

CHILD CARE

Newsletter of the Sri Lanka College of Paediatricians
Tel: 2683178. Fax: 2684625, Email:slcp@sltnet.lk
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MESSAGE FROM THE PRESIDENT - SRI LANKA COLLEGE OF PAEDIATRICIANS

Dear Member,

The time came for another change and the 13th President was installed. I am honoured to be the person to hold the reins of this very prestigious College in the year 2009-2010. I am very much aware of the responsibilities that this position entails and promise to carry forward the good work undertaken by the giants in paediatrics who served in this post before me. I once again thank the council and the members of the College for electing me to this high position.

The previous council headed by Dr H.T. Wickramasinghe and ably assisted by Dr Disna de Silva did a wonderful job in carrying forward their theme "Beyond millennium development goals: through life cycle interventions". I opt to stay around millennium development goals with the theme of "Early child development – nature or nurture"

The paediatricians' role in assisting all children to develop to their full potential is a gigantic task but I am sure if we all work towards it this would not be only a dream but a solid reality. Promotion of early child development through the parents is one intervention which could reap good economic results for the nation with minimum cost to the country. UNICEF has pledged support and already contributed towards achieving this goal. Ministry of Health and Nutrition, FHB and corporate sector involved in early child development work has promised to support us in this endeavour.

"Nuga Sevana" programme on Rupavahini has allocated 15 minutes weekly for the paediatricians to speak to the public on health related matters. I request your support for this by participating in the discussion as a resource person.

The work started in 2008 on "expanding education for better child care" has been continued in 2009 and we propose to continue it with the ongoing regional meetings assisted by Dr Srilal de Silva. The young paediatricians forum which has already taken off is a platform for recently returned young paediatricians as well as senior registrars awaiting completion of training to disseminate their newly acquired knowledge.

Child safety as a public health concern has gained momentum recently. To achieve child safety, child injury prevention knowledge and practices should be incorporated into child health initiatives. Promotion of this has been already initiated by conducting programmes on ITN channel and writing articles to weekend newspapers which I feel have reached the masses by the responses received from them. The Technical Working Group in Injury Prevention has proposed my name as a member and the work of this group includes drafting a national policy and strategic framework on prevention and management of injuries in Sri Lanka.

Another much needed requirement for our newborn babies is the screening for congenital hypothyroidism as pointed out by Dr Lakkumar Fernando and Dr Samantha Waidyanatha. We all should work towards this.

Members, let us all rally round to give our children a head start in life.

Dr Kalyani Guruge

NEW OFFICE BEARERS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS FOR THE YEAR 2009/2010

President	Dr Kalyani Guruge
President Elect	Dr Deepthi Samarage
Vice President	Prof. Harendra de Silva
Hony. Secretary	Dr Deepal Perera
Hony. Asst. Secretary	Dr Rasika Gunapala
Hony. Treasurer	Dr Samantha Waidyanatha
Hony. Asst. Treasurer	Dr Manel Fernando
Public Relation Officer	Prof. Aswini Fernando
Immediate Past President	Dr H.T.Wickramasinghe
Council Members	Prof. S.P.Lamabadusuriya Prof. Manouri Senanayake Dr Pushpa Punchihewa Dr Senaka Gunatillake Dr Jeevani Sarathchandra Dr Padmakanthi Wijesuriya Dr Sandaya Lokuarachchi Dr Shamy de Silva Dr Harris Pathirage

13TH ANNUAL SCIENTIFIC CONGRESS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS

We are pleased to inform you that the Sri Lanka College of Paediatricians will host the 13th Annual Scientific Congress of the SLCP in July 2010.

CALL FOR SCIENTIFIC PAPERS

Members of the SLCP, other doctors, medical and non-medical scientists are requested to present papers for the Scientific Programme of the above Congress. Abstracts should be submitted with an original and 3 copies. The copies should not contain the names of the authors. Closing date for abstract submission is 31st March 2010.

PLENARY LECTURES

From this year the council decided to invite members to deliver some of the plenary lectures at the annual sessions. Please send the complete text of the lecture lasting 30 minutes before 31st March 2010.

PROF. C. C DE SILVA MEMORIAL ORATION

The manuscript for the above oration should be submitted with an original and 4 copies. The copies should not contain the name of the author. Closing date will be 31st March 2010.

