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# Newsletter

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Is CMA prevention possible in infants at risk?

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Summer activity: Join the European Weaning Study

**EPA Newsletter / Issue 14/ July 2012**



## Letter of the Editor

Dear Colleagues and Friends,

This new issue coincides with important achievements of EPA. The biennial congress, probably our best recognised public activity, is going on at the expected rhythm and scientific level. The 6<sup>th</sup> Europaediatrics offers these three points: the attractive town of Glasgow, the rare fortune of sharing this meeting with the Royal College of Paediatrics and Child Health and the scientific program that, coming from both societies, presents updated issues in clinical practice and also in health promotion. The hospitality and receptiveness of RCPCH is only comparable to the impact of the Armadillo that will be our congress venue. Within this subject it is necessary to stress the discrete but good work of EIC2, our professional conference organiser.

In this issue there is a continuation of cow's milk allergy clinical management in the Clinical Update. There you can find an eventual possibility to induce the immunotolerance, therefore a possibility for prevention for the population at risk.

If results obtained from the CMA survey in 2011 allowed us to establish criteria for diagnosis and treatment of this common allergical problem, the present enterprise of evaluating the diversity of weaning methods across Europe, certainly will bring crucial information on nutrition in this rapid grow age. Please take a few minutes to complete the questionnaire. As usual you will see the results published in this Newsletter.

In the News section, apart from the forthcoming events, conferences and information from our daughter societies, you may also find an interesting and brief report from the annual conferences of national pediatric societies of Russia, Turkey and Spain. It is very satisfactory to see their scientific programs and the attendance, all that in such singular places.

Finally I would like to refer to the bridging capacity of EPA. Next Fall, the European Academy of Paediatrics will hold its conference in Turkey. The normal cooperation of our members will be maintained or increased, but on this occasion even an administrative session is probably taking place there. Working together to increase our scope and our strength.

Enjoy reading this issue.

Manuel Moya  
Editor of Newsletter  
Vice President of EPA

*P.S. If you wish to receive an e-alert for new issues, all you have to do is send an e-mail to [epa-unepsa@2eic.com](mailto:epa-unepsa@2eic.com)*

# IS COW'S MILK ALLERGY (CMA) PREVENTION POSSIBLE IN INFANTS AT RISK?

By: Manuel Moya

*“In our Maternity Unit, full term babies are being discharged on exclusive breastfeeding at a proportion of 96%. In the second month of life this rate has decreased to about 30%”*

CMA is a real and growing problem in Europe probably because infant formulas and other products derived from cow's milk are widely given at too early stages. This frequency, however, is not as high as it is perceived by primary care paediatricians (1). In our Maternity Unit, full term babies are being discharged on exclusive breastfeeding at a proportion of 96%. In the second month of life this rate has decreased to about 30%.

**As prevention is addressed to infants at risk or predisposed**, it is appropriate to make this concept clear: Prevention targets those whose mother, father or siblings suffer from asthma, allergic rhinitis, atopic dermatitis, allergic urticaria or food allergy. CMA is encompassed within the wider concept of cow's milk hypersensitivity. It is an immunological adverse reaction to milk proteins that can be IgE mediated and non-IgE mediated, with an estimated frequency of 2-3% of children in countries where formula feeding is common. The immediate-type reaction and the intermediate/late onset are clinically well recognized. The diagnosis of IgE mediated types (~70 % of all cases) is based on clinical history, in vitro tests, in vivo tests and oral challenge, for the latter two, experienced units are advisable. It is very important to follow this diagnostic flow, so as to avoid the common overdiagnosis that implies unnecessary food restriction. In our Food Allergy Unit, 59.2 % of referred kids for CMA suspicion were normal. Intermediate/ late onset cases are normally referred to pediatric gastroenterology units due to the severity of the clinical situations i.e. eosinophilic GI different locations. The burden to the daily clinical care, the severity of certain cases (2), i.e. anaphylaxis and the complexity of intermediate reactions that in our experience represent 1/3 of the total proved cases of CMA, with a clear predominance of eosinophilic proctocolitis are of particular interest. All of these factors made it necessary to search for prevention.

