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KEYNOTE TRACKS

Gohary's phenomenon revisited.

Introduction:

Intussusception is a common condition that present with abdominal colic and is usually diagnosed by ultrasonography with appearance of (Target Sign).

Material and method:

Over the last 35 years we have noticed a new phenomenon that mimic intussusception both clinically and radio logically but is not cause by bowel intussusception but by impacted stool at the terminal ileum.

Whereas intussusceptions an emergency that require urgent attention to reduce either by air, saline or Barium and my need urgent exploration, **Gohary's phenomenon** if recognized can be treated by simple fleet enema.

We have encountered 56 cases between 1983 and 2018, their age varied from 9 months and 7 years

They have the common features of

- 1- Severe abdominal colic that is not responding to analgesic or antispasmodics
- 2- US feature suggestive of ileo-colic intussusception
- 3- No red current jelly stool .intussusception
- 4- Good response to fleet enemas

Conclusion:

More recently we have encountered a subgroup pf patients that have genuine intussusception on radiological examination but not causing complete bowel obstruction and still associated with had srool in the large bowel and still needs simple fleet enema to cure.

We hope by highlighting this new phenomenon to avoid unnecessary radiological investigation and unnecessary abdominal exploration.

Biography:

Amin El-Gohary completed his MBB Ch in 1972 and his Diploma in General Surgery in 1975 at Cairo University, Egypt. He became a fellow of The Royal College of Surgeons in UK: Edinburgh in 1979, London in 1980, and Glasgow in 1997. Prof. Dr. Amin worked initially in Egypt, and then moved to Kuwait, then to UK, before coming to UAE in 1983. In the same year, he became the Chief and Head of the Department of Pediatric Surgery of a large government hospital. Additionally, he held post as a Medical Director for the same hospital starting 1989. He also held post as the Clinical Dean of Gulf Medical College, Ajman for 3 years. Prof. Dr. Amin is well known in Abu Dhabi for his extensive interest and involvement in scientific activities. He is the President of the Pediatric Surgical Association of UAE. He was awarded the Shield of the College of Pakistan in 1996 and the Medal of International Recognition in pediatric urology from the Russian Association of Andrology in 2010. He was given a Silver Medal from the Royal College of Surgeons – Ireland in 1978 and an Honorary Fellowship from the Royal College of Surgeons – Glasgow in 1997. In 2001, he became a Visiting Professor at Munster University, Germany.



*Amin Gohary
Burjeelhospital, Abu Dhabi
UAE.*

Early onset neonatal sepsis.

Early onset neonatal sepsis despite a low incidence has a high mortality rate of over 50%, hence early diagnosis and institution of antibiotics within 24 hours of birth is important to prevent not only the high mortality but also morbidity. However there is a lack of an ideal confirmatory diagnostic test within 24 hours of birth with 100% sensitivity and 100% specificity is challenging to the clinician in making an accurate and early diagnosis of early onset sepsis. Most etiological pathogens cause in-utero with fetal infections and identification of predisposing high risk maternal, obstetric and neonatal factors are important as it support a high index of clinical suspicion warranting screening for sepsis.

Multivariate analysis and multiple logistic regression of various antepartum, intrapartum and neonatal factors revealed that young mothers ≤ 24 years, OR 1.53, (95% CI 1.2-2.0) and primigravidae, OR 2.08, (95% CI 1.6-2.7) was highly statistically significant $P > |z| = 0.002$ and $P > |z| < 0.001$ respectively. Premature Rupture of Membranes (PROM) OR 12.96, (95% CI 9.5-18.4), $P > |z| < 0.001$ as well as Gestational diabetes OR 2.19, (95% CI 1-1.3), $P > |z| < 0.008$ was statistically significant. Surprisingly birth by emergency Lower Segment Cesarean Section (LSCS) OR 1.82, (95% CI 1.3-2.5), $P > |z| < 0.001$, since the usual indication was fetal distress probably due to in-utero infection including neonatal risk factors of prematurity ≤ 36 weeks, OR 2.57, (95% CI 1.8-3.6), $P > |z| < 0.001$ and Low Birth Weight (LBW) ≤ 2499 g, OR 2.76, (95% CI 2.1-3.7), $P > |z| < 0.001$, and male gender, OR 1.88, (95% CI 1.1-3.0), $P > |z| < 0.008$ were also highly statistically significant.

