

8th Europaediatrics Congress

jointly held with

The 13 National Congress of Romanian Pediatrics Society



7-10 June, 2017

Bucharest

Romania



More information available soon at:

www.epa-unepsa.org;

www.europaediatrics2017.org

Destination
Bucharest.....



NEWSLETTER

OCTOBER 2016

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1

EDITORIAL:

**THE ROLE OF
PEDIATRICIANS IN CARING
FOR THE WELL-BEING OF
CHILDREN LIVING IN NEW
TYPES OF FAMILIES**

EDITORIAL

As society and culture have progressively changed in Western Europe, different configurations of families have emerged, and the traditional model of parenting has been replaced by new types of family frameworks characterized by different configurations, beliefs, cultural norms, and personal practices.¹ With regard to the results of the studies and their limitations, and the debates still open within the civil society of adults on children growing up in diverse families, it is important to emphasize that children's well-being relies primarily on the parents' competence and sense of security, as well as the presence of social and economic support for the family.²

A recent article published on the Journal of Pediatrics by Ferrara et al, discusses the view of EPA-UNEPSA, the European Union of National Pediatric Societies and Associations, on this matter ([http://www.jpeds.com/article/S0022-3476\(16\)30493-0/pdf](http://www.jpeds.com/article/S0022-3476(16)30493-0/pdf)). Pediatricians are on the front line of child care and advocacy, and it is their role to promote children's well-being and to help parents raise healthy children, independent of the configuration of their families. The report by EPA-UNEPSA aims to draw attention to the evolving social scenarios, and to emphasize that pediatricians must be trained to coordinate new challenges that may arise from differently configured families, particularly single-parent and same-sex-parent families. Furthermore, an article published on line in August in the Journal of Pediatrics also discusses and emphasizes the potential impact and effects of Lesbian, Gay, Bisexual, and Transgender-Related Legislations on Children ³.

Pediatricians should be trained to play a major role in caring for and supporting the social and developmental well-being of children raised in variously configured families. They should listen to all families and actively work with them to offer support, stability, and security, and to remove prejudices and disparities resulting from the existence of marriage inequalities and the presence or absence of legal parental recognition of infants, children, and adolescents. In particular, pediatricians must assist parents in answering questions related to sexuality and reproduction. The families should seek advice from other caregivers in case of controversies between them and pediatricians who cannot accept the new lifestyles for whatever reason.

The European Paediatric Association–Union of National European Societies and Associations (EPA–UNEPSA) is committed to advocate for infants, children, and adolescents, irrespective of their family configuration, opposing any discrimination of families based on sexual orientation, and collaborating with policy makers and legislators to eradicate any form of interfamily inequality.

Massimo Pettoello-Mantovani, Vice-President EPA-UNEPSA

1) Farr RH, Patterson CJ. Coparenting among lesbian, gay, and heterosexual couples: associations with adopted children's outcomes. *Child Dev* 2013;84:1226-40.

2) American Academy of Pediatrics, Committee on Psychosocial Aspects of Child and Family Health. Promoting the well-being of children whose parents are gay or lesbian. *Pediatrics* 2013;131:827-30.

3) *J Pediatr*. 2016 Aug 26. [Epub ahead of print]

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**EPA/UNEPSA
GENERAL
ASSEMBLY**

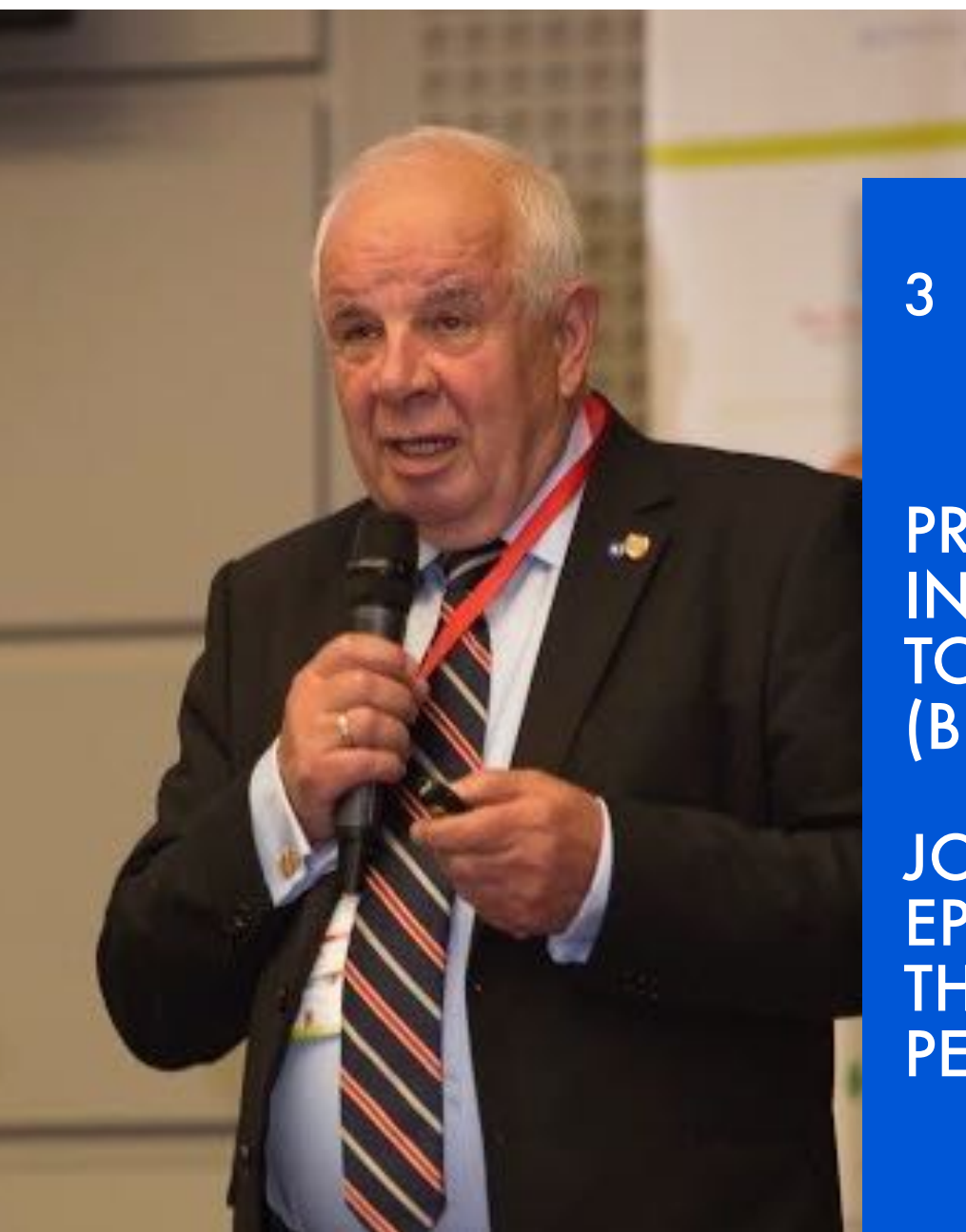
**Mehmet Vural, EPA Secretary
General**



EPA/UNEPSA General Assembly (GA) was held on February 11, 2016, in Moscow, with the participation of Presidents or the delegates of national paediatric societies from 25 European countries. During the GA, elections for the EPA Council were organized. The structure of the present EPA Council is as follows:



Leyla Namazova-Baranova (President), Massimo Pettoello-Mantovani (Vice-President), Julije Mestrovic (Vice-President), Mehmet Vural (Secretary General), Andreas Gerber Grote (Treasurer), Jochen Ehrich (Chairman of the Scientific Advisory Board), Eli Somekh (Council Member), Berthold Koletzko (Council Member), Hilary Hoey (Council Member)



3

PRESIDENT'S FORWARDS AND INVITATION TO THE 8TH EUROPAEDIATRICS (BUCHAREST 7-10 JUNE, 2017)

JOINTLY ORGANIZED BY EPA-UNEPSA AND THE ROMANIAN SOCIETY OF PEDIATRICS

**Professor Marin Burlea, MD, PhD
President, Romanian Society of Pediatrics (SRPed)
President, 8th Europaediatrics**

The Romanian Society of Pediatrics (SRPed) is the main National Pediatric Society in Romania. It is characterized by a rich scientific activity, including physicians meeting in the National Congress of Society, summer schools (ie: Pediatrics Days in Iasi), numerous workshops, and events that are dedicated to enrich the experience of the 4,000 pediatricians and 8,000 family physicians currently working in Romania. Its main objective is education, particularly continuing education, and to ensure efficient and effective professional relations, between pediatricians working in hospitals and outpatient units as well as with those practicing pediatrics in family environment.

During the last ten years SRPed has developed an intense international activity, which is particularly emphasized by his affiliation with the European Paediatric Association (the Union of National European Pediatric Societies (EPA-UNEPSA), EAP and IPA, which is the world Paediatric Association. SRPed is also engaged in promoting the international contacts and scientific exchange among young pediatricians by actively participating and promoting EURYPA, the European Young Pediatricians Association, therefore encouraging participation of resident pediatricians in scientific meeting at European level. Furthermore, during the past six years, SRPed organized and financially supported the annual organization of two yearly editions of Pediatric Summer School for residents and young physicians in their early career, who had the opportunity, throughout a week of meetings and seminars, to perform scientific presentations, also discussing with tutors several of the most important practical aspects of pediatrics and nursing, related to pediatric emergencies and chronic diseases, as well as many topics related to pediatric sub-specialties.

2017 will be an important year for SRPed, since between June 7–10, 2017 Bucharest opens its doors to the 8th Europediatrics Congress, an international scientific event organized jointly by SRPed with the prestigious EPA-UNESPA, the European Union of 49 major National Pediatric Societies. We invite the pediatricians from Europe and all countries worldwide to contribute to the success of this important event with their participation, and to get in touch with us and with the scientific committee, in order to work together in preparing the program. In fact, it will be important for us to know what topics you would like to see included in the program and therefore we encourage you to contact us proposing your ideas.

The 8th edition of the EUROPAEDIATRICAL CONGRESS will represent a major event, as will take place jointly with the 13th National Congress of the Romanian society of Pediatrics, SRPed. Such international meeting will be an extremely important event for the Romanian medical community, as well as for the city of Bucharest - the Romania's capital. It is in fact estimated that the number of participants will make this joint meeting to be the third event in magnitude ever held in Romania after the NATO Summit and the UEFA Cup final. We expect 4000 to 4500 participants including delegates from Romania, Europe and several other nations worldwide.

Europaediatrics Congress is certainly a laborious congress in general, requiring lengthy preparation, particularly in its edition of 2017, held jointly with SRPed, and therefore a careful plan has been designed to promote the event locally and especially on European and international level. In particular,

SRPed has promoted regularly the 8th Europaediatrics Congress in all scientific congresses of which SRPed has been the organizer and collaborator. Furthermore a widely experienced professional congress organizer company has been appointed to manage all practical organizational aspects, including the development of a very informative Congress website, which will provide the national and international pediatric community with all key information related to the meeting (<http://www.europaediatrics2017.org>). SRPed has been also very active Internationally, by an intense promotional campaign in the occasion of European and global events attended by its officers during the past months.

Not least, in my position as president of SRPed and President of the 8th Europaediatrics 2017 I have been in touch with the other 49 European National pediatric societies and organizations, also members of EPA-UNEPSA, inviting their presidents and the members of their organizations to attend the meeting in Bucharest in 2017. I am very pleased to know that my invitations have been well received and the event has been already promoted and supported locally in many nations during the local meetings of the various national pediatric organizations.

We are looking forward to interact with the European pediatric community during the congress and in particular during the various sessions of the program, which will be very interactive. A special emphasis is put on the collaboration with several European pediatric specialty societies, which will contribute to building the scientific program. The Interdependence of the several pediatric specialties will be also an important educational factor that will characterize the 8th edition of Europaediatrics, stressing the importance of such factor to enhance the efficiency of diagnosis and treatments of pediatrics diseases.

As President of SRPed I would like to further facilitate the participation of foreign delegates by establishing direct relations with the pediatric societies and associations active in other nations, in order to promote the participation of their members to the meeting. In fact, to this purpose SRPed has already established close working relationships with several European Organizations, including for instance the Italian Hospital Society of Pediatrics, Turkish Pediatrics Society, the Society of Pediatrics in Saudi Arabia, Hungary and the Union of Russian Pediatricians.

In my role as President of the 8th Europaediatrics, I was invited-speaker at various scientific meetings in Saudi Arabia, Turkey, Russia, Slovenia and Italy, and I had the opportunity to describe the educational importance of Europaediatrics and the mission of EPA-UNEPSA in promoting an efficient pediatric health care. In 2015, during the National Congress of Pediatrics at Timisoara, we have organized the first edition of two bilateral initiatives, the Romanian-Turkish and the Romanian-Italian meeting, and we have established the Italian-Romanian Society of Pediatrics, which has already held its second edition of the Conference, which took place in February 2016 in Caserta, Italy. In November of the current year, it will be held the second edition of Turkish-Romanian Pediatrics Conference with special scientific program dedicated to topics of reciprocal interest. Both the events will be an important opportunity to further promote the participation of pediatricians to Europaediatrics in Bucharest in 2017.

Locally, SRPed has ongoing collaborative relationships with various medical societies such as the Medical Society of Family Medicine, the Society of Pediatric Education in Family Medicine, the Pediatric Pulmonology Medicine, E.N.T. Pediatric and Pediatric Gastroenterology.

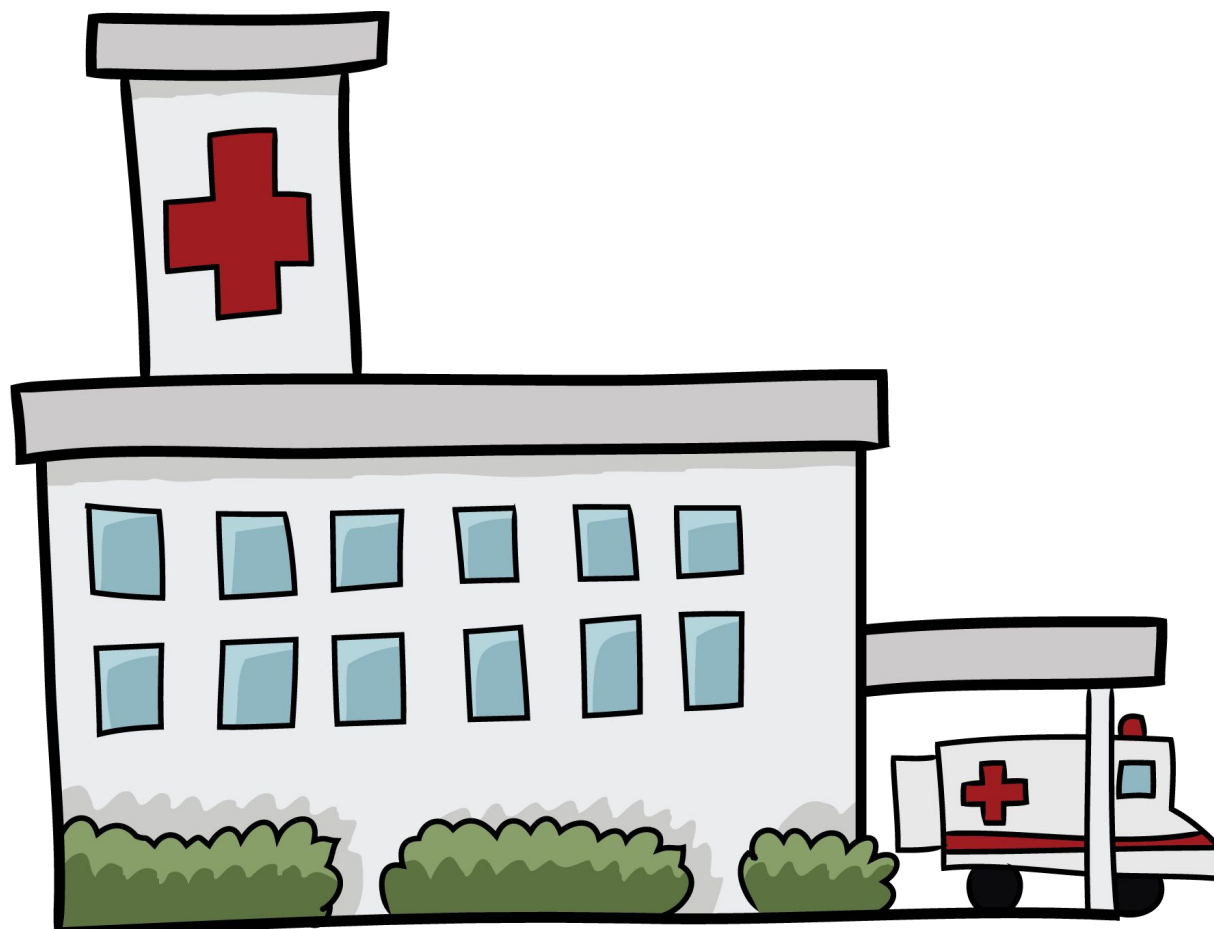
The 8th Europediatrics Congress will take place in the most prestigious monumental building of Bucharest, the Palace of Parliament. This palace, formerly known as the House of Republic or House of the People, has 9 levels in surface and 9 in the underground. From the architectural point of view, the Palace of Parliament is one of the most controversial buildings in Romania, being compared to London's Buckingham Palace and the Palace of Versailles in France and architects resembled it with the "little Phenian" with an eclectic style, full of contradictory elements. The participants will also have the opportunity to get to know Bucharest, once called the "Little Paris", and they will be delighted by this wonderful city, full of history and architectural novelties. Bucharest is today a city actively engaged to revive its classical name of "Little Paris". It is In fact a charming city, which combines architectural elements of the interwar period with futuristic visions of the 21st century. Buildings like the Athenaeum, National Museum of Art, Curtea Veche, National Village Museum, National Military Museum, bath in green oasis such as Cismigiu and Herastrau parks will be interesting location for many cultural tours of participants during their free time. Certainly, for those who visit Romania for the first time, it will be a unique experience in this nation which is place of attraction for western investors, tourists and Hollywood stars. For those who want to extend their stay in the desire to explore the beauties of Romania, we recommend: areas close to Bucharest, Prahova Valley, Bran Castle, Peles Castle in Sinaia, Constanta - Black Sea Port, the Danube Delta, the famous monasteries of Moldova and Bucovina.