**The initial German Infant Nutrition Intervention (GINI)** study started 1995 with 2,252 full term babies that had been randomized on a series of hydrolyzed formulas (HFs) plus a breastfed group. They were followed for 10 years and the main aim was CMA prevention. This study has produced a saga of papers out of which it is worth referring to a couple of them.

**The first one (3) is related to the impact of early feeding and child eczema.** This is an important study in which the natural history of eczema was assessed during the first 6 years of life in 3,739 children, predisposed or not. Children with a relevant family history of allergy had a 2.1 times higher risk of eczema (95% CI 1.6 - 2.7) than children without familial history. This was assessed by the cumulative incidence (number of new cases during the period of study/number of subjects at risk) of eczema diagnosed by a doctor.

In predisposed children, feeding on HFs during the first 4 months reduced or even-leveled enhanced risk of eczema was demonstrated up to the 6th year of life. The cumulative incidence of eczema showed a clear reduction that, when assessed through Cox regression, the hazard ratio (HR) was significant for partially hydrolyzed formulas (pHF) or extensively hydrolyzed formulas (eHF) versus cow's milk formula (CMF)

as can be seen in the table.

**The second paper (4) deals with the long-term effect (10 y) of HFs on growth.** In this randomized controlled trial starting with 2,252 infants allocated in four groups according to the formula they will have (pHF; eHF; eHF-C (casein) and CMF) during the first four months of life, after 10 years 1,840 were evaluated for growth. Actually, while the presented data were referred only to body mass index-Z score (BMI-ZS), these scores showed no significant differences. All groups, including the breastfed one, were within the 95% prediction span for eHF. The final ZS ranged around 0.17 - 0.4 SD which makes these differences neither significant nor clinically important, as one could expect after a 10 y period that would allow expression of the genetic endorsement and external influences in front of these 16 weeks to which some modulation capacity has been attributed on occasions. Results concerning height were not shown, but in the publication of results at 6 year (5) no significant differences existed among the groups or gender. Then the BMI-ZS plateau found at 10 y for the group on pHF could not have biological value due to the lack of target height and in case of confirmation in the ongoing study, the implication could be positive because of its closeness to ideal BMI.

**Prevention.** It is difficult to establish an efficient prevention when the mechanisms for CMA are not well known. A better understanding of dendritic cells and the gut-homing T-cells and on the naive T-cells imprinted by the dendritic ones in presence of all-trans retinoic acid could open new ways of knowledge for preventing and perhaps treating CMA. In the meantime, current prevention options such as delayed weaning, elimination of food allergens from mother's diet or reduction of infections in the infant are frequently beyond the primary care pediatrician's (PCP) capacities. Then the use of partially hydrolyzed formulas (pHF) emerges as a feasible possibility among others (transcutaneous or early oral exposures).

*“current prevention options ...are frequently beyond the primary care pediatrician's (PCP) capacities. Then the use of partially hydrolyzed formulas (pHF) emerges as a feasible possibility”*

**Rationale for the use of pHF.** This is based on the four main points:

1. Positive preventive results
2. Safety
3. Growth & development
4. Acceptance

The evidence studies, the GRAS status, the European GINI study and the digestive tolerance are thresholds overcome by these pHF, although not equally. At this point it is most important to consider the quality of the hydrolysis procedure and the obtained results, and how peptides greater than 5.5 KDa should be <4.4%. It is also important that arachidonic acid (AA, 20:4 n-6) is not reduced because in normal conditions it is the preferred precursor of some eicosanoids of series 2, hence some prostacyclins, prostaglandins (PGE<sub>2</sub>, PGE<sub>3</sub>) and leukotrienes will support the adequate local inflammatory responses, bronchodilation... Other components not directly related to CMA prevention should also be taken into account such as the adequate vitamin D content, the presence of xanthophyll carotenoids among other components that will improve nutrition and physiological responses.

**Food tolerance.** One of the advantages of pHF is the presence of intact protein residuals, which can initiate the phenomenon of tolerance. In general, the intestine is organised to promote immunotolerance towards most orally given antigens. In the case of CMA, there is a recent strategy for promoting tolerance such as the progressive use of less diluted formula or cow's milk and greater volumes until 200 ml of cow's milk are tolerated. This induction procedure should be done in a hospital setting with quick access to pediatric intensive care unit. This is a long procedure not exempt of risk, that can be diminished if prevention were implemented.