Presently reported global incidence of neonatal sepsis was is low, less than 4%, while it was 8.9% in present study, clinical observation despite its limitation and diagnostic hematologic tests including serological markers tests remain the most practical means to confirm and monitor progress of disease or to withhold antibiotics in uninfected newborns thereby decreasing the emergence of multidrug resistant pathogens Thus early diagnosis based on presence of two or more high risk maternal, obstetric and neonatal factors, warrants screening for sepsis in newborns and early antibiotic therapy will not only save lives but also decrease morbidity of severe lifelong threatening sequelae such as seizures, mental retardation, blindness, hearing loss etc. The awareness of the role of infection causing high morbidity and mortality in the newborn has increased dramatically over the past few decades, emphasizing the importance of early diagnosis of early onset neonatal sepsis.

Keywords: Early Onset Sepsis (EOS), High risk antepartum, intra-partum and neonatal factors

Biography:

Dr. Grace Lalana Christopher completed both her undergraduate M.B.B.S. and postgraduate DCH at reputed Christian Medical College & Hospital, Vellore, South India, thereafter completed her DNB course from Bangalore. She has qualified for ECFMG (US) currently valid. She is a Consultant Pediatrician at Grace Specialist Clinic and Founder, CEO of 'New Gen Parenting'. She is an eminent speaker in the field of Perinatology and authored several books on Parenting and child care. She has published several leading original scientific research papers in pediatrics and new-born care including innovative "Newborn Resuscitation" and presented papers at several reputed conferences.

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Possible transmission of non-lyme borrelia from mother to child.

ME/CFS is a multisystemic disease affecting more than 2 million people in the United States. No known cause of this chronic illness is known.

In routine laboratory tests only *Borrelia burgdorferi* serology is routinely measured. However humans can be infected with several *Borrelia* species. Detection of these species of *Borrelia* was still a problem.

Recently the detection of phages of this infection using a novel qPCR and sequencing became available. *Borrelia* species are always infected by their own type of *Borrelia* bacteriophages.

We reported in 2022 that 72 % of 130 ME/CFS (ICC, 2011) tested positive for Phage *Borrelia* qPCR (*Borrelia miyamotoi*) versus 10 % of healthy controls.

Borrelia miyamotoi was first isolated in Japan in 1995 and now found everywhere in the world, despite the fact that it is still poorly studied.

Of our initial study group we studied 33 women positive for Phage *Borrelia* qPCR and 56 of their children.

Only 6 of these 56 children tested negative for Phage *Borrelia* qPCR. They all were asymptomatic.

The remaining 50 tested positive (46/50 for *Borrelia miyamotoi*). Of these only 5 (10 %) were asymptomatic and 9 (18 %) had mild symptoms. The other 36 (72 %) met criteria compatible with ME/CFS (ICC 2011); in this group there were a lot of co-morbidities, as OCD, ADD, ADHD and even regressive form of autism.

These data provide evidence that *Borrelia miyamotoi* is transmitted from mother to child and that the infected offspring is confronted with high % of morbidity.

Keywords: ME/CFS; *Borrelia*; Bacteriophages

Biography:

Kenny De Meirleir is emeritus professor in physiology, pathophysiology and medicine. He is a certified specialist in internal medicine, cardiology and rehabilitation medicine. He has practiced medicine for 40 years and has developed since 1989 specific interests in chronic fatigue syndrome and later in chronic diseases which had developed after infections. He holds a PhD in physiology (1985) and became a full time professor at the Free University of Brussels in 1985. He has examined, diagnosed and treated almost 20.000 ME/CFS patients in all 5 continents of the world. Currently his scientific and medical practices are situated in Belgium at Himmunitas and Whittemore-Peterson Institute at the University of Nevada (USA).



Kenny L. De Meirleir,
University of Nevada, Reno,
USA



Pediatrics 2023



24th Annual World Congress on

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POSTER
PRESENTATION

Shedding duration of household ESBL-producing, and sequence type 131 escherichia coli among different regions in taiwan.