We are happily waiting for you in Bucharest at the 8th Europaediatrics!

Professor Marin Burlea, MD, PhD

President, Romanian Society of Pediatrics (SRPed)

President, 8th Europaediatrics



4

FUTURE OF CHILDREN'S HOSPITAL

Zachi Grossman

Maccabi Health Services,

Tel Aviv, Israel



THERE ARE SEVERAL TRENDS THAT INFLUENCE THE FUTURE OF CHILDREN'S HOSPITAL TOWARDS THE 21ST CENTURY: CHANGING CLINICAL DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF INFANTS AND CHILDREN

On one hand, the decline in the incidence of communicable diseases, through immunisation programmes, and injuries, through injury prevention programs, caused a decrease in the number of children admitted due to these reasons to the hospital. In addition, Europe is facing a declining children population due to reduced fertility and late childbearing. On the other hand, an increase in morbidity related to chronic diseases – obesity, cancer and mental health - is noted¹. Also more children surviving intensive care with disabilities, more children surviving what used to be fatal conditions. The rise in cancer and in some of the long-term conditions will certainly lead to an increase in the number of admitted children, but these children will require very sophisticated diagnostic and therapeutic interventions that require both the skills of highly trained personnel and the use of technologically advanced systems^{2,3}. The rise in mental and developmental problems and the necessity to coordinate the treatment of the child with a long-term condition definitely increases the workload of the community pediatrician ¹.

The growing disparities in child health in Europe caused by poverty as part of the financial crisis and the growing immigrant population might lead to children becoming vulnerable to poor health outcomes, including violence, abuse and mental health problems¹. These consequences will mostly affect the primary pediatric care taker.

These above changes will require training of personnel, both in the hospital and in the primary care emphasizing the change in their roles as health care providers.



Ongoing medical advances

The "omic" era, (genomic, transcriptomic, proteomic, metabolomic) opening a new window to a whole myriad of diagnostic and therapeutic interventions will deeply affect the health care delivery to children, both in the hospital and in the community 4-7. The diagnostic interventions will include new tests of various kinds for chronic conditions, leading to specific personalized therapies 8, 9. Near patient testing to differentiate between viral and bacterial etiologies of acute infectious diseases like pneumonia will lead to better diagnosis and reduced antibiotic use in primary care. Development of

nanomedicines, for example in ALL, will lead to less side effects of chemotherapeutic agents 11. Robotic surgery is already starting to take place in pediatric operations 12. These new advances will require different training of both hospital and community personnel with broader focus on counseling of families. Special units and expert teams will have to be developed in the hospital and in the primary care as a consequence of these new advances, and heavy financial resources will be allocated for this purpose. However, the high expenses to develop new medical technology might lead to disparities in health outcomes between families who can and those who cannot afford to pay by themselves.



Health information technology

Increased use of Electronic Health Records is reported in all European countries 13. Concurrently, initiatives have been developed to advance patient centered pediatric care through the increased exchange of information multiple sources and personalized patient records. The integration of the HER into the hospital and the primary care clinics will optimize the care delivered to children. However, interoperability is necessary to bridge the gap between inpatient and outpatient settings². A unified pediatric EHR is required in order to optimize transition of a diabetic or cancer pediatric patient across the hospital setting, the primary care and home care.

Alterations in health care delivery systems

A shift of much of current inpatient care from hospital to the community is taking place both in acute and chronic diseases. This will eventually lead to a hospital treating mostly children with medical complexity, needing intensive care or highly specialized tertiary care diagnostic and therapeutic (medical and surgical) interventions 3. Parenteral antibiotic therapy for common infections like pyelonephritis and pneumonia is provided in ambulatory settings, home rehabilitation takes the place of hospital re-

habilitation, and palliative care is provided at home or in children hospices rather than in tertiary hospitals.

On the other hand, primary care is more and more organized as multidisciplinary group practices supported by investigative capacity and communication with specialists, and home monitoring for chronic conditions is enabled, based on improved technology. Improved "out of hours" care will better integrate primary care with emergency departments. All these alterations will require development of home and community services. Coordination of care across hospital and community/home settings will be highly needed, especially for the children with medical complexity 2. In many European countries general pediatricians are taking care of children, and these providers will have to be trained accordingly 15. Quality improvement and use of guidelines to improve practice will demand the academic skills of both hospitalists and primary care takers.

**I'm sorry...
the nice nurse is on vacation.**



Growth of consumer driven health care

Families become more involved in their children's health care. Widespread use of the internet, smartphone apps, and telehealth allows families to get information and participate in various tele-processes 2. Google searching for medical information is sky rocketing and transforms the parent into an expert parent. Taking part in social media networks also empowers the parent who is looking for and also sharing important information. Parents want to be part of decision sharing processes with their providers regarding their child's treatment options 16.

These new aspects of health care delivery will require proper counseling of parents regarding biases of internet and social media driven information². For that purpose, training of both hospital and prima-

ry care takers will be needed. Telemedicine and the internet can be used to deliver important messages and also to become part of therapeutic interventions¹⁷⁻¹⁹. Child friendly health care with full participation of parents and children in decision sharing processes will be an essential part of the medical encounter ²⁰.

Dynamics of pediatric workforce

More women are practicing as pediatricians and they tend to practice part time²¹. General practitioners without adequate paediatric training are providing primary care to children in many countries and this trend might continue due to financial reasons¹⁵. Nurses will be empowered to perform part of traditional doctors' tasks in the hospital and probably also in the primary care. All these changes will require targeted training of the non – pediatrician personnel. They will drive necessary adaptations in the provided services according to the workforce present.

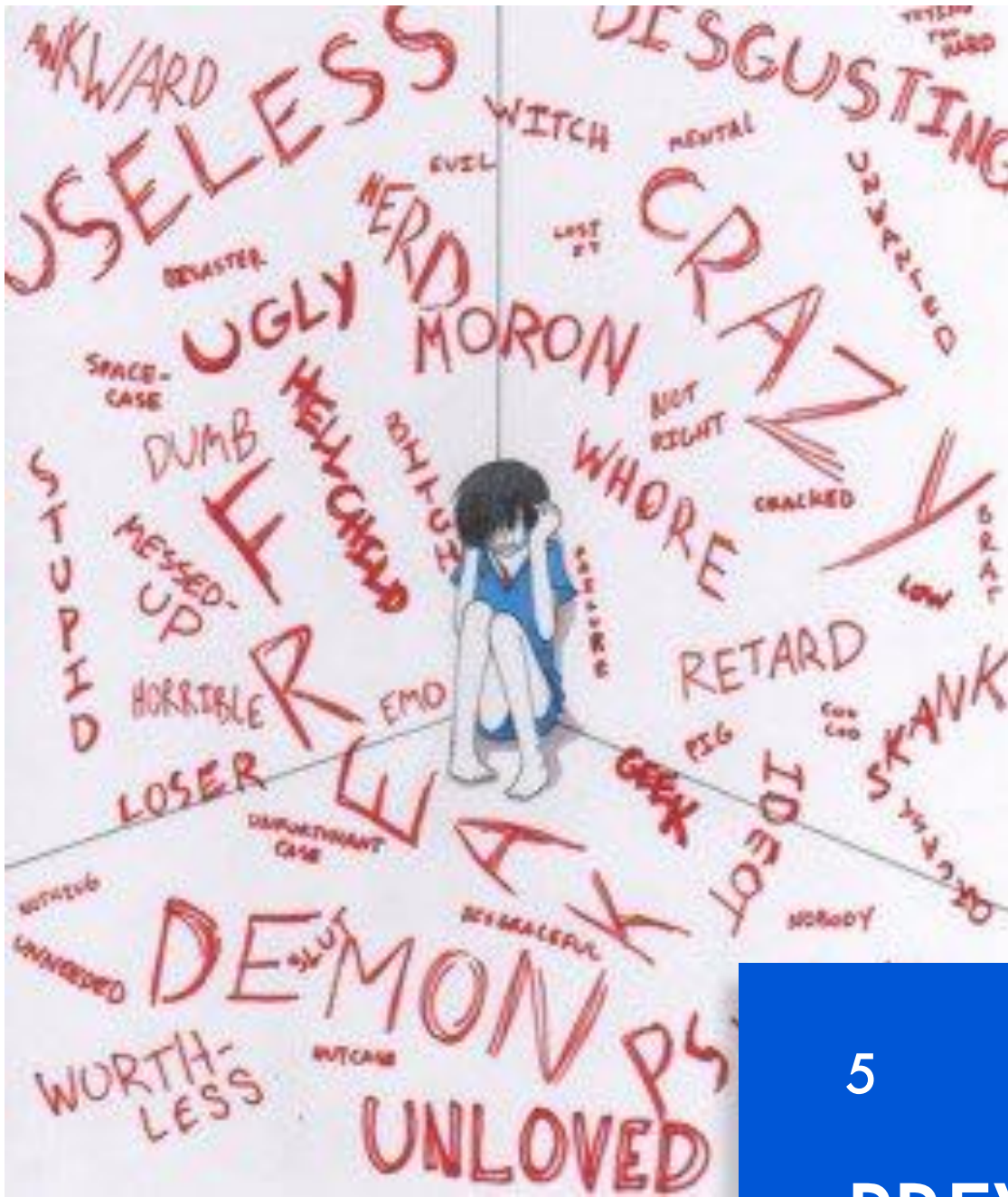


Academic changes

A shift towards community training of residents is expected, as part of the shift of the current inpatient care from the hospital to the community. This will enable a coordinated residents' teaching and training process across both the hospital center of knowledge and the community experience. Community based research is also likely to expand due to the same rationale, with joint hospital-community research projects being the desired option¹². Big data analysis projects will undoubtedly flourish, and here also hospital databases interoperable with other databases can supply the best answers to pediatric research questions ¹³.

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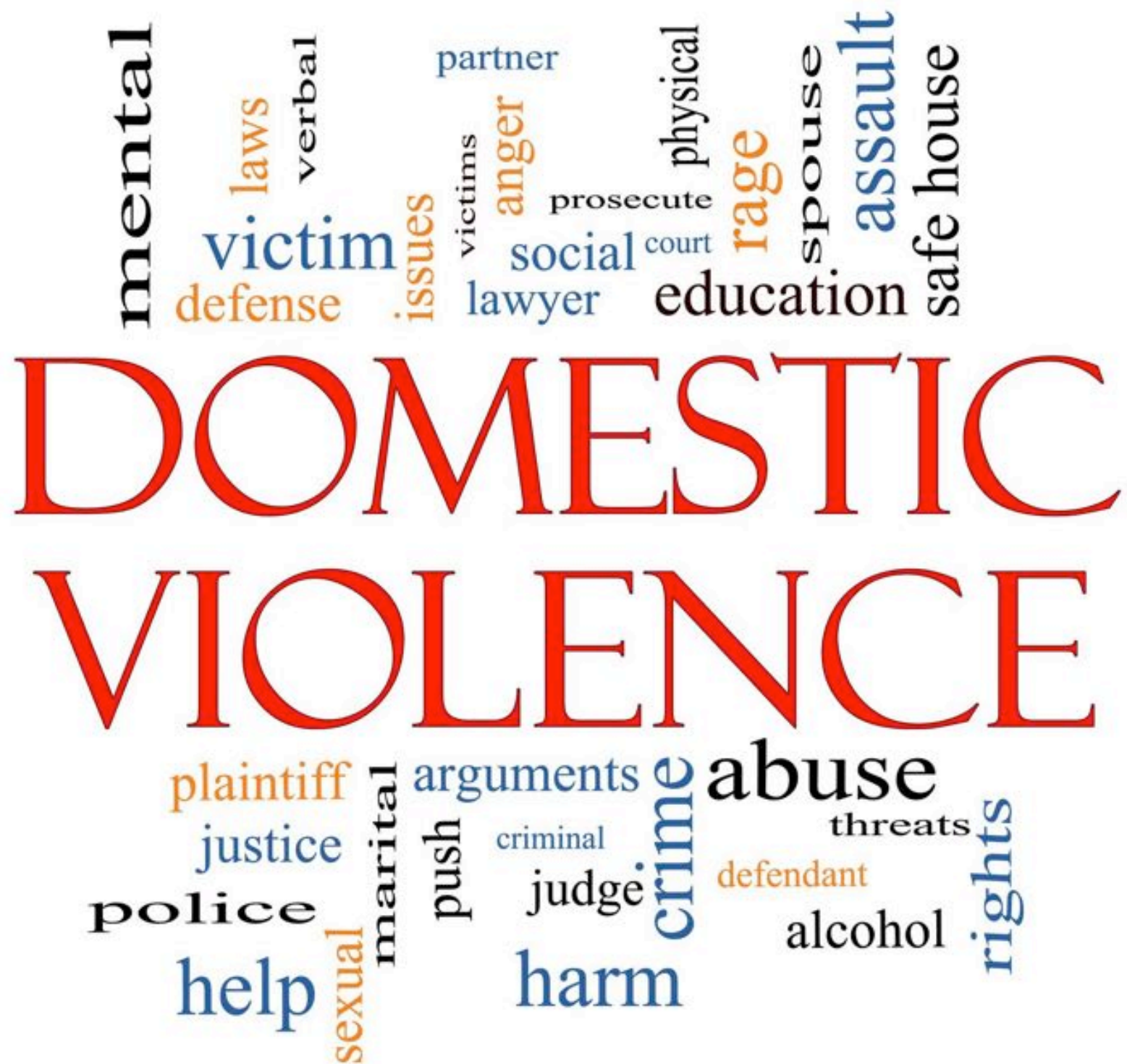
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5

PREVENTION OF VIOLENCE IN CHILDREN

Tony Waterston Newcastle, UK



Violence against children comes in many forms and is probably increasing rather than decreasing in the world today. This is likely to be the case owing to the wars in the Middle East with consequent forced migration, and the intra-community violence that is widely reported in southern Asia.

http://www.unicef.org/rosa/protection_7735.htm

The extent of violence is well known and is seen daily by paediatricians and other health professionals – in the form of child abuse, whether physical, emotional or sexual. A valuable recent report from UNICEF documents the data on a country by country basis –

http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf

In this brief article I want to look at protection of children against violence, and in particular the role of paediatricians in prevention. ISSOP (the International Society for Social Pediatrics and Child Health) is currently working on this topic and has written a position statement together with the International Pediatric Association (IPA) and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Interspersed in this article are quotes from children who have suffered violence.