The four points mentioned above - and the clinical burden particularly important at this age - can support the use of pHF as a preventive measure for CMA in infants at risk, but never for treatment of an established allergy to cow's milk proteins.

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*“The four points mentioned above - and the clinical burden particularly important at this age - can support the use of pHF as a preventive measure for CMA in infants at risk, but never for treatment of an established allergy to cow's milk proteins.”*

**Table. ECZEMA DEVELOPMENT/ EARLY FEEDING  
(GINIplus cohort n= 5991 children, ref #2)**

	Cumulative incidence	
	HR	(95% CI)
<b>Eczema natural history</b>		
Relevant family history of allergy	2.11	(1.64 – 2.72)
<b>HF intervention in predisposed children</b>		
partially HF	1.69	(1.22 – 2.33)
extensively HF	1.98	(1.45 – 2.69)
cow's milk F	2.65	(2.00 - 3.51)

HR Hazard ratio; HF Hydrolyzed formulas





## 6<sup>th</sup> Europaediatrics jointly held with the RCPCH Annual Conference

5<sup>th</sup>-8<sup>th</sup> June 2013, Glasgow, United Kingdom

We are delighted to announce that the 6<sup>th</sup> Europaediatrics, the biennial Conference of the European Paediatric Association (EPA/UNEPSA), will be held jointly with the Royal College of Paediatrics and Child Health (RCPCH) Annual Conference. This is the first time we will be co-hosting an allied healthcare professional conference alongside Europaediatrics. The Paediatric Nursing Association of Europe (PNAE) annual conference will run in parallel from the 7<sup>th</sup>-8<sup>th</sup> June. Delegates will have access to all sessions taking place on the days they are registered to attend, making next year's conference an essential meeting for all paediatric healthcare professionals. Make sure you're part of the 2013 joint conference with an exciting programme which includes prestigious speakers, updates on key clinical issues, and the latest paediatric science.

We expect the 6<sup>th</sup> edition to become our best yet, building on the unequivocal success of the 5<sup>th</sup> Europaediatrics in Vienna in 2011. In 2013, we anticipate an attendance of over 3,000 delegates from 55+ countries. All attendees will benefit from having access to, not only the Europaediatrics conference, but also all parallel RCPCH sessions taking place. The timely scientific programme, including prestigious speakers from all over Europe, will bring delegates up-to-date with the latest developments in paediatrics, encompassing a plethora of topics that range from primary to secondary care. The programme consists of a strong combination of lectures, symposia, "meet-the-professor

meetings" and personal practice sessions, all designed to keep you fully informed of the latest developments. Additionally, a series of high-quality interactive courses will be offered for a hands-on approach on specific topics, providing you with applied practice-changing advice. In addition, Europaediatrics is an outstanding place to connect with your peers and colleagues from member associations and societies from across Europe.

The 6<sup>th</sup> Europaediatrics will take place in the Scottish Exhibition and Conference Centre (SECC). The Scottish Exhibition and Conference Centre (SECC) is Scotland's premier national venue for public events, concerts and conferences. Glasgow is a lively city in the west of Scotland with a rich and vibrant culture and history. The city offers an excellent conference infrastructure and the highly professional services required to organise this joint event. In addition, the international airport has direct flights from over 100 destinations from across Europe and around the world. We feel certain that it provides the perfect setting for our biennial meeting. Make sure you block the

dates in your diary now, and book your place, to be part of this unique joint conference.

### Organised by the European Paediatric Association Council

President:	Professor Andreas Konstantopoulos, Greece
Secretary General:	Professor Massimo Pettoello-Mantovani, Italy
Vice President:	Professor Alexander Baranov, Russia
Vice President:	Professor Manuel Moya, Spain
Councilors:	Professor Fugen Çullu Çokugras, Turkey
	Professor Julije Mestrovic, Croatia
Treasurer:	Professor Jochen Ehrich, Germany
Past President:	Professor Armido Rubino, Italy
President of the 6 <sup>th</sup> Europaediatrics:	Professor Terence Stephenson, United Kingdom