Ming-Fang Cheng

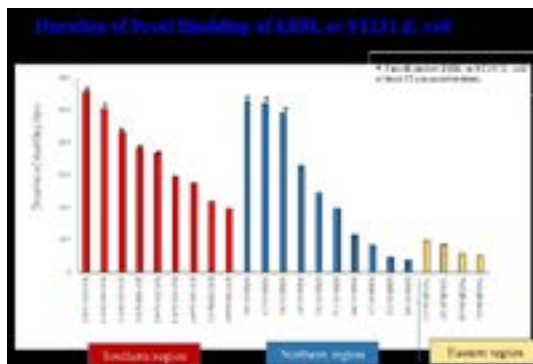
*Kaohsiung Veterans General Hospital,
Taiwan.*

Background: Broad-spectrum drug-resistant (defined as resistant to 3rd generation of cephalosporines or new quinolones) *Escherichia coli* (*E. coli*), particularly clonal group sequence type 131 (ST131) that produce CTX-M types of extended-spectrum beta-lactamase (ESBL)-producing *E. coli* have dramatically increased worldwide. In our prior studies, we found that the prevalence of community-onset ESBL producing *E. coli* UTIs among infants was similar in urban and rural populations in southern Taiwan. We also found in that study that most infants with UTIs were previously healthy with no apparent risk factors. The increase of ESBL-producing *E. coli* infections may be related to the infection by asymptomatic carriers or environmental circulation of ESBL-containing microorganisms. However, the distributions of resistant *E. coli* in households in different geographic regions of Taiwan are still unknown. Additional prospective multicenter studies are required to investigate the prevalence of community-onset *E. coli* infections in different geographic regions. **Methods:** *E. coli* isolates from the stool of children with uropathogenic or fecal carriage of BDR *E. coli* and their families and from their household environments were prospectively identified in different regions of Taiwan. The *E. coli* isolates identified as BDR were tested for ESBL, and multilocus sequence typing (MLST) was used to detect ST131. Fecal shedding duration of different regions was compared. **Purpose:** This study investigated the prevalence of BDR *E. coli*, particularly for ST131 and ESBL-producing strains, in human carriage, the environment, and households and the duration of shedding of BDR *E. coli* in different geographical regions of Taiwan.

Keywords: *Escherichia coli*, extended-spectrum beta-lactamase, ST131, fecal carriage, antimicrobial resistance

Graphs:

FIG5. Duration of Fecal Shedding of ESBL or ST131 *E. coli* in different regions of Taiwan



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Ming-Fang Cheng

*Kaohsiung Veterans General Hospital,
Taiwan.*

Biography:

Ming-Fang Cheng hold an M.D. from the School of Medicine, China Medical University, Taiwan (1993). Following this, he completed his Pediatric Residency at Kaohsiung Veterans General Hospital (1999). He pursued research fellowships at the National Health Research Institute, Taipei (2001), Children's Hospital Boston, USA (2007), and Harvard University (2007). He progressed from Associate Professor to Professor at the School of Medicine, National Yang Ming University, Taiwan, achieving the latter position in 2023. His recent studies, published in notable journals, have concentrated on ESBL *E. coli* infection in diverse populations, encompassing children, adults, and the environment. His significant contributions include research on bacteremia, virulence genes, colonization, and distribution, resulting in over 70 publications and presentations.



Pediatrics 2023



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**SCIENTIFIC TRACKS
& ABSTRACTS**

Pediatric palliative care: Unraveling common myths, misconceptions and misunderstandings.

Palliative care is a specialized form of medical care intended for individuals with serious and potentially life threatening or life limiting illnesses/conditions and should be made available to patients based on their needs regardless of their expected prognosis. As exposure to palliative care in medical school and throughout postgraduate training remains fairly limited in most settings, palliative care remains to a degree shrouded in mystery for many. While there are commonalities to adult palliative care, there are also stark differences that exist in comparison to pediatric palliative care.

Pediatric palliative care is a very young subspecialty whose focus is to provide relief from “total” pain and burdensome symptoms. The multidisciplinary team’s goal is to improve the quality of life of both the child and their family through a holistic model of care. Care is aimed at anticipating, preventing and treating physical, emotional, psychological, social or spiritual suffering. Children and their families are supported to live as well as they can, for as long as they can, within the limits imposed by the illness/condition.

Due to lack of exposure, and the differences that exist between adult and pediatric palliative care services, it is not surprising that many misconceptions and misunderstandings exist regarding pediatric palliative care. This includes understanding eligibility criteria, role of the subspecialty team and how to manage symptoms at end of life including the ethical dilemmas that exist at end of life for pediatric palliative care providers.

This session will unravel the most common myths, misconceptions and misunderstandings that exist regarding pediatric palliative care. This includes understanding: 1) eligibility criteria 2) the aims of care 3) the differences between palliative and hospice care 4) how symptoms including pain are treated at end of life and 5) the role of narcotics including morphine and other medications at end of life.

