepsis. Worldwide infections are the second number cause of death. Sixty percent of deaths in under 5 year old children are due to sepsis, and sepsis is one of the major causes of maternal death. Sepsis - often called

“blood poisoning”- is the most common cause of death from infection and annually at least 8 million deaths are attributable to sepsis.

At least ten to fifteen percent of sepsis deaths are avoidable by preventing infections, through increasing vaccination uptake rates in at risk populations, improved hygiene measures, early detection of sepsis, and prompt treatment measures. World Sepsis Day 2014 supporters -among them thousands of physicians, health care workers, sepsis survivors, close to 3,000 hospitals and more than 200 national and international organizations in over 90 countries - are united to reach this ambitious goal. Hospitals and healthcare institutions need to do all that is practicable to eliminate hospital-acquired infections and to recognize sepsis rapidly. However, as close to 50% of sepsis cases develop outside the hospital, so efforts to increase recognition, diagnosis and treatment of sepsis should be within the Emergency Departments, Family Physician offices and Urgent Care Centers. The public need to know about the early symptoms of sepsis and understand that sepsis is an emergency that requires immediate treatment. We call governments around the world to evaluate their healthcare systems’ responses to sepsis and take action to reduce the impact of this killer disease, through national action plans, financing of sepsis awareness campaigns and research on a similar scale to that which has made the global fight against AIDS so successful.

More information:

www.world-sepsis-day.org

www.OSCN.org.np

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