### Organised by the Scientific Committee

Chair:	Professor Manuel Moya, Spain
Members:	Professor Fugen Çullu Çokugras, Turkey
	Professor Jochen Ehrich, Germany
	Professor Jonathan Grigg, United Kingdom
	Doctor Zachi Grossman, Israel
	Professor Nino Kandelaki, Georgia
	Professor Andreas Konstantopoulos, Greece
	Professor Julije Mestrovic, Croatia
	Professor Denes Molnár, Hungary
	Professor Leyla Namazova-Baranova, Russia
	Doctor Antonio Nieto, Spain
	Professor Armido Rubino, Italy
	Professor Terence Stephenson, United Kingdom
	Doctor Alistair Thomson, United Kingdom

**Further information:** You can find out more online through the EPA, Europaediatrics, RCPCH and PNAE websites:

- [www.epa-unepsa.org](http://www.epa-unepsa.org)
- [www.europaediatrics2013.org](http://www.europaediatrics2013.org)
- [www.rcpch.ac.uk/conference2013](http://www.rcpch.ac.uk/conference2013)
- [www.pnae-congress.org](http://www.pnae-congress.org)



## Summer activity 2012:

# The European Weaning Study

How often do parents ask you about how to introduce solid food to their infant?

What nutritional risks and benefits do you base your recommendations on?

Which are the most vulnerable body functions during the weaning phase?

You might just recommend out of a reflect, provide the same advice that as you always did. But how much do you actually know, and what is fact vs.fiction when it comes to weaning?

EPA is currently conducting a web survey on the our website ([www.epa-une psa.org](http://www.epa-une psa.org)) and we would be grateful if you could do what over 500 other doctors have already done and help us identify what is the real weaning practice out there, and how does it relate to what that practice should be?

Participate in the European Weaning Study by clicking the picture or the below link, alternatively type it into your browser's navigation field: <https://www.research.net/s/YQH6H9L>

Responses are welcome until Wednesday 1<sup>st</sup> August 2012. Results of this study will be discussed in future issues of the newsletter. As a thank you, EPA will award 50 EUR educational grants to all responders, for exclusive use at the upcoming Europaediatrics 2013 in Glasgow. The grants will be sent via email, as a personal value code, soon after the study closes in August. Together we can develop paediatrics.

## EPA beyond Europe:

# International paediatrics has lost a pioneering leader

Professor Perla Santos Ocampo died last week. She was Professor Emeritus of the University of Manila (Philippines) and the first female President of the International Pediatric Association. She died on 29 June 2012 and this implies the loss of a great figure in world paediatrics and child health. EPA, representing a feeling from European paediatricians, express our sympathy to Lulu and to the beloved Philippino colleagues.

## EPA beyond Europe:

# Meeting with the Philippine Pediatric Society



Since the previous issue of this Newsletter, our Editor Professor Manuel Moya has visited the Philippine Pediatric Society in Manila. At their annual convention for 1,560 paediatricians, Professor Moya gave a talk on prevention approaches against cow's milk allergy.



The XVI<sup>th</sup> Congress of paediatricians of Russia attracted more than 5,000 participants

## XVI<sup>th</sup> Congress of Paediatricians of Russia

Moscow on 24-27 February 2012

The calendar of important dates of the Union of paediatricians of Russia traditionally starts in February with the annual congress of paediatricians. This year, the XVI<sup>th</sup> Congress brought together more than 5,000 participants from more than 122 Russian cities and foreign countries.

It was a great honour for Russian paediatricians to receive the greeting letter from the President of Russia Dmitry Medvedev as well as from the head of the Federal Council, chairman of the State Duma and Minister of health and social development. The relevant aspects of paediatric care in Russia and Europe were discussed by the Director of the department of medical care for children and maternity services of the Ministry of health and social development Valentina Shirokova, Secretary General of the European Paediatric Association (EPA/UNEPSA) Professor Massimo Pettoello-Mantovani, Director of the Institute for special education academician Nikolai Malofeev.