Quotes are taken from <http://www.unicef.org/endviolence/>

Boto*, 16, is undergoing treatment to have a bullet removed from his neck. He was shot during the two-year period he fought with the Cobra Faction rebel group, in South Sudan. “When they take the bullet, out I will feel safe. ... If I am OK after my operation and I can go to school, I can become a doctor or a leader in my community. I might become an important person. I don’t want fighting, and I don’t want to be a soldier. I want to be a doctor and help many people,” he said.



Position Statement

The Violence Against Children group consisting of the International Society for Social Pediatric and Child Health (ISSOP, www.isop.org), the International Society for the Prevention of Child Abuse and Neglect (ISPCAN, www.ipscan.org) and the International Pediatric Association (IPA, www.ipa-world.org) wish to highlight child maltreatment as a human rights violation and a devastatingly costly global public health problem. All forms of violence against children including war, physical or sexual abuse, and inter-generational trauma result in great physical, psychological, developmental and social harm. Emotionally injured children beget a crippled future society.

ISPCAN, IPA, ISSOP, UNICEF, WHO and every authority at the national level must collaborate to support evidence based preventative interventions, mitigate the effects of armed conflict on families and offer healing intervention for children who have been harmed.

- ISSOP, ISPCAN and IPA will work to ensure that child protection is part of the preparation for every child health worker. The health sector must have a vigorous role in preventing and ameliorating the effects of violence against children.
- UNICEF and WHO must continue to emphasize and highlight global and national obligations under the UN Convention on the Rights of the Child (UNCRC).
- The definition of violence against children must include domestic abuse, community inter-personal violence and armed conflict
- Nations and the community of nations must enact and enforce laws guided by the UNCRC that will protect the well-being of children. Prevention of violence against children in wars, in the community and at home must be recognized as a nation building high priority policies.
- Measurement, monitoring and policy focused research is essential at national and international levels to foster effective decision making.

“When the last war intensified in the Gaza Strip, Israeli aircraft bombed the surroundings of my house, and people started screaming and shouting. ... My family decided to leave and run away from this area. ... We returned to the area after a month of fear and displacement. We did not find any landmark of our previous life. ... I feel safe when I sleep on my bed without being afraid to wake up to the news of a new war,” said Sabreen, 15, from the State of Palestine.

There are two specific actions which may be taken by all paediatricians and paediatric societies and which will undoubtedly be effective in curbing violence against children, particularly young children who are most vulnerable. These are to promote the Convention on the Rights of the Child and to campaign for legislation to make corporal punishment of children by parents illegal.

Convention on the Rights of the Child www.unicef.org/crc

Article 19 should be read and passed on by all paediatricians –

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

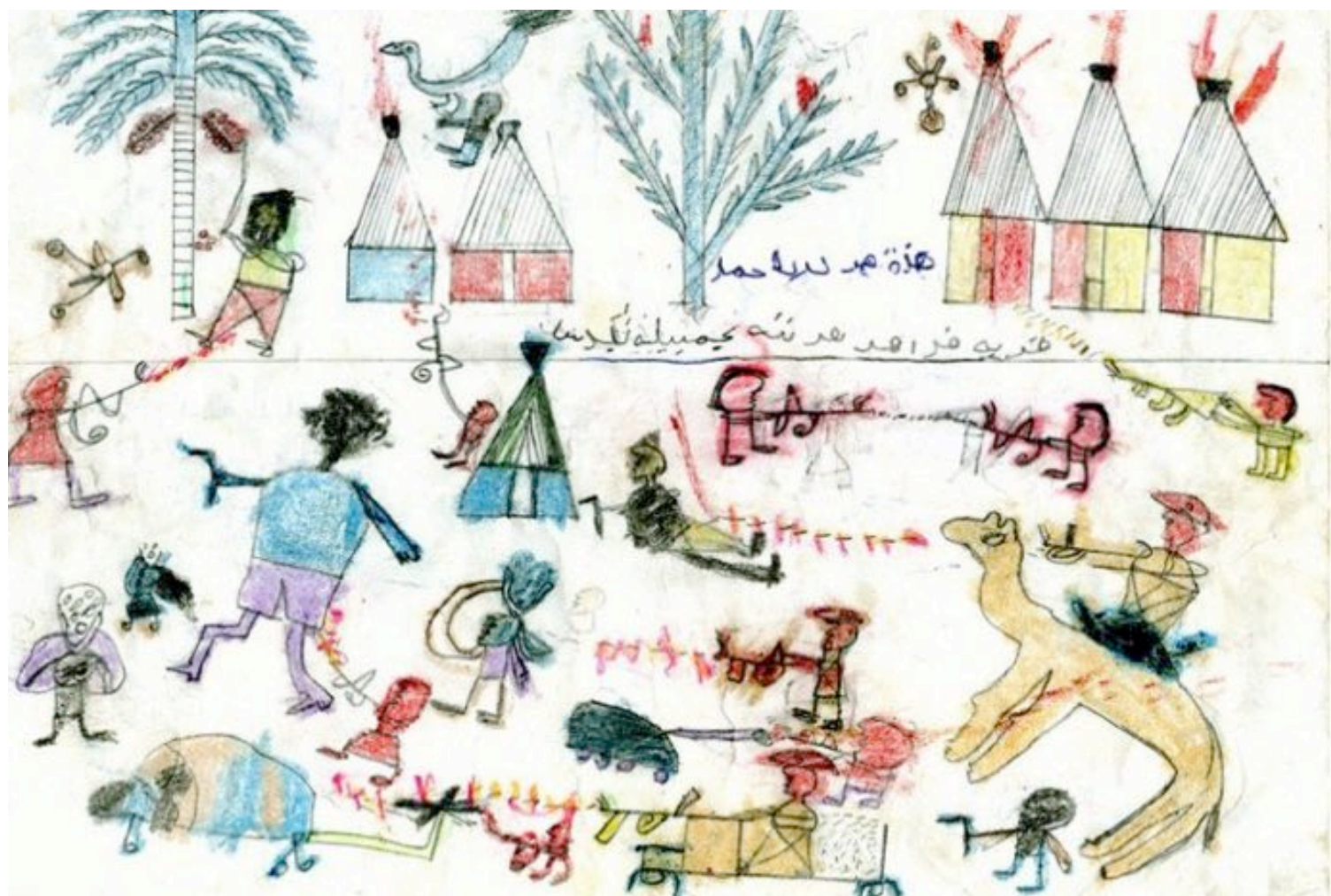
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the ca-

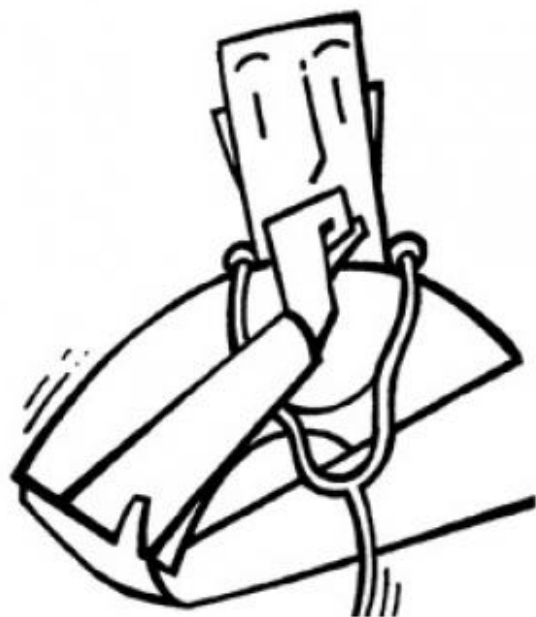
re of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

We should also teach the Convention to all our trainees and work with civil society to ensure that children's rights are respected in all our institutions.

Magu, 17, from Spain, is a survivor of sexual abuse. She was only able to talk about her experiences two years ago, after years of suffering. "Every time I tried to talk about it to my mother, the words got stuck in my throat, and I couldn't do it. ... If anyone would look at me ... I'd wish that they would realize what was happening. It was the thing that I wanted most in the world—for someone to come into my room without saying anything, hug me and tell me that everything would be OK."

The second action we can take is to educate parents and support government action to ban corporal punishment in the home ('smacking'). There is abundant evidence that physical punishment of children is ineffective in teaching behaviour, can cause long term emotional damage, and models violence as a way to improve a person's behaviour. Paediatricians have a big part to play in this campaign and I recommend checking out the website of the Global Initiative to end corporal punishment of children <http://www.endcorporalpunishment.org> which has country data and research evidence to back it up.





6

**SHOULD PAEDIATRICIANS
KNOW MORE ABOUT EARLY
CHILD DEVELOPMENT?**

**Giorgio Tamburlini
Anduena Alushaj**

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Our knowledge on Early Child Development (ECD) has been recently enriched by advances in a variety of disciplines such as neuroscience, neuropsychology, developmental psychology, genetics and epigenetics (1). Longitudinal cohort studies and intervention studies have enlightened the impact over the entire life course of what happens during the early years, particularly from conception to the third year (2-3). Several policies and programs, based on the ECD concepts, have been developed and many of them underline the crucial role of health care providers and more specifically of primary care paediatricians in applying ECD concepts in their daily work as well as in advocating for broader policies and interventions that support parents in their ability to support child development (4-6). For this reason ECD has been defined as the “new science of pediatrics”.

This article argues for the necessity of filling the current gap regarding the knowledge, attitude and skills of paediatricians with respect to ECD and proposes an essential ECD curriculum for paediatric residents and Continuous Professional Development (CPD) activities.

Developmental problems: a challenge for children and families

We know that a significant proportion of children show atypical development in one or more dimensions (cognitive, language, socio-relational). The prevalence during the first year is about 2-3%, including also the extremely preterm babies, and it increases, up to 10-15% between 18 and 24 months, when delays or disorders in motor coordination, cognitive development, language and communication become evident. This even without including the far most common problems brought to paediatricians and related to feeding, sleeping and eating.

The challenges that children and their caregivers have to face when there are concerns or clear alarm signs may be several, depending on the country and its health system.

Common issues are:

1. Difficult access to a medical specialist (child psychiatrist, child psychologist, speech therapist) because of the lack of human resources. This is one of the reasons for the fact that specialists are not promptly consulted.
2. Underestimation of alarm signs, for example language delay, is common among paediatricians, whose fear of putting further stress on families is coupled by the mistrust that parents frequently show towards specialists such as psychologists or child neurologists and psychiatrists.
3. It occurs frequently that preschool teachers consider necessary a “psi” specialist consultation, particularly for language or behavioral disorder. However, their interaction with the primary care paediatrician (the reverse is also true) is often problematic .
4. For all these reasons there is a large, very large in some countries, demand for the private services, with costs which are not affordable by many.

However, there are serious gaps not only in addressing difficult situations or parental concerns. The insufficient ability to carry out a competent developmental assessment and poor counseling skills may cause the loss of opportunities to prevent some developmental problems, to reduce their impact and in general to support child development and parent child interactions through development-focused practices to be carried out in the family environment during the first years of life (7-8). (Figure 1)



Figure 1 Shared reading is an effective intervention that can be recommended by paediatricians to promote child development and parent-child relationship

A questionnaire distributed among 150 Italian pediatricians highlighted some of the current training gaps. For instance, one out of two pediatricians does not know which neurodevelopmental problems may be expected in very preterm children within the first year of life; over 40% of the pediatricians do not know the criteria to identify a language delay and factors that can put at risk the success of an adoption; more than 50% do not know when it's appropriate to recommend a psychological support in case of bereavement and parental separation; over 60% are not able to identify anomalies in the motor development in the newborns that need a specialist evaluation.

An improved ability of the pediatrician to assess and communicate over developmental issues with the family, other health professionals, and educational and social services could greatly improve child and family well-being, and reduce significantly some of the existing gaps in service provision.

If primary care pediatricians are unable to provide a competent answer to the explicit as well as implicit needs of children and their families as far as early development is concerned, an important part of their health and social function is lost (Figure 2).

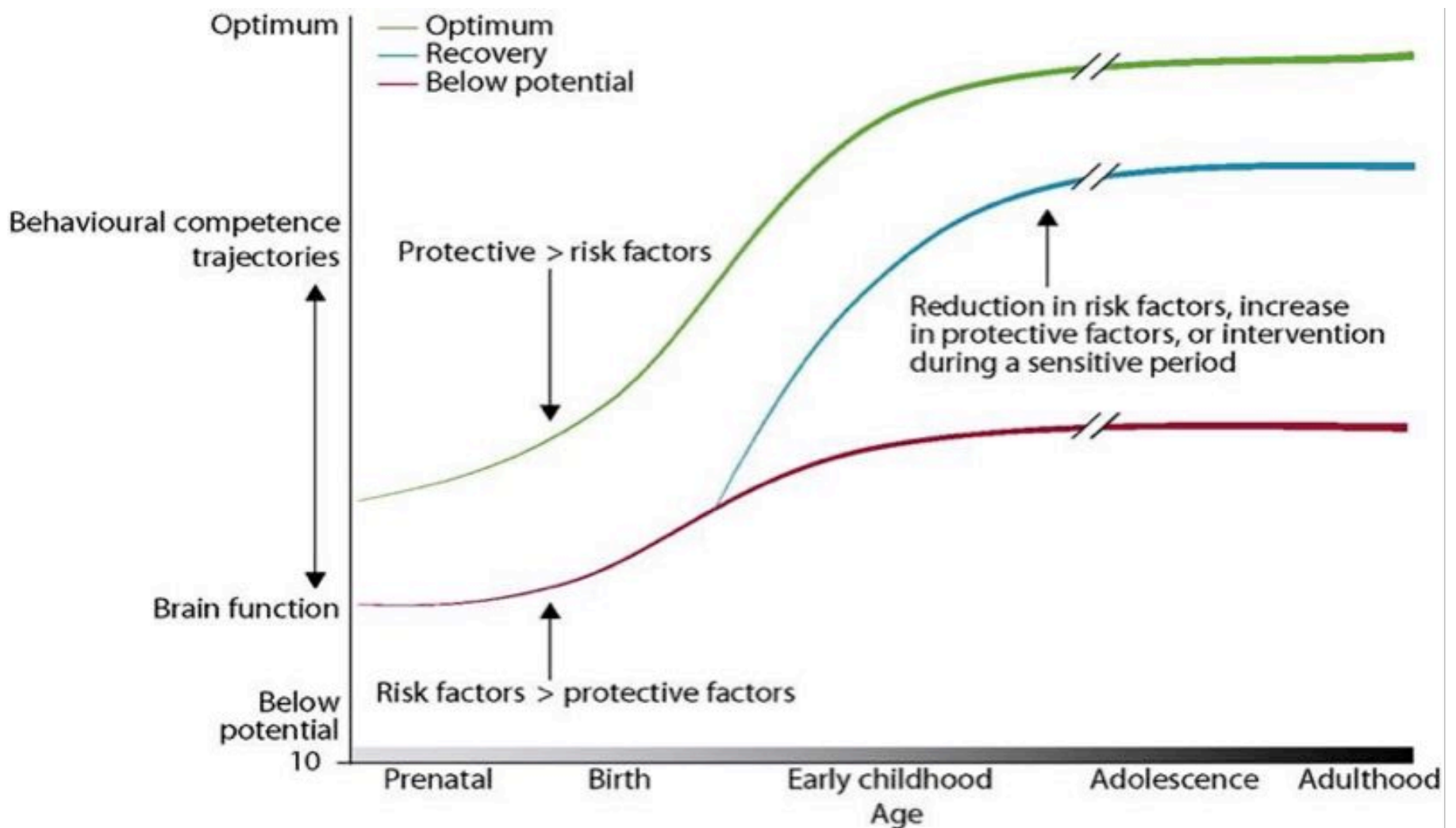


Figure 2 - Child health professionals should contribute to use all the opportunities to improve the developmental trajectories of all children

What paediatricians should know

At international level, contents regarding ECD for paediatric residency curricula and CPD activities are frequently included in the discipline of developmental paediatrics. For instance, the European Confederation of Primary Care Pediatricians has recently developed a curriculum which includes most of the ECD contents (Tab. 1).