Image

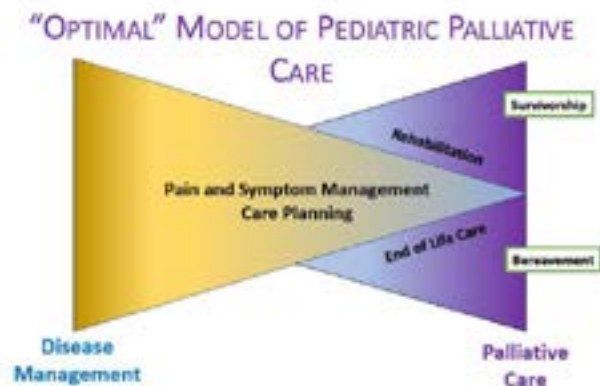


Figure 1: The bow tie model of 21st century palliative care (Adapted from Hawley PH).

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Pediatrics

August 10-11, 2023 | Webinar

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Biography:

Dr. Sarpal completed her MD and general pediatrics residency from University of Calgary in 2004 and 2008 respectively. In 2010 and 2011, she completed fellowships in pediatric critical care medicine and pediatric palliative care medicine. She is also an Erickson Certified Executive Coach, and a member of the International Coaching Federation. She is currently the program director for the pediatric critical care medicine postgraduate medicine fellowship training program at Sidra Medicine and an assistant professor at Weill Cornell Medicine-Qatar, Qatar. Her research/academic interests include medical education, end of life care in the intensive care unit, physician health and wellness and coaching in (and outside) medicine.

Amrita Sarpal

*Sidra Medicine and Weill Cornell
Medicine, Qatar.*

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Cecal volvulus diagnosed in a fetus: Case report

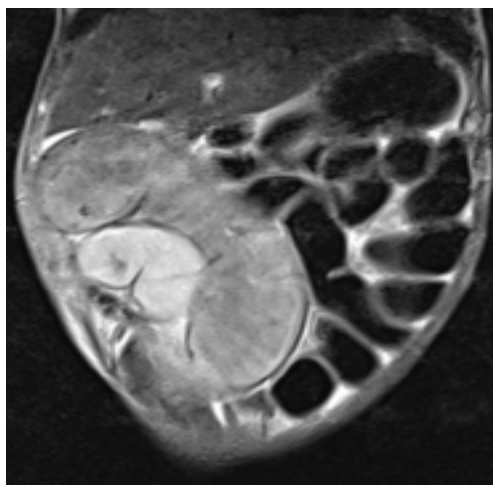
Introduction: Intestinal volvulus is a life-threatening condition, requiring urgent surgery and intervention. Furthermore, segmental volvulus is a rare and distinct entity particularly detected during the perinatal period not associated with malrotation. However, there was no previously published evidence of a cecal volvulus in a fetus.

Case: We report a case of a fetus diagnosed with cecal volvulus in utero. Initially, intestinal volvulus was first suggested during prenatal sonography. After delivery a thorough investigation, which included numerous tests such as: fluoroscopy, sonography and MRI, was conducted. Ultimately, the diagnosis was confirmed with magnetic resonance (MR) imaging and surgery. Literary review confirmed that segmental volvulus mostly involves the small intestine, that said, this case demonstrates that cecal volvulus could also occur in the womb.

Conclusion: The rarity and non-specific findings lead to a delayed diagnosis with high morbidity and mortality, thus highlighting the importance of reviewing the bowel on each prenatal imaging.

Keywords: Pediatrics, Neonatal and Pediatric surgery, Pediatric Radiology.

Images:



Biography:

Karina holds a B.Sc. in Medical Sciences and Doctor of Medicine, Summa Cum Laude, from Technion in Haifa, Israel. She has served as a Physician Assistant in both the E.R. and internal wards. Her roles in the IDF include Medical Center Commander and Unit Medical Officer at Nitzanim. She furthered her training as a Radiology resident at Assuta Ashdod Hospital. Noteworthy achievements include an oral presentation at the ISRA conference in 2019 and acceptance for presentation at the ECR conference in 2020.