The scientific part of the XVI<sup>th</sup> Congress of Paediatricians was traditionally organized in the Moscow World Trade Centre. 136 experts came from Eastern and Western Europe, Central Asia, Turkey, UK, USA, China, Brazil, Australia and New Zealand to discuss topics such as, allergy, vaccination, rheumatology, nephrology, neonatology and nutrition, hygiene and social paediatrics. All in all 147 symposia, 9 round tables, 6 lectures, and 6 meetings with professors. Poster sessions were also organized for young scientists and paediatric nurses.







The 61<sup>st</sup> Congress of the Spanish Paediatric Association

## 61<sup>st</sup> Congress of the Spanish Paediatric Association

Granada on 31 May to 2 June

The 61<sup>st</sup> Congress of the Spanish Paediatric Association took place in Granada from 31 May to 2 June. More than 2,000 hospital based and primary care paediatricians and trainees attended the meeting, that offered a comprehensive agenda that comprised clinical, social, preventive and ethical aspects of paediatrics.

The American Academy of Paediatrics, the Latin-American Association of Paediatrics and the Portuguese and Italian Societies of Paediatricians from Italy sent representatives to the meeting that took an active role in the activities.

Primary care paediatricians, and paediatricians working in medical genetics and inborn metabolic errors also held their yearly conferences in the Congress setting.

The scientific program included more than 100 activities with conferences, round tables, interactive case presentations, controversies, master classes and symposia. 950 posters and abstracts were presented.

The main topics were:

- prevention in childhood of adult disease
- research in paediatrics
- advocacy and children rights
- quality of care in children
- urinary tract infection
- immigration and child health
- vaccines
- sudden cardiovascular death in sports
- ethical controversies in child health.

The workshops on CPR, social media and children, A&I prevention, drug abuse and the acute disease simulators gathered big audiences.



The 48<sup>th</sup> Congress of the Turkish Paediatric Association

## 48<sup>th</sup> Congress of the Turkish Paediatric Association

Side-Antalya on 15-19 May

The Turkish Paediatric Association (TPA), established in 1930, organised its 48<sup>th</sup> national congress in June this year, in Side-Antalya. More than 1,000 Turkish paediatricians participated in this important event.

The congress was honourably attended by leading international paediatricians such as the President of the International Pediatric Association (IPA) and the President of the European Paediatric Association. Additionally, many prominent scientific personalities from Europe (United Kingdom, Italy, Greece, Spain, Hungary, Slovenia, Romania, Bosna Herzigova, France, USA) also attended.

Together with the national congress, TPA also organised the European Adolescent meeting within the same convention center and during the same 4-day period. The social topic of the congress was "the future of paediatrics and paediatricians in Europe, in the Balkan region and in Turkey". This topic was discussed in depth during the first two days of the meeting.

The other paediatric topics that were discussed during the meeting included allergic diseases, vaccination strategies, new vaccines, follow up premature infants, respiratory infections, among them cow's milk allergy guidelines from EHEC and EPA/UNEPSA, celiac disease, obesity, adolescent health and diabetes.

Next year, TPA will co-organise its 49<sup>th</sup> national congress together with the 10<sup>th</sup> world adolescent health congress (<http://www.iaah2013.org>) and 1<sup>st</sup> Balkan Pediatric congress in Istanbul, in June 2013.

## European Paediatric Association (EPA/UNEPSA)

Join the most extensive paediatric network in Europe!

Since the launch of the individual membership scheme, the European Paediatric Association (EPA/UNEPSA) embraces a constantly increasing number of individual members from all over Europe.

EPA/UNEPSA welcomes all doctors who are certified as paediatricians in Europe and are members of their respective National Paediatric Society/Association participating in EPA/UNEPSA.

By joining EPA/UNEPSA, you gain access to a network of 41 national European associations and open yourself to a new world of opportunities.

### Benefits

The individual membership is offered at a privileged 50 Euro annual fee and encompasses a set of benefits that aim to provide value to the wide community of European paediatricians.

- On line access to the The Journal of Pediatrics is a core benefit of individual membership to our association and we are excited by the prospect of making such a valuable resource widely available to paediatricians across Europe.
- Our members will enjoy reduced registration fees to Europaediatrics as well as to other events organised by our Association.
- The quarterly e-newsletter aims to be a source of current information relevant to the interests of European paediatricians.
- Finally, our members will find in our new website a valuable tool and resource

Individual membership is offered on an annual basis starting on the 1 January of each year and ending on the 31 of December.