Child Development

TABLE 1

DEVELOPMENTAL PAEDIATRICS: KEY LEARNING OBJECTIVES (FROM THE ECPCP CURRICULUM, (9)

- Recognize the normal developmental achievements for motor, cognitive, language and communication, adaptation and behavioral development
- Recognize signs and symptoms that indicate serious conditions such as ADHD, autistic spectrum or anxiety disorders or depression
- Be able to use assessment tools for the evaluation of development and for the early identification of neurodevelopmental problems at all ages
- Identify prenatal and perinatal factors that may influence development
- Gain information on behavior and parent-child interaction through observation
- Identify environmental and psychosocial factors that may influence development
- Identify protective factors and resources and collaborate with school, family, and community for support and management
- Manage common behaviour problems such as feeding disorders, “the crying baby”, sleep problems, enuresis and encopresis, oppositional behavior.
- Inform and advise parents, even with an intercultural approach, and teachers about the more common developmental problems
- Refer appropriately to a specialist and communicate effectively with the other services

The ECPCP curriculum doesn't offer an estimate of the time needed to acquire these competencies, nor about learning methods. The European Early Promotion Project (EEPP (10), a product of a partnership among a variety of Northern, Southern and Eastern European countries focused on the communicative abilities of the pediatric primary care professionals over child development (Tab.2).



Table. 2

EEPP LEARNING OBJECTIVES

- **Understand how families “build” their behavioral rules**
- **Understand the developmental processes and the fundamental role of child-parents interaction**
- **Gain evaluation capacities for the quality of child-parents interaction**
- **Gain capacities in having a conversation with parents about the promotion of development during the “key years”**
- **Gain capacities in helping the parent to know how to “think about his child needs” and therefore in modulating one’s role in regard either to the child or the family**
- **Identify risk factors for the development and know when and how to ask for the collaboration of other services and professionals**

The ECPCP and EEPP proposals represent a good basis to develop a training path. However, the contents of ECPCP and EEPP need to be integrated with the knowledge we have acquired about brain development in the first years of life, about interventions that have been shown to be effective in pro-

moting development (such as early bonding practices at birth, shared reading, listening to music, playing, and others). It is also necessary for paediatricians to get familiar with specific contents such as language disorders and with the problems regarding specific situations such as adoptions, bereavement, immigrant children, follow-up of very preterm babies. Most important, paediatricians should know the factors that influence development and how they work, so as to get a lens through which observe, interpret and advise parents. Advising and supporting parents in their role is beneficial to all children, and most of all to those who live in a disadvantaged situation or to those who present an atypical development, in order, for example, to prevent comorbidities which often depend on inappropriate interaction and child rearing practices (11).

The Center for Child Health and Development , a NGO based in Trieste, Italy, which runs training activities for health professionals as well as intervention programs for parents, runs for groups of 20-25 participants an ECD course which includes 30 hours of frontal lessons plus a component of individual homework (essentially some reading and a guided observation over one's own clinical activity). The table below (tab. 3) summarizes the key contents of the course, which is based on 12 main themes plus two cross-cutting ones: effective communication with parents and networking with other services. The training course is based on highly interactive lectures, case studies, working groups and videos.

Table 3

ECD: AN ESSENTIAL CURRICULUM

- 1. Child development during the first 3 years (motor, cognitive, linguistic, socio-relational development)**
- 2. The factors that influence development and their mechanisms**
- 3. The “birth” of parenthood and the role of primary relationships in influencing the development**
- 4. Risk factors and preventive specific interventions regarding the development of premature, adopted, migrant children and specific situations such as bereavement and parental separation**
- 5. Advise about second and third languages spoken at home**
- 6. Tools and criteria for the early identification of developmental problems (language disorder or language delay, global delay in development, autistic spectrum disorder, attachment disorder, ADHD)**
- 7. Options for preventing or reducing the impact of developmental problems**
- 8. The rationale for good practices that improve development (reading, listening to music, playing...) and the paediatrician's role**
- 9. Opportunities and risks of digital devices for young children**
- 10. The benefits of early childhood education and care**
- 11. How to introduce ECD focused practices in the well child/child surveillance visits**
- 12. How to organize and to equip the paediatric clinic**

Effective communication

While the communication regarding questions referred to the most common urgent situations is relatively simple, when the purpose is to introduce themes which are usually not brought about by parents, such as those regarding the promotion of child development and parent-child interaction, the communication with caregivers becomes more difficult. The ability to observe, listen, praise, advise is even more important when it regards child development (7). It is not only a matter of answering to questions and to parental concerns about signs and symptoms, which is what pediatricians do in their everyday routine, but it is also a matter of allowing time and space to questions and concerns that most of parents do not express very often, either because they are afraid or ashamed of, or simply because they can't find the right words, or because they just don't see and don't hear. Even more challenging is to introduce topics that parents are not aware of or to recommend good practices that parents do not know the benefits of or could even be at odd with social norms well grounded in the family cultural background. The objective is to create awareness inside the whole family, so as not to leave the mother facing alone the consolidated rules and norms that can be imposed by the father or the grandmother or by the whole community.

Paediatricians usually object that the major obstacle to the implementation of an effective communication is the lack of time, especially during “epidemic”, high burden periods. Recognizing this, still it is true that building a trusting relationship with the parents may help to reduce or limit the time devoted to the common health ailments.

Networking and multiprofessional training

The change in the epidemiology of the problems that the child health professionals have to face requires a shift from a focus that only considers the family environment to one which includes the community, in order to take into account all factors that may play a role and to build on all the available family and community resources. The ability to network with other services and with the community is therefore crucial. Devoting some time to multiprofessional training (paediatricians, nurses, psychologists, educators) helps to create a common language about the typical and atypical child development, to know one other's professionalism and operational capacities, to be able to build collaborations that are beneficial for both the child and the family. In fact, for many preventative, diagnostic interventions and for case management, team work among different professionals is often needed.

Conclusions

We argued for the need to strengthen the current training curricula and CPD courses for paediatricians and other child health professionals with respect to ECD. Taking care of child development is a “must” in light of the evolving epidemiology of health and development problems and the evidence about how parents can be supported in their difficult role. Paediatricians have a key role within a network of services that should all be concerned about reaching all the children, especially those who

may be disadvantaged because of biological or psychosocial factors (12). This is a cost-effective and longlasting investment, today more necessary than ever (13).



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7
**PORTUGUESE SOCIETY
OF PEDIATRICS 17TH
NATIONAL CONGRESS**

**“From Millennium
Goals to Sustainability”**

2-4 November 2016

Alfandega, Porto (Portugal)



PEDIATRIA
2000-2030
DOS DESAFIOS DO MILÊNIO
À SUSTENTABILIDADE



For the 3rd consecutive year the pre-Congress courses will take place with a special row the "updates in Pediatric ", with topics of great relevance to clinical practice. Others will be in specialized areas of pediatrics.

During the Congress will be celebrated the 100 years of integration of the teaching of Pediatrics at the Medical Course in Portugal, and its impact on pre-and postgraduate education and lifelong learning in Paediatrics.

The Congress will take place on 3rd and 4th of November, and its scientific program starting with a remarkable Opening Session, will be of great educational interest, including round tables, conferences, sessions of debate and discussion and an Extraordinary General Assembly.

MAIN TOPICS:

- Updates on breastfeeding, bad weight progression,
- Bad clinical practice and new practices, including the right to difference
- New technologies and implications for health and well-being
- Screenings and suspects – how not to blurt out what you don't know deeply
- Rare diseases: Cystic Fibrosis, sickle cell disease, primary ciliary disease
- Allergy, eosinophils and. ...
- Diets, fads, maps and genes....
- New epidemiology: asthma, diabetes, obesity, behaviors
- PHS; SLE,

- Sepsis, Fever, Acrosyndroms
- Respiratory insufficiency, oxygen and blood gas analysis
- Procedures and records in emergency care
- Health literacy: building a sustainable future
- Refugees and migrants
- Smoking, smoking cessation and prevention
- Vaccination: success and constraints
- Emerging viruses and vectors: Zika ...
- How to publish so they can't refuse!
- National multicenter studies
- Chest pain
- Sudden death
- Presentation of studies in the form of oral communications /Posters

Finally, an important session will be dedicated to: Awards and grants

The Portugal Pediatric Society of Cardiology joins the National Congress of Pediatrics, with the Organization of the Meeting of Pediatric Cardiology.

OFFICERS of the PORTUGUESE SOCIETY OF PEDIATRICS:



President: Teresa Bandeira

Vice-Presidente: Fernanda Rodrigues

Secretay General: Inês Azevedo

Treasurer: André Graça

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Lucinda Pacheco (Açores/Madeira)

Amélia Cavaco (Secções)

Henrique Leitão (Deputy)





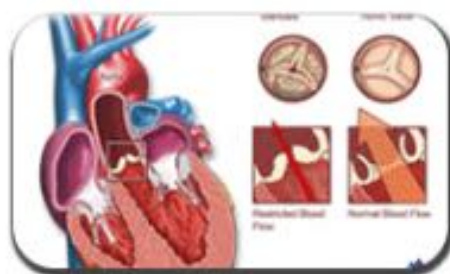
**Heart Disease
Awareness**

CONGENITAL HEART DISEASES (CHDS)

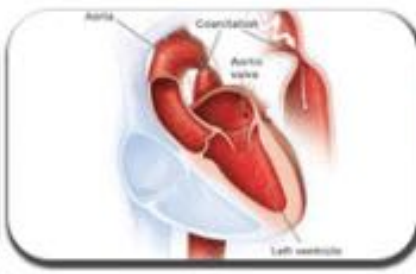
**Julije Mestrovic,
Split, Croatia**

**Paolo Manzoni,
Turin, Italy**

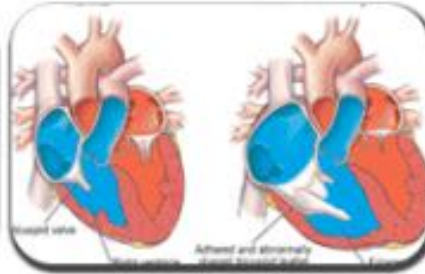
Congenital heart disease types



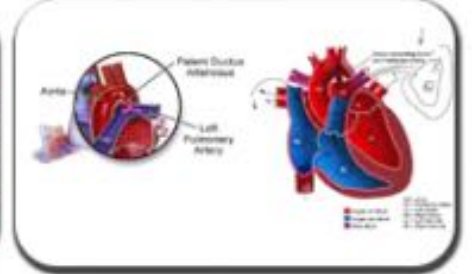
Aortic valve stenosis



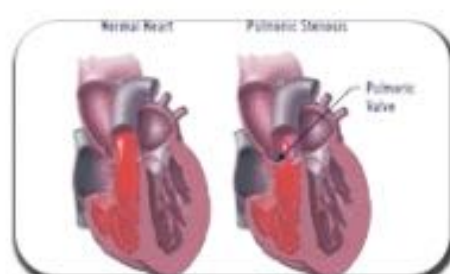
Coarctation of the aorta



Ebstein's anomaly



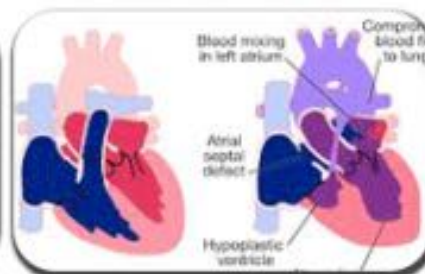
Patent ductus arteriosus



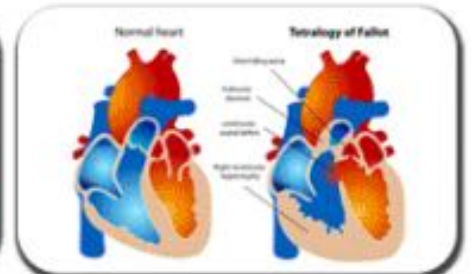
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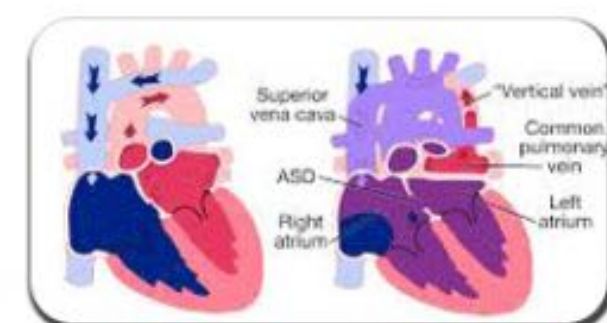
Septal defects