INSTRUCTIONS TO AUTHORS ON SUBMISSION OF ABSTRACTS FOR ANNUAL SCIENTIFIC SESSIONS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS

1. Abstracts for Annual Scientific Sessions of the SLCP should conform to the following requirements.

- At least one author must as a rule be a member of the SLCP. However submissions by any authors not eligible to be members outside this rule will be considered.
- Presenting author should place signature under the abstract and his name should be underlined.

- c) Indicate the name and address of the corresponding author.
- d) Indicate on the envelope the category of presentation either oral or poster.
- e) At least the presenting author **MUST** register for the annual congress within two weeks of being informed of the acceptance of the paper by the college. If this is not complied with then the paper will not be included in the publication "Proceedings of the Sri Lanka College of Paediatricians" and the paper will be removed from the scientific programme without any further notification.

2. The abstracts will be reviewed and selected anonymously by referees. The corresponding author will be informed of the result by 30th April 2010.

3. All abstracts should reach the Hony. Secretary, SLCP before 4pm 28th February 2010.

4. Case presentation will not be accepted for oral presentation at the annual sessions. However case presentation will be accepted for display as posters.

5. The title of the abstract should be brief but adequately descriptive.

6. Abstract should be typed on A4 paper with margins of 30mm. An original with three copies should be submitted. Please do not write authors names in the 3 copies.

7. The text of the abstract should contain 350 to 400 words. It should be structured as far as possible into the following.

- I. Objectives
- II. Design, setting and method (including statistical methods where relevant)
- III. Results
- IV. Conclusions

There should be no accompanying tables.

A brief introduction may indicate why the study was undertaken. Prospective authors are requested to see the abstracts of research papers in a recent issue of the Sri Lanka Journal of Child Health for further guidance on writing abstracts.

8. The author/s must be able to take intellectual responsibility for the work and the paper.

9. If the work has been previously presented or published, in whole or in part this should be stated in the abstract.

This does not disqualify a paper but must be acknowledged when submitting the paper.

10. Acknowledgements in the abstracts should be confined to citing donor agencies and previous presentations/publications.

11. The SLCP reserves the right to make alterations and to edit text and modify the title to improve presentation. Abstracts not conforming to the above instructions will be rejected. Abstracts will be published in the proceeding book.

12. ORAL PRESENTATIONS: Each paper will be given 10 minutes for presentation and a further 5 minutes for discussion. Facilities will be provided **ONLY** for multimedia presentations. Please note that 35mm slide projectors & over head projectors will **NOT** be available.

13. POSTER PRESENTATIONS: The size of poster should be approximately 1M (width) X 1.5M (height). Screens will be provided to put up the posters. Posters should be made on material, which can be mounted easily. E.g.: Bristol boards

For further details please contact the Hony. Secretary, Sri Lanka College of Paediatricians, No.6, Wijerama Mawatha, Colombo 7. Tel: 2683178, Fax: 2684625 E-mail:slcp@slt.net.lk

FELLOWSHIPS OF THE SRI LANKA COLLEGE OF PAEDIATRICIANS

Members who are eligible to receive Fellowships of the Sri Lanka College of Paediatricians may apply on their own or may be nominated by a Fellow of the College on or before the **28th of February 2010**.

The application/nomination papers should reach the office of SLCP along with the curriculum vitae. Please indicate the year of obtaining membership of SLCP and the year of obtaining MRCP/MD(Paed) or equivalent degree.

Eligibility for Fellowships

The following categories are eligible for the award of FELLOWSHIPS of the SLCP.

- 1) Members who have completed **TWENTY YEARS** after MRCP/MD(Paed) or equivalent degree and have completed **TEN YEARS** membership of the SLPA/SLCP.
The members may apply by themselves or may be nominated by a Fellow of the College for consideration of the Fellowships three months prior to the Annual Academic Sessions. These applications will be considered by the Fellowships Committee, which will make a recommendation to the Council concerning each member for a final decision. Professional standing, the appointments held and contribution to the literature by the member would be taken into account in selecting candidates by the Fellowships Committee and the Council.
- 2) Members of the College may offer Honorary Fellowships to persons of high distinction who have made a significant contribution to Child Health or College and whom the College desire to honour.

The applicants for Fellowships of the College should be Life Members. **Registration Fellowships fee is Rs.7500/-**.

SUBMISSION OF ARTICLES TO SRI LANKA JOURNAL OF CHILD HEALTH

In future please do not submit articles in 3.5inch floppy diskettes as our new computers have no facilities for insertion of these diskettes.

A computer CD containing articles should be submitted with the hard copy. In the alternative the articles should be sent electronically via e-mail to paed@slt.net.lk or through the URL of Sri Lanka Journals On Line (SLJOL) at www.sljol.info and its partner journal Sri Lanka Journal of Child Health.