Received: 06/02/2023; **Accepted:** 06/02/2023; **Published:** 08/22/2023

**Maria Candida Barisson
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University of Sao Paulo, Brazil

Retrospective analysis of prognostic factors in pediatric patients with adrenocortical tumor from unique tertiary center with long-term follow-up

Pediatric adrenocortical tumors (PACTs) represent rare causes of malignancies. However, the south/southeast regions of Brazil are known to have a high incidence of PACTs because of the founder effect associated with a germline pathogenic variant of tumor suppressor gene TP53. We aimed to retrospectively analyze the types of variables among hormone production, radiological imaging, tumor staging, histological and genetic features that were associated with the occurrence of malignancy in 95 patients (71% females) with PACTs from a unique center. The worst prognosis was associated with those aged > 3 years ($p < 0.05$), high serum levels of 11-desoxicortisol ($p < 0.001$), tumor weight ≥ 200 g ($p < 0.001$), tumor size ≥ 5 cm ($p < 0.05$), Weiss score ≥ 5 ($p < 0.05$), Wieneke index ≥ 3 ($p < 0.001$) and Ki67 $\geq 15\%$ ($p < 0.05$). Furthermore, patients with MacFarlane stage IV had an overall survival rate almost two times shorter than patients with other stages ($p < 0.001$). Additionally, the subtractions of BUB1B-PINK1 (< 6.95) expression ($p < 0.05$) and IGF-IR overexpression ($p = 0.0001$) were associated with malignant behavior. These results helped identify patients who are likely to have an aggressive course; further multicenter prospective studies are required to confirm our results. In conclusion, PACTs with these patterns of prognostic factors could be treated using an adjuvant approach that may improve the overall survival in such patients.

Keywords: pediatric adrenocortical tumor; prognostic factors; pediatric cancer; TP53

Biography:

Maria Candida is a Professor at the University of Sao Paulo, Brazil, where she also serves as the Head of the Adrenal Unit of the Discipline of Endocrinology and Metabolism at Hospital das Clínicas, Medical School, USP. Additionally, she holds the position of Assistant Physician and is the Principal Investigator for Adrenocortical Cancer Studies at the Cancer Institute of the State of São Paulo (ICESP). She actively conducts research as a member of the Laboratory of Hormones and Molecular Genetics (LIM42 – HC-FMUSP). Her exceptional contributions have been recognized with a CNPq Senior Research Productivity Scholarship.

Qualitative meta-synthesis: Exploring the experiences of pediatric nurses in communicating with children

Abstract:

Aim: Effective communication between nurses and children is crucial for delivering quality healthcare. Despite its significance, there is limited knowledge about the experiences of pediatric nurses in communicating with children. Therefore, this study aims to conduct a meta-synthesis review to explore the unique experiences of pediatric nurses in this aspect.

Method: We conducted a meta-synthesis review, following the outline proposed by Sandelowski, Barroso & Voils. Our search encompassed six electronic databases, namely PubMed, Scopus, EBSCO (MEDLINE), Web of Science, SAGE, and Wiley. The Primary keywords used were “nurse”, “child”, “communication”, and “qualitative”. We included qualitative articles in English within the field of **pediatric** nursing without any geographical or time constraints. Initially, 1980 records were identified which reduced to 1339 references after removing duplicates. Subsequently, we assessed 112 full-text articles for eligibility and 14 relevant studies were ultimately included in our review. Quality appraisal was conducted using the Critical Appraisal Skill Program checklist with no study being excluded based on quality criteria. Data were synthesized using the qualitative thematic analysis method.

Results: The data analysis yielded three themes and seven subthemes. These themes include: swinging between triadic and dyadic communication, applying a hybrid of communication methods, and influential factor in communication.

Conclusions: This study highlights the significance of establishing a balanced approach between dyadic communication (nurse and child) and triadic communication (nurse-parent-child) in pediatric care. **Pediatric** nurses emphasized the simultaneous use of verbal and non-verbal methods to enhance effective communication. Additionally, identifying the influential factors in communication can aid in developing and improving nurses' competency in communication skills within pediatric departments.

Implications: Understanding the communication process and the factors that influence it can be instrumental in equipping pediatric nurses with enhanced communication skills in their practice.