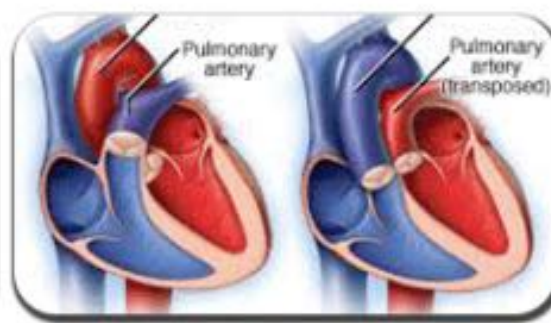
Single ventricle defects



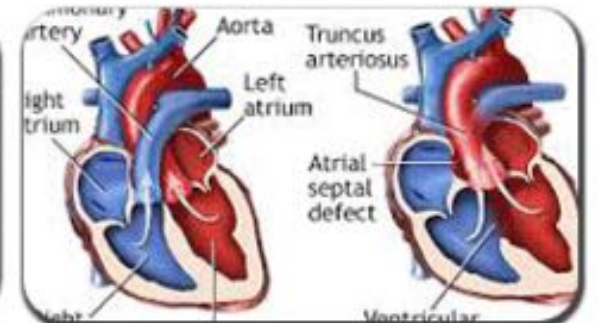
Tetralogy of Fallot



Total anomalous pulmonary connectionary veno



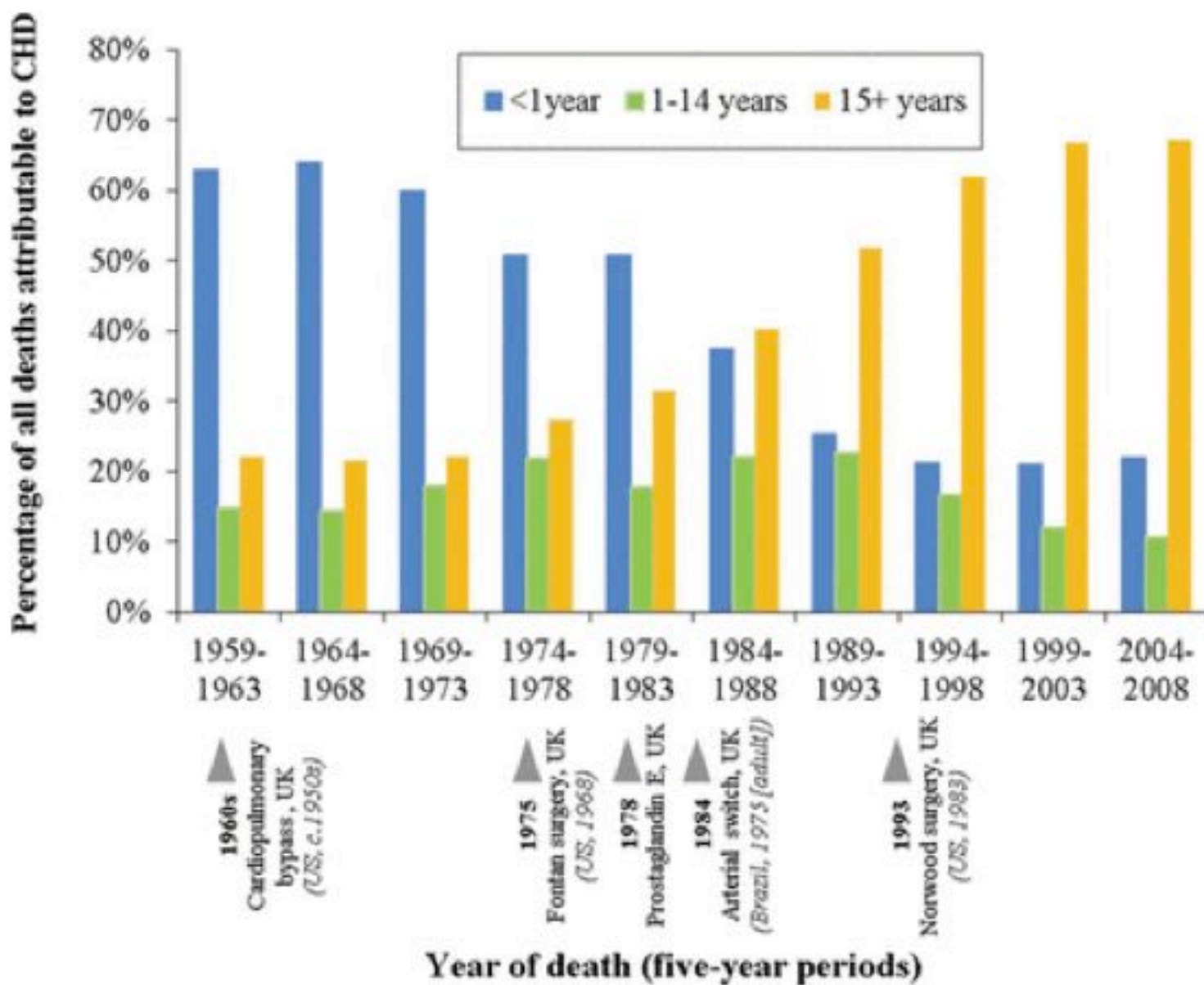
Transposition of the great arteries



Truncus arteriosus

Congenital heart diseases (CHDs) are the most common congenital malformations, occurring in 0.8% of live births. Approximately one quarter of children with CHDs will have critical congenital heart disease (CCHD) that requires surgery or catheter intervention in the first year of life. Seven defects are classified as CCHD: hypoplastic left heart syndrome, pulmonary atresia (with intact septum), tetralogy of Fallot, total anomalous pulmonary venous return, transposition of the great arteries, tricuspid atresia and truncus arteriosus. CCHDs are a leading cause of infant deaths in the developed world and their early detection might improve the outcome of newborn babies.

The strategies used to screen children with possible/suspected CCHDs have been foetal echocardiography and postnatal physical examination, this last including assessment of pulses and heart sounds and inspection for cyanosis. However, only one-half of newborns admitted postnatally for CHD are detected with foetal echocardiography and 30 % of CCHD are missed since physical examination alone is not sensitive enough. Hypoxaemia which is a hallmark of CCHD may remain undetectable and many newborns with CCHDs do not develop clinically obvious cyanosis until after nursery discharge.



Pulse oximetry (POS) is a well-established, accurate and non-invasive test for objective quantification of hypoxaemia, which is in practice a familiar skill to nurses. Newborn POS screening has emerged as an effective way to detect asymptomatic newborns with most forms of CCHD. It adds value to existing screening procedures and helps identifying cases of CCHDs that would otherwise go undetected. Using POS to complement prenatal ultrasound and physical examination achieved a diagnostic gap as low as 4.4% POS has been implemented as a screening method in USA and in several European countries.

In order to discuss progress and results related to CCHD screening education and implementation, an international group of European neonatologists, paediatricians and paediatric cardiologists started collaborating since 2013. The latest meeting of this Expert Group was held in Milan on last April, 8th.

The group consists of invited presidents or representatives of the relevant European scientific Societies.

The list of societies and their representatives is as follows: EAPM (European Association of Perinatal Medicine – Umberto Simeoni (President), ESN (European Society of Neonatology) – Daniele De Luca (Council Member), ESPR (European Society for Pediatric Research) - Luc Zimmerman (President), EPA/UNEPSA (European Pediatric Association – Union of European Pediatric Societies) – Julije Mestrovic (Vice-President), UENPS (Union of European Neonatal and Perinatal Societies) - Manuel Sanchez Luna (President), ISNS (International Society for neonatal screening) - Gerard Loeber (Chair of the International Programme Development Committee), ACC (American College of Cardiology) – Gerard Martin (chair of the ACC Population Health Committee), FUNDASAMIN (Fundacion para la salud materno infantil) - Nestor Vain (Vice-President). The chair of the working group is Paolo Manzoni from Torino, Italy, neonatologist.

Due to wide variation in routine maternity care services and practices in European countries, a scientific recommendation endorsed by the European paediatric and neonatology scientific societies would help in enabling CCHD screening to become adopted in the majority of European Union. Long-term goals of our activity would be timely management which would improve survival, and reduce longterm sequelae of infants affected by CCHD in Europe.





DR. REINHOLD KERBL



DR. RUDOLF PÜSPÖK



9

PEDIATRIC CARE WITHOUT
PEDIATRICIANS ?

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PEDIATRIC CARE WITHOUT PEDIATRICIANS?

An immanent problem (not only) for *Austria*

In Austria, pediatric primary care (PPC) is traditionally based on a dualistic system provided by general pediatricians (GPeds) and general practitioners (GPs). While in cities PPC is almost exclusively provided by GPeds, GPs are of major relevance for basic pediatric care in rural areas. This dualistic system represents a well-established compromise between „best service“ and „service in the neighbourhood“.

In 2015, a reorganisational process of primary health care was initiated in Austria. In the „new system“, primary health care centers (PHCC) are scheduled to provide „full service“. General practitioners are intended to play the central role in these centers, forming a team with other professionals like midwives, nurses, physiotherapists and others.

According to the current draft, pediatricians are rather intended to act as „affiliated“ members of such PHCC teams than to form PHCC teams by themselves. In other words, specific primary health care centers for children are not scheduled.

This leads to concerns about the quality of future pediatric primary care in Austria.

Realisation of current plannings might:

- Further reduce the number of pediatricians who are willing to act under such conditions
- Replace pediatricians by practitioners

- Increase hospital attendance of the pediatric population

According to recent curricula of state universities, students' training in Pediatrics is very limited and is not mandatory during the clinical practical year. Furthermore, although the total duration of GP training was recently extended from 36 to 42 months, pediatric training was reduced from 4 to 3 months. This goes along with recently significantly reduced hospital presence time. Thus, future GPs acquire only very limited competence in pediatric treatment. In contrast, specific training of pediatricians lasts 63 months and covers all fields of Pediatrics and Adolescent Medicine.

The very different duration of pediatric training of GPeds and GPs (63 vs. 3 months = 21 : 1 !) and the routine of daily practice (exclusively children + adolescents vs. all age groups) means that primary health care provision to children and adolescents by pediatricians goes along with

- Higher quality of health service
- Fewer hospital admissions
- Better health education
- More preventive activities (accidents, obesity etc.)
- Higher vaccination rate
- Less use of antibiotics
- Less unnecessary treatments
- Lower secondary costs

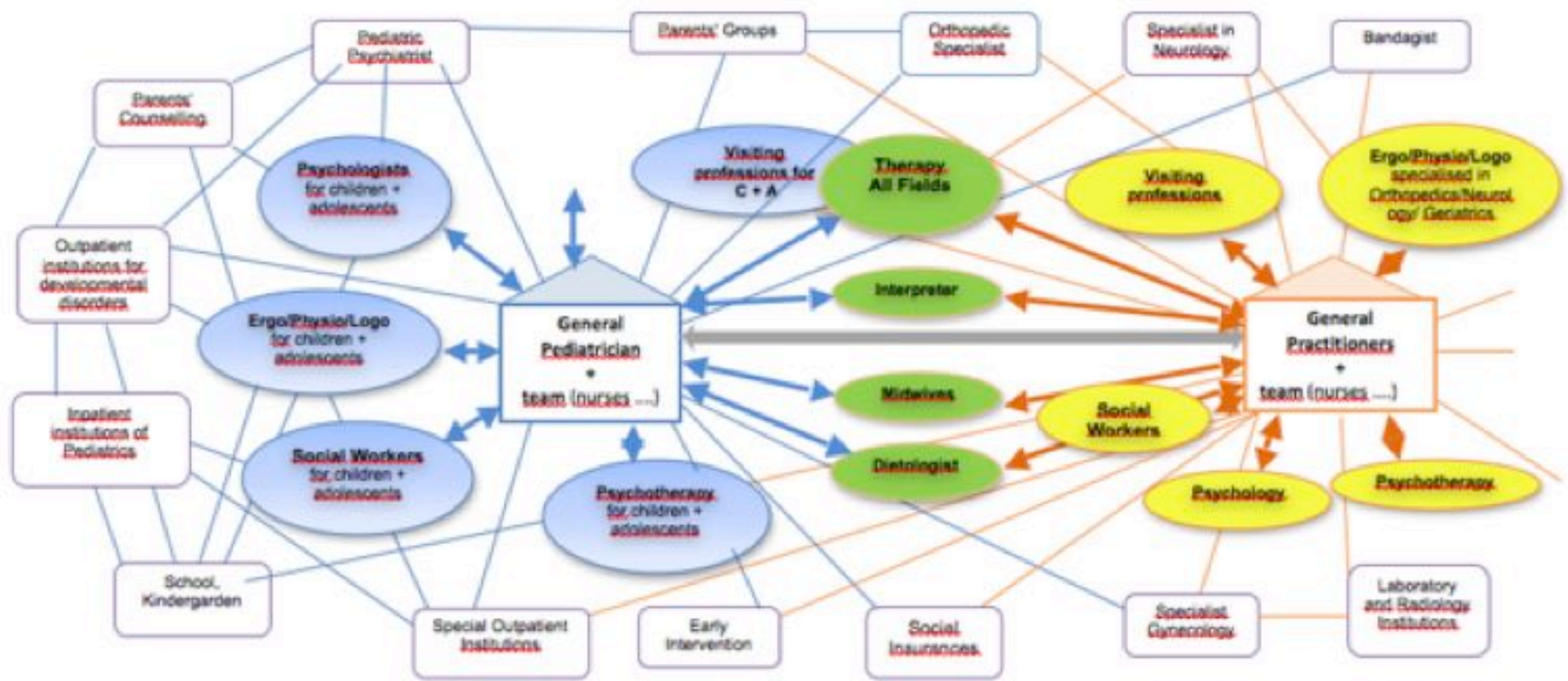


Figure.1

Therefore, the role of paediatricians should rather be strengthened than weakened (as by current national PHCC plans in Austria). Members of the Political Pediatric Medicine have therefore developed an alternative plan with both “general” and “pediatric” PHCCs (Fig.1).

We are aware of the fact that the plans to “simplify” health care provision are not specific for Austria, but have similarly been raised in other European countries. However, such intentions should NOT reduce the quality of health care provision for children and adolescents. Cross-boarder efforts around Europe should be undertaken to guarantee the best possible service for this age group.

We think that EPA could/should play an important role in the process of designing pediatric health care provision. For Austria, EPA has addressed an official statement to those who are politically responsible for the “new system” in Austria. In this statement, EPA recommends

- 1) To carefully consider the special needs of children and adolescents
- 2) To involve experienced pediatricians when planning the „new system“
- 3) To make appropriate pediatric primary care available throughout the country
- 4) To allow different solutions for urban and rural areas (pediatric centers vs. pediatric networks, collaboration with children’s hospitals and GPs etc.)

5) To schedule pediatricians as „family doctors“ for children + adolescents

6) To allow pediatricians to run pediatric primary health care centers equally like general practitioners

We hope that these recommendations will be taken seriously by Austrian health authorities. Austria could then serve as a best-practice model for other European countries.

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<http://www.polkm.org/archive/Modell%20PV%20KJ%20Letztfassung%2021.6.2015.pdf>



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PROF. AA BARANOV,
CHAIRMAN OF EXECUTIVE
COMMITTEE OF UPR



UNION OF PEDIATRICIANS OF RUSSIA



10

THE 19TH CONGRESS
OF PEDIATRICIANS OF
RUSSIA WITH
INTERNATIONAL
PARTICIPATION:

ACTUAL PROBLEMS

IN PEDIATRICS”



Pic 1. First plenary session



More than 7100 specialists from 157 Russian cities and 33 foreign countries as well as 23500 Internet visitors participated in the Congress.

Pic. 2. Chairman of the Executive Committee of the Union of pediatricians of Russia professor A. Baranov opens the XIX Congress

During the Solemn Opening ceremony delegates were honored and proud to receive greeting words from the Minister of Health of the Russian Federation,

V. Skvortsova.



Pic. 3 Minister of health of the Russian Federation greets the delegates

On the Plenary Session the Deputy Director of the Department of Pediatric Care and Maternity Obstetric Service of the Ministry of Health of the Russian Federation O. Chumakova stated the prophylactic medicine as the main trend in current pediatric health care in Russia.



Pic 4. Highlight topics. International discussion with the EPA/UNEPSA, Russian Ministry of health, Union of pediatricians of Russia

Moreover, the main approaches to assessment of the quality of general pediatric and specialized medical care to children were discussed; the results of the collaborative projects of the Russian Federation and World Health Organization on analysis of the quality of pediatric health care, which were developed in several regional projects, were evaluated. Interesting discussions dedicated to the topical pediatric items were organized by leading Russian experts and well known foreign guests professors J. Ehrich (Germany), Eli Sprecher (Israel), J. Breda from WHO.



Pic.5 Delegates during the symposia

In the framework of the symposia which was organized in cooperation with the European paediatric association, chaired by EPA/UNEPSA vice-presidents professors M. Pettoello-Mantovani, J. Mestrovic and professor A.Valiulis from Lithuania, European scientists professors Yu. Zeman (Czech Republic), T. Pop (Romania), J. Mestrovic (Croatia), A.Valiulis (Lithuania) demonstrated new international approaches of examination and treatment of disabling children with rare diseases and in life-threatening conditions.