FUTURE ACTIVITIES OF THE COLLEGE

1. YOUNG PAEDIATRICIANS FORUM

The Sri Lanka College of Paediatricians is organizing a series of lectures by young paediatricians. This is part of the educational activities of the College for the benefit of the postgraduate trainees and members.

This will be held on the last Friday of every month from 12.00noon -2.00pm at the New Auditorium of the Lady Ridgeway Hospital.

The dates are as follows.

27.11.2009
29.01.2010
26.02.2010
26.03.2010
30.04.2010
28.05.2010

2. PUBLIC EDUCATION ON PREVENTION OF HOME ACCIDENTS

As all of you are aware out of the admissions to paediatric wards, home accidents take an important place. This is a condition which could easily be minimised by educating the parents and the care givers.

- i. A series of articles in **"Medi Scene"** of Sunday Times News paper was started in October 2009 by the Sri Lanka College of Paediatricians to help parents understand and prevent home accidents. Further articles will appear in the same newspaper.
- ii. The same topic will be covered in Sinhala news paper **"Birinda"**.
- iii. **"Pahandora Waidya Sayanaya"** is a magazine section of ITN morning programme. A demonstration of home accidents how it happens and how it can be prevented was shown on this programme. The demonstrations were done by the President and the Secretary of the SLCP.

3. MESSAGES ON HEALTH FROM SLCP TO THE GENERAL PUBLIC

- i. **A 15 minutes weekly slot on "Nugasevana" morning TV programme on Rupavahini is booked for next 52 weeks.** We like the College members to participate in this programme. Please write to the SLCP indicating the topic you like to discuss. Hemas Baby care product has consented to sponsor this.

OTHER EVENTS

- i. Regional Meetings on Paediatric Emergencies and NLS:
Anuradhapura General Hospital from
Batticaloa General Hospital from 19th – 20 October 2009
Vavuniya General Hospital from 23rd – 24th November 2009
Jaffna, Tangalle and other regions – 2010
- ii. Seminar on Nutrition with UNICEF/FHB
- iii. Regional meetings for education of General Practitioners and hospital based doctors on Breast feeding, complementary feeding and early child development
- iv. Paediatric Quiz
- v. Cricket Match and Netball Matches SLCP vs CCP – We are hoping to win both matches this time. If you are a cricketer or a netball player please send in your name to form the SLCP team.

INTERNATIONAL EVENTS in 2010

1. The 26th International Congress of Paediatrics, Johannesburg, South Africa, August 5-9 2010.
For information: www.ipa-world.org
Congress Organizers: 26th IPA/ICP, C/O Kenes International, 1-3 rue de Chantepoulet, P.O.Box 1726, CH 1211, Geneva 1, Switzerland.
Tel: 41 22 908 0488 Fax: 41 22 732 2850
Email: adminoffice@ipa-world.org Website: www.ipa-world.org
2. The international society for medical specialties is going to organize the World Congress of Neonatology in the period 6-9 January, 2010 in Luxor, Egypt.
(<http://www.neonatalevent.org/>)
3. The 9th International Congress of Tropical Paediatrics – Bangkok, Thailand, October 2011.
"Global Partnership & Networking for Child Health"
Thailand Chapter of International Society of Tropical Paediatrics
Faculty of Tropical Medicine, Mahidol University, 420/6, Ratchawithi Rd, Bangkok 10400, Thailand
Tel: 660-235-49161 Website: www.tropped.org

BREAST FEEDING CODE

There is concern among some members of the SLCP regarding sponsorship of Paediatricians to attend International Scientific Meetings by manufacturers and distributors of infant milk products.

We have copied the relevant section from the Sri Lanka Code for the Promotion, Protection and Support of Breast Feeding and Marketing of Designated Products (Amended Code – 2002) issued in 2004 by Ministry of Healthcare and Nutrition, Sri Lanka.