You may apply on line for an individual membership. Please visit our website [www.epa-unepsa.org](http://www.epa-unepsa.org) for more details and to fill out a registration form.

We look forward to welcoming all of you in EPA/UNEPSA!

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## Building a pan-European Paediatric Community

Get acquainted with EPA/UNEPSA fellow members, visit now our Forum!

<http://www.epa-unepsa.org/forums/forum-members>



## Upcoming conferences in 2012

### EPA/UNEPSA Meetings

#### 6th Europaediatrics Congress jointly held with the Royal College of Paediatrics and Child Health

5-8 June 2013, Glasgow, United Kingdom

### Member Societies' Meetings

#### Summer School of the Romanian Society of Paediatrics

3-7 September 2012, Moeciu-Brasov, Romania

#### Annual Congress of the Hungarian Paediatric Society

6-8 September 2012, Tapolca, Hungary

#### 108th Annual Conference of the German Society of Paediatrics (DGKJ)

12-16 September 2012, Hamburg, Germany

#### 13th Annual Congress of the Portuguese Society of Paediatrics (SPP)

11-13 October 2012, Troia, Portugal

#### X Congress of the Croatian Paediatric Society

18-21 October 2012, Pula, Croatia

#### Paediatric Days in Helsinki

25-26 October 2012, Helsinki, Finland

#### NVK-Congress 2012-Dutch Association of Paediatrics

31 October - 2 November 2012, The Netherlands

### Other Paediatric Meetings in Europe

#### Excellence in Paediatrics 2012

28 November-1 December 2012, Madrid, Spain



## List of member countries and links to societies' websites

### [Albania](#)

Albanian Paediatric Society

### [Armenia](#)

Armenian Association of Paediatrics

### [Austria](#)

Oesterreichische Gesellschaft für Kinder- und Jugendheilkunde (OEGKJ)

### [Belgium](#)

Société Belge de Pédiatrie/Belgische Vereniging voor Kindergeneeskunde

### [Bosnia and Herzegovina](#)

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Royal College of Paediatrics and Child Health



# ACKNOWLEDGEMENTS

## EPA Welcomes Corporate Partners

EPA is an association for medical professionals. Our network is a fantastic talent pool of 44,000 paediatric healthcare professionals, who every year share their brilliant questions and suggestions on how to best understand and improve general paediatric practice. EPA always responds to such important feedback. Importantly, however, to be able to address shared issues, unmet needs or to develop good ideas and exciting initiatives, even after prioritisation, we need external financial resources.

EPA has therefore developed a corporate partnership programme that allows companies to support our work provided they share our mission and values, and comply with our ethical principles and Guidelines for Relations with Industry. Jointly we can understand diverse issues better, and develop targeted activities to effectively meet paediatricians' needs for medical education, best practice guidelines, and interactive communication. By working, learning and developing together - by proactively combining our strengths - we can develop and improve the clinical standards, and ultimately also European child health.

EPA would like to welcome its corporate partners and acknowledge their support in the development of the following exciting initiatives:



### "Good Health begins with Good Hygiene"

EPA and Reckitt Benckiser (RB) believe that good hygiene is a key ingredient to good health and work jointly to educate the public on the benefits of adopting good hygiene habits, both personal, in the home, and to explain why good health begins with good hygiene.



### Early Feeding Initiative

EPA and Pfizer Nutrition believe the chances of a healthy life are greatly facilitated by a healthy infancy period. This, in turn, is facilitated by a balanced nutrition. Breastfeeding should be the norm, but where not possible balanced dietary alternatives must be available. EPA and Pfizer Nutrition promote the new paradigm in early feeding which emphasizes the need of a balanced diet also throughout infancy.



### "Helping Mothers Breastfeed Longer through Advanced Education"

EPA and Philips AVENT believe breastfeeding is best for the infant and that paediatricians and health care professionals can often provide invaluable advice to mothers to initiate and sustain their breastfeeding routine. To this end, we are jointly developing an exciting educational programme, presenting state of the art knowledge as it applies to clinical practice.

# PUBLICATION IDENTITY



## EPA Newsletter issue 14

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(EPA/UNEPSA)

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