Pic 6. EPA/UNEPSA symposia. Professors J. Mestrovic, A. Valiulis, M. Petoello-Mantovani

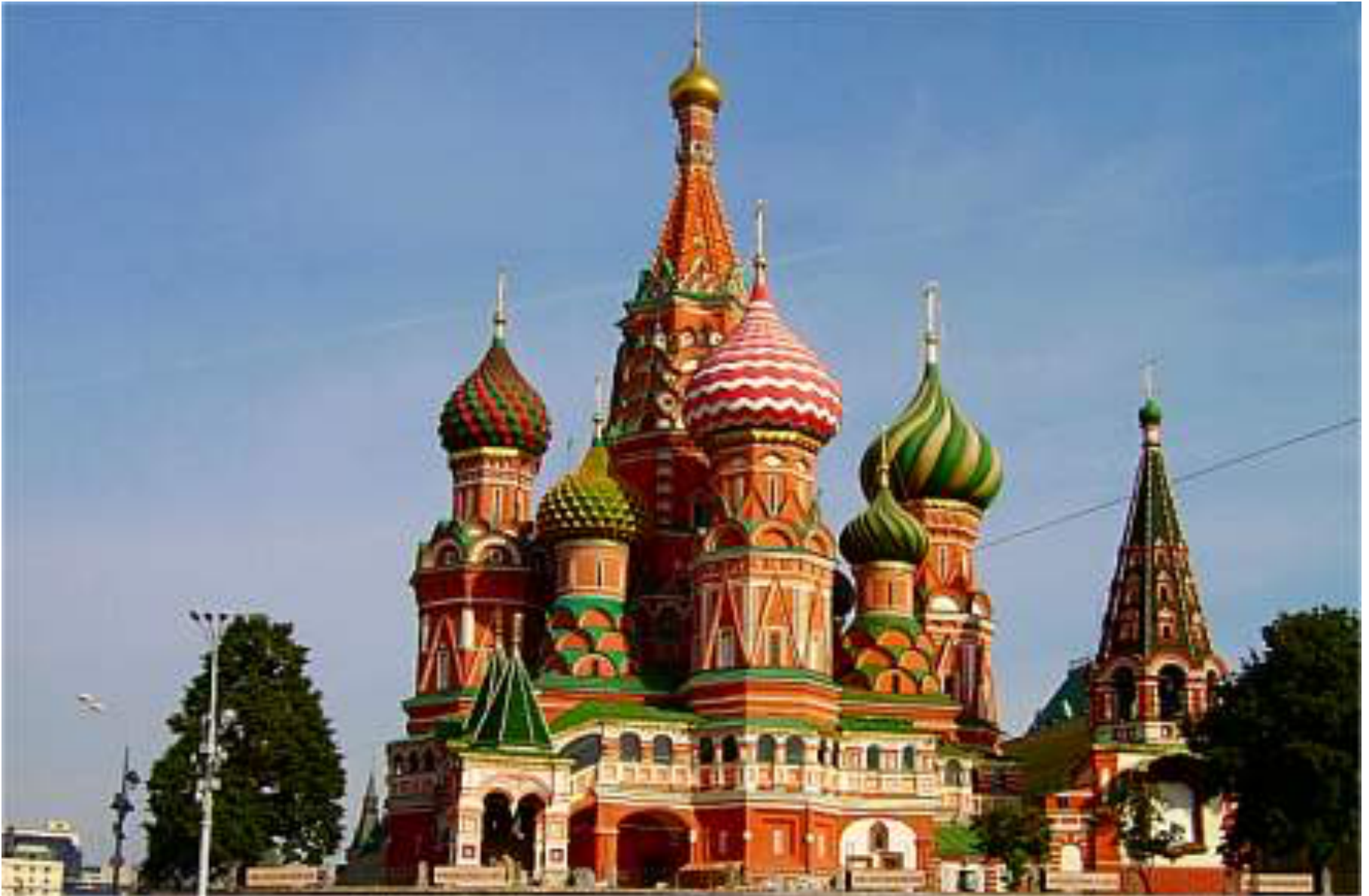
During the Congress the Collaborative Russian Academy of Pediatrics and the Union of Pediatricians of Russia workshop the was held. The problems of improvement of efficiency and quality of scientific research in the field of Pediatrics in Russia were discussed. The key presentation by the Deputy Minister of Education and Science of the Russian Federation L. Ogorodova, who paid a special attention to the necessity of development of the national system for pediatric scientific research planning, improvement of their quality and control over their implementation, set the direction of the discussion.



Pic. 7 Deputy Minister of Education and Science of the Russian Federation L. Ogorodova, EPA/UNEPSA President L. Namazova-Baranova

Thus, in the framework of 182 scientific sessions the most actual problems of preventive and clinical pediatrics were discussed.

The Congress was granted 18 European CME credits by the European Accreditation Council for Continuing Medical Education (EACCME).



ESPGHAN

e-learning programme

www.e-learning.ueg.eu



11

ESPGHAN E-LEARNING PROGRAMME

**A flexible tool to access
training in medical science**

Tudor L. POP

Chair of the ESPGHAN

e-learning Editorial Board

E-learning represents a flexible instrument to access training in medical science with promising results. It is convenient, it provides access to educational materials at any time, it allows progress at the individual learner's own pace, it accommodates many learning styles and can enhance the learning process with the use of multimedia and interaction. Since 2012, ESPGHAN has launched its own educational e-learning program, in collaboration with UEG, based on the excellence in paediatric gastroenterology, hepatology and nutrition field.

e-Syllabus is a collection of all material available for the e-learning activity (webcasts and courses on UEG and Guidelines on ESPGHAN website) following the ESPGHAN Syllabus for Paediatric Gastroenterology, Hepatology and Nutrition training.

ESPGHAN online courses hosted on UEG platform:

- Evidence-based guidelines for the management of acute gastroenteritis in children in Europe
- Feeding Difficulties in Children with Gastrointestinal Disorders
- ESPGHAN Guidelines on Coeliac Disease Diagnosis
- Functional Constipation

Also there are many webcasts from different educational events organized by ESPGHAN posted on UEG platform:

- ESPGHAN Nutrition Summer School 2015
- ESPGHAN Annual Meeting 2014, Jerusalem, Israel
- ESPGHAN Paediatric Hepatology Summer School 2014
- ESPGHAN Nutrition Summer School 2013
- ESPGHAN Monothematic Conference - Current paradigms and novel strategies in paediatric liver transplantation 2013
- ESPGHAN Annual Meeting 2013, London, United Kingdom

To access the online contents for free please login or register at myUEG register at <https://www.ueg.eu/myueg/myueg/>

ESPGHAN online courses hosted on ESPGHAN website:

- Upper Gastrointestinal Bleeding
- Lower Gastrointestinal Bleeding

- Variceal Bleeding
- Gastrointestinal Bleeding in Children - Clinical case

Initiatives dedicated to General Paediatricians

At Europaediatrics 2015 meeting in Florence there were organised two ESPGHAN sessions on e-learning based on ESPGHAN guidelines on Acute Gastroenteritis and Coeliac Disease. The sessions were interactive and feedback from participants was collected.

During Europaediatrics 2017 meeting in Bucharest, Romania a symposium on e-learning possibilities and advantages in paediatric gastroenterology, hepatology and nutrition field will be organized.

Collaboration ESPGHAN – Early Nutrition Academy (ENA)

The Early Nutrition eAcademy (ENeA) is a cooperation of the Early Nutrition Academy (ENA), the Dr. von Hauner Children's Hospital at the LMU Medical Center, Munich and ESPGHAN providing e-learning modules on topics in the area of early nutrition designed for paediatricians, gynaecologists, general practitioners and midwives or nurses working in this field.

The core modules of Early Nutrition e-Academy are:

- Nutrition and Lifestyle during Pregnancy
- Breastfeeding
- Infant Formula Feeding
- Complementary Feeding in Infancy

There are also two focused modules on:

- Nutritional Care of Preterm Infants
- Early Nutrition and Life in Low-Resource Settings

Many paediatric gastroenterology, hepatology and nutrition e-learning modules will follow in the ESPGHAN e-learning dedicated website in the near future. If you are involved in the care of children in this field please use all this opportunities for training in the benefit of your patients.



**Andrii Loboda, Associate Professor
Department of Pediatrics with Medical
Genetics, Former vice-Dean 2012-
2015
Sumy State University, Ukraine**

**12
REFORMING
PEDIATRIC
HEALTHCARE SERVICES
IN UKRAINE AND
PEDIATRIC CENTERS OF
SUMY STATE
UNIVERSITY**

Andrii Loboda, Ukraine

Child health is one of the most important dynamic elements of economic, social and cultural development of every country in the world.

Until recently child health care services were provided in Ukraine by pediatricians and specialists in polyclinics (primary care) and in municipal, district and regional hospitals (secondary care). Primary child health care in rural areas was provided by general pediatricians in village ambulances and nurses in health posts.

The health care system in Ukraine nowadays has significant general drawbacks. There is a lack of a clear distribution of tasks between primary, secondary and tertiary levels of health care and, as a result, unnecessary duplication of work resulting from the avoidable overlap of tasks. There is an underdeveloped primary health care system due to insufficient organization of emergency medical care and ambulance services. There are unreasonably formed and inefficiently organized hospitals lacking modern medical equipment. In addition, there is insufficient and inefficiently allocated funding of services. These mentioned problems negatively affect pediatric care in Ukraine.

The number of hospitals in Ukraine is twice as high as in West Europe and thus leads to dispersion of resources and poor quality of health services both for adult and children. The percentage of small hospitals with less than 50 beds is approximately 10%.

During last decade we have reformed Ukrainian health care system. Our Ministry of Health chose the general practitioner (GP) model of child health care and the GPs became the primary care doctor, with pediatricians working only as consultants.

Therefore the number of pediatricians in our country has decreased in the past 15 years almost by half. Unfortunately the quality level of care for children offered by GPs does not fully satisfy the needs of the Ukraine people.

These changes in the pediatric care system required also changes in the system of medical education. The old training systems included undergraduate pediatric education which was followed by postgraduate training of pediatricians starting with internship and then specialization in a pediatric specialty (e.g. pediatric cardiology, gastroenterology, etc.). The new model is based on undergraduate training generating GPs who may undergo further postgraduate education to become pediatric generalists in residency and then getting the possibility for subsequent fellowship in pediatric subspecialties, such as pediatric cardiology, nephrology, gastroenterology etc.

The universities play the key role in modern medical education in Ukraine. Sumy State University (SSU) is in the TOP-700 leading universities of the world (with the overall score 651-700), according to the international ranking of higher education institutions QS World University Rankings. SSU occupies the 4th position among Ukrainian universities.



SSU has two pediatric departments: 1. the Department of Pediatrics with Medical Genetics and 2. the Department of Pediatrics and Post-Graduate Education. The academic staff of these departments includes 4 full professors, 8 associated professors and 5 assistant professors.

Medical students start learning pediatrics on the 3rd course with propedeutics in pediatrics (6 ECTS credits, 180 hours), then continue on the 4th and 5th courses with Pediatrics. During their 4th year, students receive 5 ECTS credits; they have 150 hours in pediatrics which consist of pathology of early age, pulmonology, allergology, cardio-rheumatology, gastroenterology and nephrology. Our 5th course includes 5.5 ECTS credits, 165 hours in neonatology, endocrinology, hematology and childhood infectious disease. Duration of pediatric education in the 6th year depend on the students' specialty, i.e. in case of "general medicine" we have 8.5 ECTS credits, 255 hours in pediatrics and childhood infectious disease, in case of "preventive medicine" there are 4,5 ECTS credits and 135 hours. Graduates of SSU who want to become pediatricians must choose post-graduate education in pediatrics.



Sumy Regional Children's Clinical Hospital and St. Zinaida's City Children's Clinical Hospital and its City Polyclinics №1 and №2 are associated with SSU and are the SSU-teaching hospitals where the staff provides consulting and medical assistance.

Both departments organize regular scientific conferences in pediatrics. They conduct clinical and pathoanatomical conferences, seminars, and they also train pediatricians of our region in new methods of prevention, diagnosis and treatment of childhood diseases. In addition they compile the work plan of our regional pediatric society which is a member of the national Ukraine Pediatric Association.



Name of discipline	Year of study	Duration	
		ECTS credits	Hours
Propedeutics in Pediatrics	3	6	180
Pediatrics	4	5	150
Pediatrics with childhood infectious disease	5	5,5	165
Pediatrics with childhood infectious disease	6 ("General Medicine")	8,5	255
	6 ("Preventive Medicine")	4,5	135
Total	25 ECTS, 700 hours ("General Medicine") 21 ECTS, 630 hours ("Preventive Medicine")		

In 2015 the staff of Department of Pediatrics with Medical Genetics started remotely and online counseling for difficult clinical cases.

The research interests of SSU pediatricians include among others 1. the influence of adverse external factors on the health of children and adolescents, 2. the discovery of mechanisms of anemia in newborn and the determining role of some regulators of erythropoiesis (erythropoietin, cytokines, fibronectin).

tin, tumor necrosis factor etc.), 3. the prevalence of microelement imbalance in pregnant women, newborns and children of different age groups and principles of trace elements correction, 4. membrane pathology and energy supply in various pathological conditions in children, 5. immunological features and intestinal microbioma in children with pneumonia, bronchial asthma, acute bronchitis, etc.

The two departments are actively involved in EU grant applications, i.e TEMPUS, ERASMUS+ programmes, and have strong links with European partners from Austria, Poland, Italy, Greece, Great Britain, Cyprus etc.

Implementing new teaching programs for medical students and providing modern training methods for post-graduate education of pediatricians will help to decrease neonatal and infant mortality and morbidity in Sumy region.



13

FROM RESEARCH TO PRACTICE IN THE INTERNATIONAL LITERATURE



RECONSIDERING THE TOXIC ROLE OF UREA IN THE CLINICAL MANAGEMENT (DIALYSIS) OF PATIENTS WITH RENAL FAILURE

Urea is an old uremic toxin which has been used for many years as a global biomarker of CKD severity and dialysis adequacy. Old studies were not in favor of its role as a causal factor in the pathogenesis of complications associated with the uremic state. However, recent experimental and clinical evidence is compatible with both direct and indirect toxicity of urea, particularly via the deleterious actions of urea-derived carbamylated molecules. Further studies are clearly needed to explore the potential relevance of urea-related CKD complications for patient management, in particular the place of new therapeutic strategies to prevent urea toxicity.

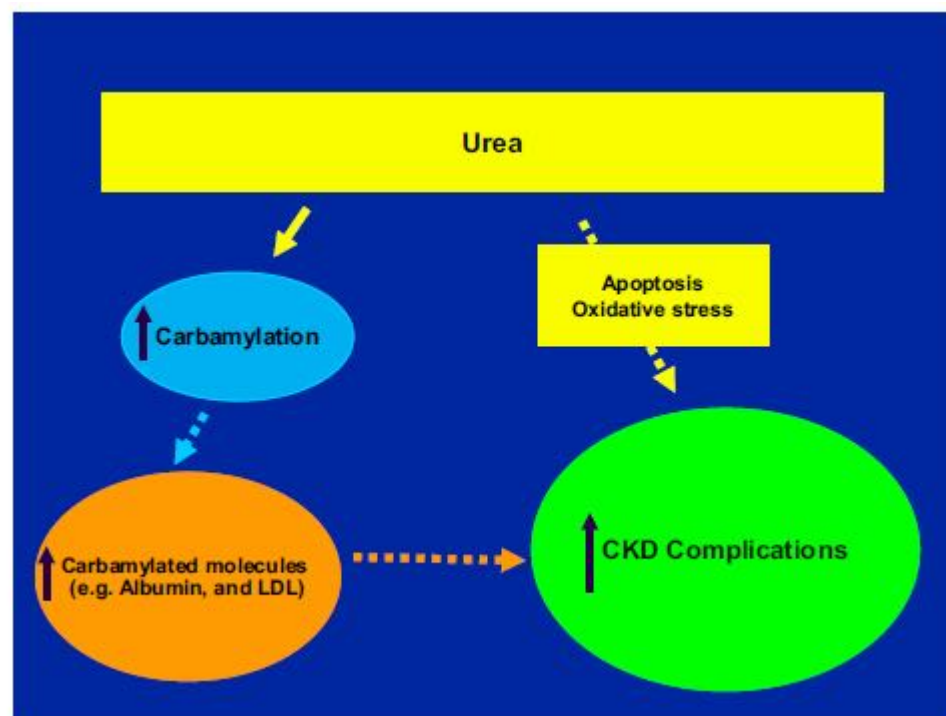
A recent editorial by Massy Z. et al (<http://www.ncbi.nlm.nih.gov/pubmed/27174444>), published in "Seminars in Dialysis" 1(analyzed recent findings in favor of direct and indirect roles of urea as a uremic toxin beyond its role as a global biomarker of CKD severity, and discuss the possible relevance of these observations for patient management. The group of French researchers, observed that Urea has long been considered as an innocent bystander in CKD, and used only as a global biomarker of CKD severity and dialysis adequacy. However, recent data suggest that the real targets of urea toxicity may have been overlooked by earlier studies. Both direct and indirect urea toxicity via the carbamylation process have recently become an important issue when exploring the causes and the consequences of the uremic syndrome.

A strong argument for vascular toxicity of urea has been provided in a landmark study by D'Apolito et al. 2 They found that treatment of 3T3-L1 adipocytes with disease-relevant concentrations of urea free of LPS or heavy metals, enhanced the production of reactive oxygen species (ROS), stimulated insulin resistance, and increased the expression of serum levels of adipokines, retinol binding protein 4, resistin, and O-linked beta-N-acetylglucosamine, thereby modifying insulin signaling. Moreover, the authors demonstrated in experiments in vivo that (i) normal mice developed insulin resistance after urea infusion which was prevented by antioxidant SOD/catalase mimetic treatment, and (ii) CKD mice displayed insulin resistance and glucose intolerance which were normalized by same treatment. In a more recent report, the same authors demonstrated that urea was also toxic for endothelial cells. High urea concentrations induced ROS production in primary human aortic endothelial cells, leading to activation of proinflammatory pathways, and inactivation of atherosclerosis-protective enzymes such as prostacyclin G12 (PGI2) synthase 3. Moreover, they demonstrated that in CKD mice, treatment with an SOD/catalase mimetic prevented aortic oxidative stress, reduced PGI2 synthase activity, activated NFkB, and increased proinflammatory proteins. Although the mechanisms involved in direct urea toxicity remain to be explored, these data point to an important role of urea in the uremic syndrome, in addition to the numerous other substances which accumulate in the extracellular fluid space of CKD patients and give rise to insulin resistance and endothelial dysfunction via the induction of oxidative stress. Furthermore urea has also been shown to exert toxic effects on the gastro-inte-

stinal tract. Vaziri et al.⁴ showed that incubation of human colonic epithelial cells with urea at clinically relevant concentrations led to disruption of enterocyte tight junction and barrier function. (Figure 1)

The toxicity of urea may explain why the survival of patients on daily hemodialysis is 2- to 3-fold greater than that of patients dialyzed less frequently.