ARTICLE V – HEALTH CARE WORKERS

- 5.4. No manufacturer or distributor of designated products or complementary food or any person on his behalf, shall offer or give any gift or benefit to a health care worker including but not limited to fellowships, study grants and funding for attendance for meetings, seminars, continuing education courses or conferences within or outside Sri Lanka. Any manufacturer or distributor may make contributions to a nationally recognized medical associations in accordance with the objectives of code and such contribution shall be intimated to the committee appointed under item 8.3. A manufacturer or distributor of any designated product or complementarily food shall not promote his product at such meeting, seminar, conference, or education course.
- 5.5. A health care worker shall not accept transportation, payment for expenditure incurred to attend a professional meeting conference or fellowship etc. from a manufacturer or a distributor or any designated products or complementary food.
- 5.6. No manufacturer or distributor shall fund research by a health care worker or any other researcher on designated product or complementary food unless such research has been approved by the committee appointed under article 8.3. Every publication, resulting from such research from funds granted by such manufacturer or distributor, shall include a statement disclosing the source of funding.
- 5.7. No information regarding designated products or complementary food or brand names or its logo shall appear on any diagnosis card, immunization card, calendar, prescription form or growth chart (sponsored by manufacturers or distributors) used at Health Care Systems.

ALL THE PAEDIATRICIANS HAVE TO ABIDE BY THIS CODE.

Dr Kalyani Guruge
President, SLCP

TRANSFORM THE WAY YOU TREAT TRANSFUSIONAL IRON OVERLOAD

INTRODUCING

Asunra

deferasirox 100mg / 400mg Dispersible Tablets

A novel once a day oral iron chelator



ASUNRA® (deferasirox)

Presentation: dispersible tablets containing 100mg, 400mg of deferasirox. **Indications:** for adults and paediatric patients aged 2 years and over with chronic iron overload due to blood transfusions (transfusional haemosiderosis). **Dosage:** ♦ **Starting daily dose:** Recommended initial daily dose is 20 mg/kg body weight; consider 30 mg/kg for patients receiving > 14mL/kg/month of packed red blood cells (> 4 units/month), and for whom the objective is reduction of iron overload; consider 10mg/kg for patients receiving <7mL/kg/month of packed red blood cells (<2 units/month), and for whom the objective is maintenance of the body iron level; for patients already well-managed on treatment with deferoxamine, consider a starting dose of ASUNRA® that is numerically half that of the deferoxamine dose. ♦ ASUNRA® must be taken once daily on an empty stomach at least 30 minutes before food. ♦ ASUNRA® tablets to be dispersed in water or apple or orange juice. ♦ **Monthly monitoring of serum ferritin** for assessing patient's response to therapy ♦ **Maintenance daily dose** to be adjusted if necessary every 3 to 6 months based on serum ferritin trends. Dose adjustments should be made in steps of 5 to 10mg/kg. ASUNRA® should be interrupted if serum ferritin falls consistently below 500 micrograms/L. ♦ **Maximum daily dose** is 40 mg/kg body weight.

Contraindications: ♦ Hypersensitivity to deferasirox or to any of the excipients.

Warnings / Precautions: ♦ **Monthly monitoring of creatinine clearance, serum creatinine and proteinuria:** dose reduction may be needed in some cases of non-progressive increase in serum creatinine; ASUNRA® should be interrupted if serum creatinine shows a progressive rise beyond the age-appropriate upper limit of normal. More frequent creatinine monitoring recommended in patients with an increased risk of renal complications. ♦ **monthly monitoring of serum transaminases:** ASUNRA® should be interrupted if persistent and progressive unattributable increase in serum transaminases levels ♦ ASUNRA® has not been studied in patients with renal and hepatic impairment; and should be used with caution in such patients.

♦ **Skin rashes:** ASUNRA® should be interrupted if severe rash develops. ♦ discontinue if severe hypersensitivity reaction occurs. ♦ annual ophthalmological/ audiological testing ♦ should not be used during pregnancy unless clearly necessary ♦ not recommended when breast-feeding ♦ must not be combined with other iron chelator therapies ♦ product contains lactose.

Interactions: ♦ should not be taken with aluminium-containing antacids.

Adverse reactions: ♦ **most common adverse reactions:** nausea, vomiting, diarrhoea, abdominal pain, rash, non-progressive increase in serum creatinine, increased transaminases, abdominal distension, constipation, dyspepsia, proteinuria, headache. ♦ **less common adverse reactions but potentially serious:** acute renal failure, hypersensitivity reactions (including anaphylaxis and angioedema), renal tubulopathy, severe skin rash, maculopathy, hepatitis, hepatic failure, leukocytoclastic vasculitis, urticaria. As with other iron chelator therapy, high frequency hearing loss and early cataracts have been uncommonly observed. **Packs:** Packs of 30 Tabs of 100mg & 400mg. **Important note:** Before prescribing, consult full prescribing information.

References: 1. Asunra international package leaflet, Basel, Switzerland: Novartis Pharma AG; 2007.

2. Data on file. Novartis Pharma AG, Basel, Switzerland.



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