Keywords: Communication, Children, Nurse, Meta-synthesis, Qualitative research

Biography:

Raheleh is an assistance professor of nursing working as a faculty member in Necmettin Erbakan University, Konya, Turkey. She graduated from Shiraz University of Medical Sciences, Iran in 2014. She has more than 7 years' experience in nursing education and teaching. She wrote 7 books and published more than 25 articles in international journals



**Raheleh Sabetsarvestani,
Emine Geckil,**

Necmettin Erbakan University, Turkey

Social awareness and action to neutralize pneumonia successfully (SAANS) programme for prevention and cure of pneumonia in children in haryana

Abstract:

Pneumonia in children is an important cause of under 5 yr mortality accounting 12.9 percent of postnatal deaths and 3 percent of Neonatal deaths globally (Lancet Vol 7 June 2019). Infant Mortality rate is 27 in Haryana state as compared to national (India) where it is 32. To reduce the infant mortality rate and under 5 mortality rate National health mission has initiated a program called SAANS i.e. Social Awareness and Action to Neutralize pneumonia Successfully, in Hindi language it means BREATH. Childhood pneumonia is a lung infection caused by bacterial, viral or fungal infection. In pneumonia the air sacs (alveoli) of lungs are filled with pus and become solid and interferes with delivery of oxygen from air sacs to blood and removal of carbon dioxide from blood. Low Birth Weight, malnutrition, non-exclusive breastfeeding (during first 6 Month Of Life), indoor air pollution, lack of vaccination esp. measles, Hib, PCV and concomitant diseases like cleft palate, congenital heart diseases, asthma are the common risk factors that contribute to pneumonia. Pneumonia deaths are common in winter seasons and common in children of low socio-economic status. Exposure to household air pollution almost double the risk of pneumonia and contributes to 45% of all pneumonia deaths in under five children. As per NFHS IV data, in India 65% of the children suffering from ARI use unclean fuel source. Birth defects i.e. cleft palate, congenital heart diseases are important contributors for recurrent childhood pneumonia. Pneumonia is a respiratory infection that affects the lung. Pneumococcus is the leading causative agent of pneumonia.

Nearly 1 million child deaths occur worldwide from pneumonia, which otherwise is a preventable & treatable illness. Pneumonia (16%) is biggest infectious killers of children under 5yrs of age. Other major causes are Diarrhoea (9%), Malaria (5%), Meningitis (1%) and HIV/AIDS (1%).

Regarding burden of Childhood pneumonia, 300 lakh episode of pneumonia occur in a year in India and 5.2 lakh in Haryana, with incidence rate of 0.22 per child per year.

State wise under five deaths were estimated along with cause specific deaths using modeling for 2015.

- Estimated total number of under five children in Haryana – 2362519
- Estimated no of under 5 Deaths in Haryana – 22645
- Estimated no of Pneumonia Deaths in under five children – 3298
- In Neonatal period – 731
- In Post neonatal Period – 2567

So to reduce the number of deaths in children, goals were set for SAANS initiative to reduce the mortality due to childhood pneumonia to less than 3 per thousand live birth by 2025, which is 5.7 per thousand live birth at present. For this some objective has been

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Pediatrics

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defined which are:-

- To create awareness in community on interventions for protection and prevention of childhood pneumonia
- To increase care-givers awareness to enable them to identify pneumonia early
- Dispel myths and notions and trigger behavior change to take pneumonia seriously and seek care.

To achieve Goals for SAANS a PPT i.e, Protect, Prevent and Treat Strategy has been adopted.

Pediatric Nursing from LUMS ([Lahore University of Management Sciences](#)).

PROTECT:-

- Children by establishing good health practices from birth
- Exclusive breastfeeding for 6 months
- Adequate complimentary feeding
- Vit A supplementation
- Vaccines - Pertusis , measles , Hib , PCV and rotavirus.
- Hand washing with soaps
- Safe drinking water and sanitation
- Reduce household air pollution
- Improved care seeking and referral

PREVENT:-

- Children becoming ill from pneumonia and diarrhea

TREAT:-

- Children who are ill from pneumonia with appropriate treatment

Three Pronged Interventions for SAANS in Haryana has been established like

Demand side Interventions – SAANS Campaign, Supply Side Interventions – Strengthen Community and Facility based management of Childhood Pneumonia by Capacity building, ensuring supplies of equipment and medicines at all levels, and Innovations like Pneumococcal vaccine introduced by Haryana in 2018 and use of multimodal pulse oximeter for pneumonia detection.