In conclusion, beyond the use of urea and urea-derived Urea carbamylated molecules as biomarkers for risk prediction of CKD progression, CKD-related complications, and mortality, further studies are needed to develop more appropriate therapeutic (dialysis) and prophylactic strategies to modulate increased levels of these molecules in CKD.



Massy ZA et al: Schematic illustration of direct and indirect toxicity of urea. CKD, chronic kidney disease; LDL, low-density lipoprotein (Semin Dial. 2016; 29(5):333-7)

References

- 1) Massy ZA, Pietrement, C, Tour_F: Reconsidering the Lack of Urea Toxicity in Dialysis Patients. Semin Dial. 2016; 29(5):333-7
- 2) D'Apolito M, Du X, Zong H, et al.: Urea-induced ROS generation causes insulin resistance in mice with chronic renal failure. J Clin Invest 120:203–213, 2010
- 3) D'Apolito M, Du X, Pisanelli D, et al.: Urea-induced ROS cause endothelial dysfunction in chronic renal failure. Atherosclerosis 239:393–400, 2015
- 4) Vaziri ND, Yuan J, Norris K: Role of urea in intestinal barrier dysfunction and disruption of epithelial tight junction in CKD. Am J Nephrol 37:1–6, 2013

THE INFLUENCE OF TELEVISED FOOD COMMERCIALS ON CHILDREN'S FOOD CHOICES

A recent article published in the Journal of Pediatrics 1 by Bruce et al, and a note from the Editorial office of the Journal 2, emphasized the impact of televised food commercials on children's food choices, and the role in their daily life. Each year, the food industry spends 1.8 billion dollars marketing its products to children and adolescents in fact, the article reports that it has been estimated that 2- to 5-year-old children view more than 1000 advertisements per year, and adolescents see almost 2000. Food marketing is cited as a significant environmental factor implicated in food choices, overeating, and ultimately, obesity. Television advertising and branding have an effect on both food familiarity and preference. Research examining the effects of television food advertising on children has shown that children exposed to advertisements prefer branded foods at much greater rates than children not similarly exposed. Television advertising impacts food consumption and eating behaviors as well. Behavioral studies have documented the relationship between receptivity to food commercials and the amount of food consumed. For example, snack and sweet food intake increases during or after commercial viewing in children. Children who are overweight may be more responsive to food branding and therefore at greater risk for marketing persuasion. There is some behavioral and epidemiologic research that demonstrates an association between marketing for unhealthy foods and increased risk for childhood obesity. Advertising cues do not impact all children in the same way., as for instance it has been shown that individual differences in brain activation in response to food advertising cues (ie, fast food brand logos).When observing food brand logos, obese children demonstrate reduced neurofunctional reactivity in the prefrontal cortex, a cortical region known to be associated with self-control.

In the study published ahead of print last August 2016 in the Journal of Pediatrics), Bruce et al analyzed the brain activity of children after watching food commercials and found that the commercials influence children's food choices and brain activity.

([http://www.jpeds.com/article/S0022-3476\(16\)30496-6/pdf](http://www.jpeds.com/article/S0022-3476(16)30496-6/pdf)).

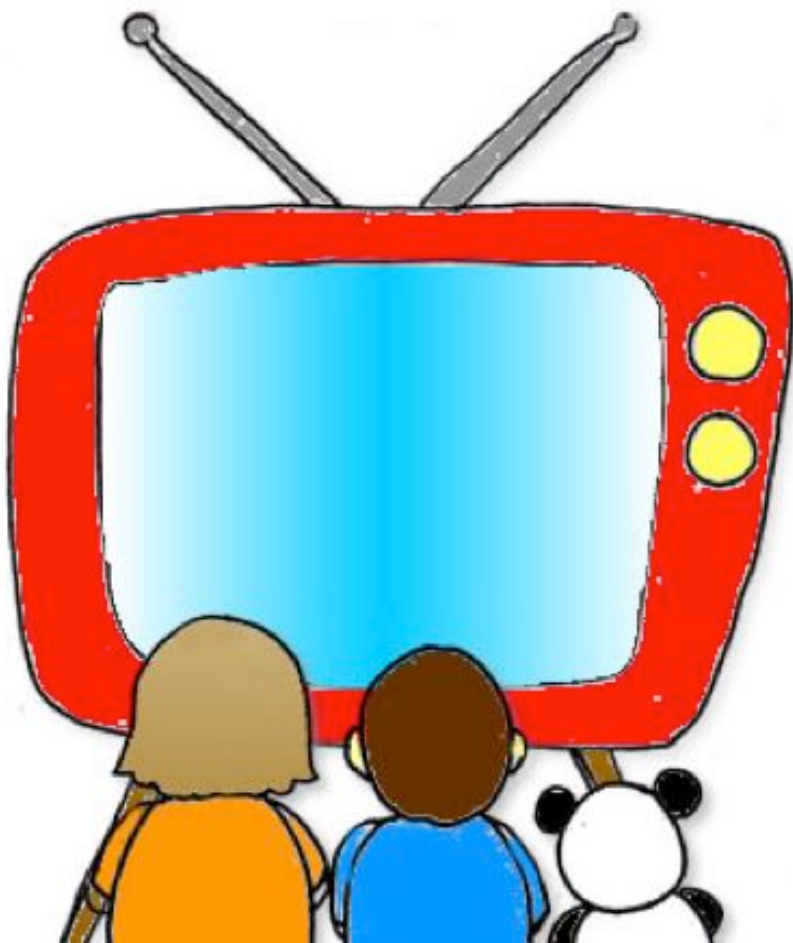
Twenty-three children, 8-14 years old, rated 60 food items on how healthy or tasty they were. Dr. Amanda Bruce and researchers from the University of Kansas Medical Center and University of Missouri-Kansas City then studied the children's brain activity while watching food and non-food commercials and undergoing functional magnetic resonance imaging (fMRI). According to Dr. Bruce, "For brain analyses, our primary focus was on the brain region most active during reward valuation, the ventromedial prefrontal cortex." During the brain scan, children were asked whether they wanted to eat the food items that were shown immediately after the commercials. The researchers found that, overall, the children's decisions were driven by tastiness rather than healthfulness. However, taste was even more important to the children after watching food commercials compared with non-food commercials; faster decision times (i.e., how quickly the children decided whether they wanted to eat

the food item shown) also were observed after watching food commercials. Additionally, the ventromedial prefrontal cortices of the children were significantly more active after watching food commercials.

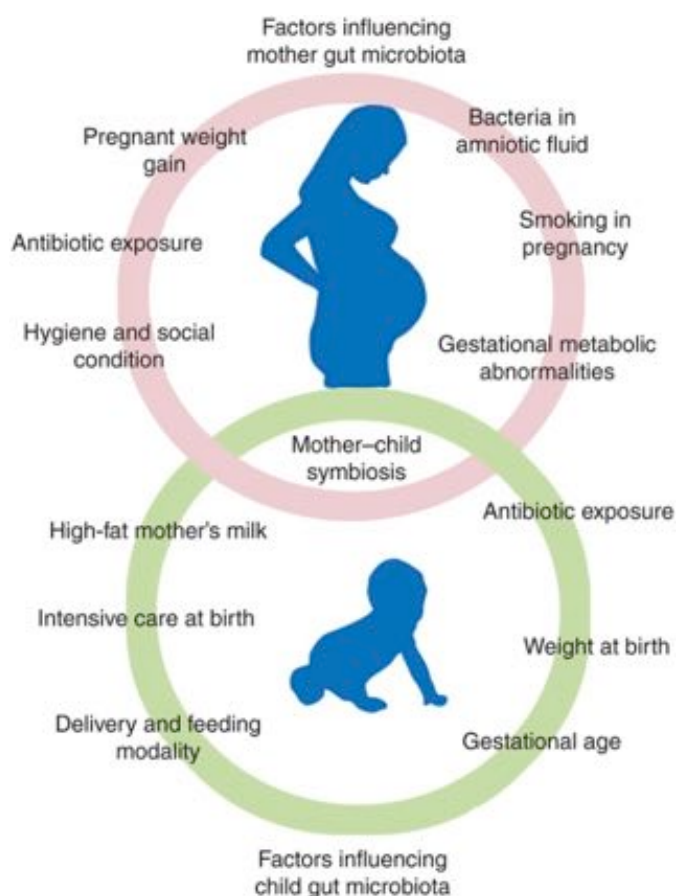
Food marketing has been cited as a significant factor in food choices, overeating, and obesity in children and adolescents. The results of this study show that watching food commercials may change the way children value taste, increasing the potential for children to make faster, more impulsive food choices. Notes Dr. Bruce, "Food marketing may systematically alter the psychological and neurobiological mechanisms of children's food decisions."

1) Bruce AS, Pruitt SW, Ha OR, J.Pediatr. 2016 Aug 9. [Epub ahead of print]

2) The Journal of Pediatrics.(Notes: Becky Lindeman, journal.pediatrics@cchmc.org.
<http://www.jpeds.com/content/jpedsbruce2>



HARNESSING THE EARLY-LIFE MICROBIOTA TO PROTECT CHILDREN WITH CYSTIC FIBROSIS

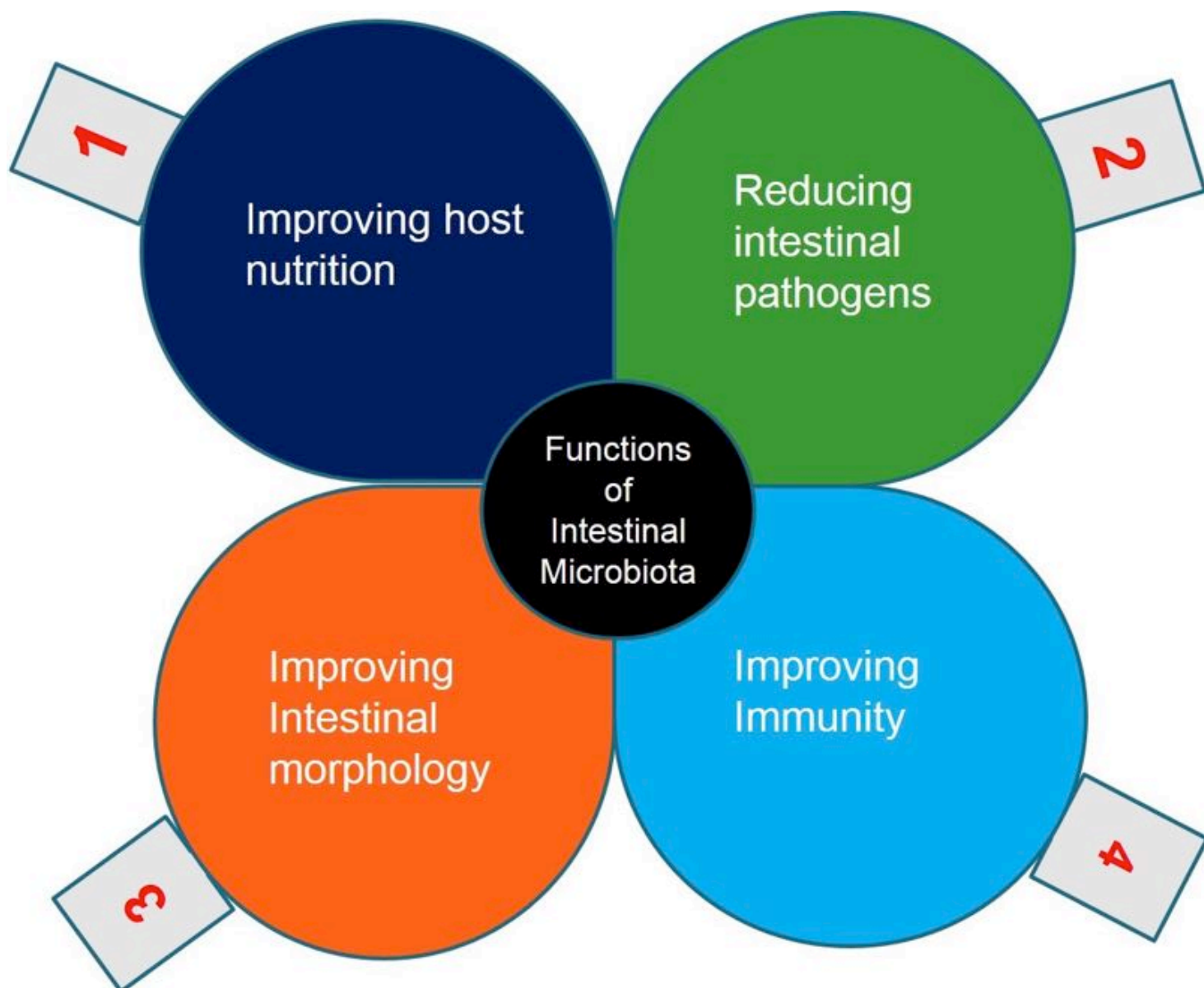


In the 167 issue of *The Journal of Pediatrics*, Leopoldo N. Segal, and Martin J. Blaser, of the Human Microbiome Program at the New York University School of Medicine 1) recently discussed the study of Hoen et al 2) on 120 fecal and oropharyngeal samples from 13 children with cystic fibrosis (CF) from birth to nearly 3 years of age. Hoen et al reported that they sought to test the hypothesis that patterns of acquisition of the normal microbiome affect the risk of CF-related events, such as pulmonary colonization with *Pseudomonas* and clinically significant pulmonary infections. They showed that a core of dominant microbes, many of them anaerobes, is shared between stools and the oropharyngeal mucosa, dominating the microbiome from birth and during the first few years of life in these patients. This study highlights the substantial diversity in the microbial environments in which pathogens bloom. The small sample size (13 children) limits interpretation, but the results are sufficiently promising to merit the study of larger cohorts for validation. This report leads us to consider that the early stages of acquiring the human microbiome might be important in relation to the susceptibility for infections with pathogens in CF. Such susceptibility commonly has been associated with host factors that increase the individual risk of acquiring a pathogen. In CF, impaired antimicrobial activity in the airway mucosa is an example of this type of susceptibility. Host CF genotype is important because there are major CF phenotypic differences based on a patient's particular mutation. Thus, the extent of CF transmembrane conductance regulator (CFTR) dysfunction provides varying selection pressure affecting the host's early microbial colonization. A different kind of susceptibility can be conceived if the individual's microbiome it is considered as a supraorganism within each individual, in which its distinct composition and function (or dysfunction) can make it susceptible to the successful seeding

and blooming of pathogens. Thus, the newborn period can be considered a vulnerable stage in which the airway microbiome is an important component of the host defense system and normal development of a healthy microbiota provides reduced susceptibility to the introduction of pathogens. Segal and Blaser conclude that we are at the beginning of a scientific frontier, but the report by Hoen et al makes us hopeful that, with greater knowledge of the microbial ecology in early life in children with CF, we can take important steps to improve the bonding of babies with normal microbiota, limiting the damage that pulmonary infections may cause. Such approaches could lead to true prophylaxis to reduce the burden of infection over the long course of CF.

1) Segal LM, Blaser MJ. Harnessing the Early-Life Microbiota to Protect Children with Cystic Fibrosis. *J.Pediatrics*. 2015, 167:16-18

2) Hoen AG, Li J, Moulton LA, O'Toole GA, et al. Associations between gut microbial colonization in early life and respiratory outcomes in cystic fibrosis. *J Pediatr* 2015;167:138-47.



Functions of Gastrointestinal Tract Microbiot



14

INTERNATIONAL COLLABORATIONS TO SCIENTIFIC RESEARCH IN PEDIATRICS



GUT MICROBIOTA FOR HEALTH

World Summit 2016

5-6 March 2016

Hilton Miami Downtown, Miami, FL, USA

LINK to the e-Book with highlights from the congress:
<http://paediatricgutmicrobiota.com/miami/>



Editorial from Gail Hecht

Chair of the Scientific Committee of the 2016 Gut Microbiota for Health World Summit

Abundant evidence shows that particular aspects of human health and disease are attributable to the trillions of microbes that inhabit our gastrointestinal tract, collectively referred to as the gut microbiota. Consider that the number of unique genes contributed by the gut microbiota is greater than 150-fold that encoded within the human genome and that the vast number of metabolites produced by these organisms allows effects on distant organs.

The composition of the gut microbiota is complex and in addition to bacteria includes viruses, fungi, protozoa, and Archaea. These organisms contribute not only to each other's function and survival but humans have evolved to depend on the extended physiology and metabolism that the microbiota provides. The recent realization of the power of the gut microbiome in regu

lating human health and disease is a major advancement and provides a multitude of new and novel targets for the maintenance of health and prevention and treatment for some human diseases. The efficacy of fecal microbiota transplantation for recurrent *Clostridium difficile* infection provides strong proof of principle that manipulation of the gut microbiota can treat disease.

Approaches for manipulating the gut microbiome through diet, pre- and probiotics, targeted antibiotic therapy, provision of specific cocktails of select bacteria, and fecal microbiota transplantation for health and disease are under investigation or use. The amount of literature published on this topic is expanding exponentially and includes animal and human studies, many of which rely on complex sequencing technologies and sophisticated bioinformatics analysis. Keeping abreast of this rapidly moving field and realizing how these findings could possibly be extrapolated to the clinical setting is difficult, yet an understanding of the mechanisms and potential clinical applications is imperative. The goal of the 2016 Gut Microbiota for Health World Summit was to provide just that.

The American Gastroenterological Association (AGA) and the European Society of Neurogastroenterology & Motility (ESNM) have, through a joint scientific committee, organized a robust program targeting not only practitioners, including physicians, physicians' assistants, nurse practitioners, nurses, dietitians, and nutritionists, but also scientists interested in the gut microbiome and its role in health and disease.

An international group of thought leaders in this rapidly advancing field will present both plenary session lectures and participate in interactive, discussion-based workshops on relevant topics.

This year's scientific program included both plenary session lectures and interactive, discussion-based workshops on topics targeting not only practitioners, including physicians, physicians' assistants, nurse practitioners and nurses, dietitians, nutritionists, but also scientists interested in the gut microbiome and its role in health and disease.

This international event took place in Miami, FL from March 5-6, 2016. The meeting has been organized by the American Gastroenterological Association and the European Society of Neurogastroenterology & Motility, and made possible by the generous support of Danone and Biocodex.

Sincerely,
Gail Hecht, MD, MS
Professor of Medicine; Microbiology/Immunology
Director, Division of Gastroenterology and Nutrition
Loyola University-Chicago



Communication CHALLENGE

5th Edition - 2016

COMMUNICATION CHALLENGE

Good health: where will it take you? #vaccinepassport

The world is that little bit smaller thanks to vaccines. They enable us travel far and wide – protecting us whatever corner of the world we visit. So for this year's Vaccines Today Communication Challenge we're asking: where will they take you?

Please read the proposals and initiatives of “VACCINE TODAY” at www.vaccinestoday.eu

Vaccines Today is an online platform for discussing vaccines and vaccination. Vaccines continue to make headlines around the world and are of great interest to citizens and health professionals alike. The platform strives to provide an interactive forum for informed debate on issues around vaccination, as well as to serve as a source of reliable information, bringing the community of stakeholders together to share their views.

To facilitate an informed discussion that takes all views on vaccination into account, the content of Vaccines Today is produced through interviews with experts from academia, patient groups, and industry experts, along with reports based on scientific literature and conferences. Vaccines Today is produced by an editor, in consultation with an editorial board composed of experts and executives from several Vaccines Europe companies, a patient representative, and two independent external medical doctors.

WHO: Vaccine safety websites meeting good information practices criteria:

http://www.who.int/vaccine_safety/initiative/communication/network/approved_vaccine_safety_website/en/

- Caring for Kids (CfK), Canadian Paediatric Society (CPS) Public Health Agency of Canada
- Childhood Immunization Support Program (CISP), American Academy of Pediatrics (AAP)
- Global Advisory Committee on Vaccine Safety (GACVS)
- Immunisation Scotland (of the NHS in Scotland)
- Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health
- National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
- National Immunisation Programme of the Health Service Executive of Ireland
- NHS Choices - Immunisation Information
- Public Health England - Immunisation section
- US DepT. of Health and Human Services, Centers for Disease Control (CDC), National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion (DHQP)
- Vaccines Today

THE POWER OF PROGRAMMING 2016

International Conference on Developmental Origins
of Adiposity and Long-Term Health



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THE POWER OF
PROGRAMMING
2016

THE POWER OF PROGRAMMING 2016

International Conference on Developmental Origins
of Adiposity and Long-Term Health



WELCOME!

On behalf of the EarlyNutrition Project and the Early Nutrition Academy (ENA), the Organizing Committee is delighted to welcome you to “The Power of Programming 2016 - Developmental Origins of Adiposity and Long-term Health” that takes place October 13-15, 2016 in Munich, Germany.

International experts from clinical science, basic research and epidemiological studies are brought together with a joint focus on long term consequences of early nutrition and lifestyle factors on obesity and related disorders. Partners of the EU funded project EarlyNutrition are happy to share their research approaches and results with colleagues from all over the world. This conference builds on our preceding and very successful international conferences in Munich in 2010 and 2014 where 500-600 participants joined for a comprehensive exchange of latest research findings.

We are looking forward to welcoming you in Munich,



BERTHOLD KOLETZKO
PROF. DR. DR. H.C. PROF. H.C.
PROFESSOR OF PEDIATRICS
CONFERENCE CHAIR
PROJECT EARLYNUTRITION
COORDINATOR AND ENA
MANAGING DIRECTOR



BRIGITTE BRANDS
PHD, DIPL.BIOL.MBE
SCIENTIFIC DIRECTOR AND
SCIENTIFIC PROJECT MANAGER
EARLYNUTRITION



SIMONE CRAMER
MPH - CONFERENCE SECRETARY
AND
ADMINISTRATIVE MANAGER
EARLYNUTRITION

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**NEWS FROM THE
FACULTIES OF
MEDICINE**



**University of
Zurich^{UZH}**

Faculty of Medicine

The Faculty of Medicine of the University of Zurich (UZH) invites applications for the following academic position:

Family Larsson-Rosenquist Foundation Professorship in Human Lactation Research

This endowed Professorship at the University of Zurich complements the Family Larsson-Rosenquist Foundation Chair in Human Lactology established contemporarily at the School of Chemistry and Biochemistry at the University of Western Australia (UWA). Partnership between the two chairs will contribute to advance global knowledge on breastfeeding and its long-term health benefits to mothers and babies.

At the UZH, the Professorship will be embedded in an interdisciplinary environment at the University Hospital Zurich and the University Children's Hospital Zurich – Eleonoren Foundation. It will benefit from existing expertise in epidemiology, clinically relevant basic research in immuno-allergology, nutrition and neonatology and will have numerous opportunities to develop research alliances on multiple aspects of human lactation research.

The appointee will establish a successful research group at the Faculty of Medicine, supported in part by competitive third-party grants, and working collaboratively with its partner at UWA. Additional duties include the active participation to undergraduate and graduate teaching in Human Medicine and to academic self-administration.

Applicants are internationally recognized for their scientific expertise in the field of human lactation research, as documented by high ranking publications, conference invitations and successful acquisition of competitive third-party funding. Leadership experience in an academic environment is expected.

The University of Zurich is an equal opportunity employer. The Faculty of Medicine implements specific measures in the selection process to increase the proportion of women with a faculty position.

Please submit your application for this position at <https://www.recruiting.med.uzh.ch/position/7307264> by **October 14, 2016**. Applications sent by mail or e-mail cannot be considered. For additional information, please contact the president of the search committee, Prof. Dr. med. R. Zimmermann, phone +41 44 255 51 01, e-mail roland.zimmermann@usz.ch.

EPA/UNEPSA MEMBER AND AFFILIATED ASSOCIATIONS AND SOCIETIES 2016

Albania

Albanian Paediatric Society

Armenia

Armenian Association of Paediatrics

Austria

Oesterreichische Gesellschaft für Kinder- und Jugendheilkunde (OEGKJ)

Azerbaijan

Azerbaijan Pediatric Society

Belgium

Societe Belge de Pédiatrie/Belgische Vereniging voor Kindergeneeskunde

Bosnia and Herzegovina

Paediatric Society of Bosnia and Herzegovina

Bulgaria

Bulgarian Paediatric Association

Croatia

Croatian Paediatric Society

Cyprus

Cypriot Paediatric Society

Czech Republic

Czech National Paediatric Society

Denmark

Dansk Paediatrisk Selskab

Estonia

Estonian Paediatric Association

Finland

Finnish Paediatric Society

France

Société Française de Pédiatrie

Georgia

Georgian Paediatric Association

Germany

Deutsche Gesellschaft für Kinder- und Jugendmedizin (DGKJ)

Greece

Hellenic Paediatric Society

Hungary

Hungarian Paediatric Association

Ireland

Royal College of Physicians of Ireland/Faculty of Paediatrics

Israel

Israeli Paediatric Association

Italy

Società Italiana di Pediatria

Società Italiana di Ricerca Pediatria

Italian Federation of Pediatricians

Kazakhstan

Pediatric Societies and Associations of Kazakhstan

Latvia

Latvijas Pediātru Asociācija

Lithuania

Lithuanian Paediatric Society

Luxembourg

Société Luxembourgeoise de Pédiatrie

Macedonia

Paediatric Society of Macedonia

Moldova

Moldovan Paediatric Society

Montenegro

Pediatric Societies and Associations of Montenegro

The Netherlands

Nederlandse Vereniging voor Kindergeneeskunde

Uzbekistan

Pediatric Societies and Associations of Uzbekistan

Poland

Polskie Towarzystwo Pediatryczne

Portugal

Sociedade Portuguesa de Pediatria

Romania

Societatea Romana de Pediatrie

Societatea Romana de Pediatrie Sociala

Russia

The Union of Paediatricians of Russia

Public Academy of Pediatrics

Serbia and Montenegro

Paediatric Association of Serbia and Montenegro

Slovakia

Slovenska Paediatricka Spolocnost

Slovenia

Slovenian Paediatric Society

Spain

Asociación Española de Pediatría

Sweden

Svenska Barnläkarföreningen

Turkey

Türk Pediatri Kurumu

Türkiye Milli Pediatri Derneği

Turkmenistan

Pediatric Societies and Associations of Turkmenistan

Ukraine

Ukraine Paediatric Association

United Kingdom

Royal College of Paediatrics and Child Health

Newsletter of the European Paediatric Association
(EPA/UNEPSA)

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**PEDIATRIC
CONGRESSES
SAVE THE DATE**



CALENDAR OF EVENTS: UPCOMING CONFERENCES

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16

20

17

SEPTEMBER 2016

1. Neonatology — 6th International Arab Neonatal Care Conference
29 Sep 2016 - 01 Oct 2016
Location: Dubai, United Arab Emirates
Event website: <http://www.ancc2016.com>

OCTOBER 2016

2. Paediatric Cytotoxic Medication — Introduction to Paediatric Cytotoxic Medication
04 Oct 2016
Location: South Kensington, London, United Kingdom
Event website: <http://www.royalmarsden.nhs.uk/cytotoxic-oct>

3. Training — Non-Medical Prescribing in Paediatrics and Child Health
05 Oct 2016
Location: London, United Kingdom
Event website: <http://www.healthcareconferencesuk.co.uk/non-medical-prescribing-paediatrics-and-child-health>

4. Training — Nurse Prescribing in Paediatrics and Child Health
05 Oct 2016
Location: London, United Kingdom
Event website: <http://www.healthcareconferencesuk.co.uk/courses/nurse-prescribing.html>

5. International Paediatric Pharmaceutical Care Masterclass
13 Oct 2016 - 15 Oct 2016
Location: London, United Kingdom
Event website: <http://www.guysandstthomasevents.co.uk/paediatric-pharmaceutical-care-international-masterclass/>

6. NTC — International Narrative Therapy Conference
13 Oct 2016 - 18 Oct 2016
Location: Mumbai, India
Event website: <http://www.narrativeconference2016.in>

7. Hemodynamic, fluid and electrolyte balance in the newborn
14 Oct 2016 - 15 Oct 2016
Location: Ljubljana, Slovenia
Event website: <http://prvikoraki.si/hemodynamic-fluid-and-electrolyte-balance-in-the-newborn/>

8. SDEF WPD 2016 — Skin Disease Education Foundation's 12th Annual Women's & Pediatric Dermatology Seminar
4 Oct 2016 - 15 Oct 2016
Location: Newport Beach, United States
Event website: <http://www.globalacademycme.com/cme-topics/skin-disease-education-foundation-dermatology/conferences/presented-by-skin-disease-education-foundation/conference-overview.html>

9. MEPOS — The 3rd Middle East Pediatric Orthopaedic Society (MEPOS) Annual Meeting
20 Oct 2016 - 22 Oct 2016
Location: Conrad Hotel, Dubai, United Arab Emirates
Event website
<http://www.posc-me.com>

10. ECSC-WSPCHS — 7th Emirates Cardiac Society Congress in conjunction with the 5th World Society for Pediatric and Congenital Heart Surgery.
27 Oct 2016 - 30 Oct 2016
Location: Abu Dhabi, United Arab Emirates
Event website
<http://ecsc-wspchs.org/>

NOVEMBER 2016

11. Training — IV Therapy in Paediatrics & Child Health, Including improving quality and safety through effective IV Therapy at home (p-OPAT)
10 Nov 2016
Location: London, United Kingdom
Event website
<http://www.healthcareconferencesuk.co.uk/iv-therapy-paediatrics-children>

12. Paediatric Medical Congress
13 Nov 2016 - 14 Nov 2016
Location: Abu Dhabi, United Arab Emirates
Event website
<http://www.pmcabudhabi.com/>

13. II INTERNATIONAL CONGRESS AND VI NATIONAL SYMPOSIUM OF CLINICAL AND HEALTH PSYCHOLOGY ON CHILDREN AND ADOLESCENTS
17 Nov 2016 - 19 Nov 2016
Location: Barcelona, Spain
Event website
<http://psicologiainfantil.umh.es/>

14. UENPS — 6th International Congress of Union of European Neonatal & Perinatal Societies
23 Nov 2016 - 26 Nov 2016
Location: Valencia, Spain
Event website
<http://www.uenps2016.org>

FEBRUARY 2017

15. Neuro Oncology — Paediatric Neuro-Oncology Study Day
13 Feb 2017
Location: South Kensington, London, United Kingdom
Event website
<http://www.royalmarsden.nhs.uk/paedneuroonc>

16. Babies & Animals - Pediatricians meets vets
24 Feb 2017 - 25 Feb 2017
Location: Turin, Italy
Event website
<http://www.babiesandanimals.eu/>

MAY-JUNE 2017

17. ESPR Annual Meeting & Postgraduate Course 2017
30 May 2017 - 03 Jun 2017
Location: Davos, Switzerland
Event website
<http://www.espr2017.org>

18. 8th Europaediatrics (EPA/UNEPSA)
7-10 June, 2017
Location: Bucharest, Romania
Event website: [www. http://europaediatrics2017.org/](http://europaediatrics2017.org/)

NOVEMBER 2017

19. DGPM — 28. Deutscher Kongress für Perinatale Medizin
30 Nov 2017 - 02 Dec 2017
Location: Berlin, Germany
Event website
<http://www.dgpm2017.com>



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