The 'Social Awareness and Action to Neutralize Pneumonia Successfully' (SAANS) campaign has been launched with Comprehensive Communication plan, like Building an enabling environment for reducing Pneumonia morbidity and mortality, Advocacy with key stakeholders – for acceptance of Pneumonia campaign strategy and Social and Community Mobilization – for uptake of Prevent, Protect and Treat interventions

Children under five year of age are managed under 2 age groups – 0-59 days and 60 days – 5years, as clinical presentation assessment and treatment differs in 2 age groups. The Effective case management of pneumonia includes, early recognition of cases of pneumonia at community level, appropriate use of antibiotics against major cause of bacterial pneumonia, prompt referral of cases of severe pneumonia and providing pre referral treatment, providing good supportive care including appropriate and effective oxygen use in case of hypoxia, appropriate use of bronchodilators in children with wheeze at health facility and identification of conditions mimicking pneumonia for their rational therapy and recognition of cases that do not have pneumonia and do not requires antibiotics but may benefit from supportive care.

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Dr. Vijay Dahiya,

Ex. Civil Surgeon Yamunanagar, India

For capacity building, State level Training (TOT) :- 4 Batches (Each Batch of 30 participants, District level Training for 2 days for MO, Staff Nurses, Nursing Faculty (One batch /Per district), Sub-District Level Training One day for ASHA/ANM/LHVS/CHO (One batch /Per district has been organized).

Haryana has planned to make pulse oximeters available at all facilities – HWCs, PHCs, CHCs, SDH and DH. 1356 pulse oximeters has been procured. Appropriate antibiotics have been included in the Essential Drug List and an uninterrupted supply of appropriate antibiotics as per level of facility has been ensured.

Pneumococcal pneumonia causes 16% of all severe pneumonia episodes and 30% of pneumonia deaths in under five children. In a study, in Haryana, there were estimated 1413 deaths due to pneumococcal pneumonia in under five children in 2010.

So as an innovations Haryana state introduced Pneumococcal vaccine through state funds under Atal Jeevan Rakshak Teekakaran Yojna as part of Swaran Jayanti Yojna, and till January 2021, over 21.30 lakh doses have been administered to beneficiaries. Pneumococcal Vaccine (PCV) prevents disease and deaths due to Pneumococcus pneumonia in children.

Budgets has been earmarked for each subheads for all the Districts where this program has been launched in state of Haryana and results will be evaluated five years down the line to observe the fall in under five mortality and deaths due to pneumonia in children in Haryana

Conclusion: So 'Social Awareness and Action to Neutralise Pneumonia Successfully' (SAANS) campaign is a novel strategy that has been adopted by state of Haryana to reduce the childhood mortality from major cause pneumonia. The programme has been designed in scientific manner with capacity building of all level health facilities and active participation of all stake holders with community participation. Three pronged strategy has been implemented like protect, prevent and treat pneumonia with major innovations like introduction of pneumococcal vaccination to all beneficiaries and provision of pulse oximeters for detection of pneumonia. Results of the program will be evaluated 5 yrs down the line to determine whether the strategy is effective in achieving its specific goal of reducing mortality due to childhood pneumonia to less than 3 per thousand live birth by 2025, from 5.7 per thousand live birth at present.

Biography:

Dr Vijay Kumar Dahiya MBBS MD Pediatrics. He lives in Jagadhri Town of District Yamunanagar in Haryana (INDIA). He retired in February 2022 as District Medical Chief (civil surgeon Yamunanagar) after 29 years of service in Health Deptt Govt of Haryana. He had an inclination towards writing start from his early student days. He remained editor and chief editor of college magazine ROHMEDCOL of Medical College Rohtak. Many of his articles got published in national and international journals of repute. He had written two books and 2 brochures of information till date. His first book titled "Thalassemia and its management" has been published by Lambert Academic Publishing and it has been translated in more than 10 international languages. His second book titled "Stress during examination and ways to cope it up" has been published by spotwrite publications recently.

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Pediatrics 2023

Bookmark Dates

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February 22-23, 2024 | Zurich, Switzerland

<https://pediatrics.conferenceseries.com/>

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2: 24th World Congress on Pediatric Oncology and Nursing

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3: 23rd Annual World Congress on Neonatology

URL: <https://neonatal.conferenceseries.com/>

4: 16th World Congress on General Pediatrics & Adolescent
Medicine

URL: <https://generalpediatrics.conferenceseries.com/>

5: 9th Annual World Congress on Pediatric Nutrition, Gastroenterology and Child Development

URL: <https://pediatricgastroenterology.conferenceseries.com/>

