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### COVID-19 CHILD DEATHS

## INDONESIA SET TO HAVE WORLD'S HIGHEST RATE OF CHILD DEATHS FROM COVID-19



A security guard checks the body temperature of children at a temple amid new coronavirus outbreak in Bali, Indonesia. The country is set to have world's highest rate of child deaths from Covid-19. - AP

More than 300 children in Indonesia, including new born babies and those below the age of six, are believed to have died from Covid-19 (coronavirus), a phenomenon that could see the country having the world's highest rate of child deaths from the coronavirus.

This is the gloomy forecast of the Indonesian Pediatric Society (IDAI), which reported 51 child deaths since March 17, 2020 out of a total of 2,712 confirmed cases as of Monday (July 20, 2020). It pointed out that another 290 out of 7,633 young children suspected to have the disease might have died from the virus.

IDAI Chairman Dr. Aman Bakhti Pulungan said on Thursday (July 23, 2020) that Indonesia has

“recorded the greatest number of child deaths (from the virus) in Asean and even Asia”. “As the pandemic is not yet over, Indonesia will likely have the highest rate of child deaths from Covid-19 in the world,” he added, noting that no such deaths have been reported in neighbouring Singapore, Malaysia and Thailand.

Indonesian health officials blame the high number of child deaths from the virus, which mostly kills the elderly, on their underlying health conditions, like malnutrition, as well as poor health facilities.

IDAI said that 45 children who died from Covid-19 had such maladies as central nervous

*continued on page 2 ...*



## PRESIDENT'S MESSAGE



Distinguished fellow pediatricians,

We are already in the middle of 2020 and the pandemic has shown no sign of stopping. As doctors, we ought to stay vigilant to set a good example fighting the pandemic for people to look up to. With vaccines development still ongoing, we have to do our best to help slow down the

spread of this SARS-CoV-2. To do no harm is vital in this pandemic. Preventing this virus to spread even further as well as taking care of our own health while providing healthcare.

As pediatricians, it is our job to ensure the well-being of the children. This pandemic teaches us that the safest way to keep our children healthy is to make sure that they are staying at home. Keeping the children occupied with things that they love is necessary to maintain their mental health. It is not an easy task since children are prone to be bored easily but since keeping them at home is the best option to prevent our children from getting infected, we need to emphasize the importance of putting health priority first.

If going out with children becomes necessary, e.g. for scheduled or catch-up immunizations, we need to remind parents to do thorough cleaning as soon as they arrive at

home. Older children need to be taught to wash their hands after touching public surfaces and not to touch their eyes, nose, and mouth before washing their hands. Avoiding going out is still number one priority.

Working together is vital to get through this pandemic safe and sound. For academic purposes, it is a wise idea to keep track of the steps and precautions that we have taken during this pandemic. Data and publications are necessary for scientific research of battling this virus. Online courses and virtual meetings to exchange knowledge are encouraged while the pandemic still ongoing.

Aside of that, always remember to wear and discard your PPE properly since we will be in this for the long haul. Stress and burnout during pandemic are bound to happen since we should provide healthcare at work and childcare at home. Try to pick up new hobbies, eat as healthy as possible, sleep adequately and exercise regularly. Taking care of our own health is crucial at this moment, there should be no more pediatricians who get infected and sick because of SARS-CoV-2.

Keep healthy and stay safe everyone.

**Aman B Pulungan, MD, PhD, FAAP, FRCPI (Hon.)**  
**President of Asia Pacific Pediatric Association**



### COVID-19 CHILD DEATHS

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system infection, tuberculosis, gastrointestinal infection, acute malnutrition and dengue haemorrhagic fever.

#### 15-month-old Girl Died of Fever and Diarrhoea

Similarly, a 15-month-old girl died in Batam on May 23, a day after her mother took her to a hospital because she had fever and diarrhoea.

Tjetjep Yudiana, who heads the provincial health agency of the Riau Islands, told The Straits Times: "She was about to be tested but she died. She was underweight, so her immune system was weak."

Children make up almost one-third, or 83 million, of Indonesia's population of nearly 270 million.

Dr. Aman has suggested that children with symptoms such as diarrhoea and fever should be tested for the coronavirus.

Jasra Putra, a commissioner of Indonesian Child Protection Commission, has called on the country's health authorities to swab the children of parents being tested. "If their parents are tested, the children must also be tested," he said. Tests can also

help the government to map out the situation and generate health service policies in line with their needs, like distributing vitamins to boost children's immunity, he added.

Nahar, the deputy for child protection at the Women's Empowerment and Child Protection Ministry, said the government has been trying to increase testing across the country. "If many more people are tested, the infection to children can be prevented," added Nahar, who, like many Indonesians, goes by one name.

#### Another Concern

Another concern highlighted by Jasra is that more than half of the infected children contracted the disease from their parents. With the easing of social restrictions in many parts of the country, the chances are high that more children be stricken by Covid-19.

He said parents need to be educated about health protocols, like the wearing of masks, so that they do not become carriers, bringing the disease home to their children.

**- The Straits Times/Asian News Network, Jakarta, July 25, 2020**



# Study Reveals Kids Under 5 Carry 100 Times Greater Levels of Coronavirus

Children under the age of five have between 10 to 100 times greater levels of genetic material of the coronavirus in their noses compared to older children and adults, a study in *Jama Pediatrics* said Thursday (July 30, 2020).

Its authors wrote this meant that young children might be important drivers of Covid-19 transmission within communities - a suggestion at odds with the current prevailing narrative.



**A volunteer provides free face masks to children in Lalitpur, Nepal on Saturday. (AP pic)**

The paper comes as the administration of US President Donald Trump is pushing hard for schools and day care to reopen in order to kickstart the economy.

Between March 23 and April 27, 2020 researchers carried out nasal swab tests on 145 Chicago patients with mild to moderate illness within one week of symptom onset.

The patients were divided in three groups: 46 children younger than five-years-old, 51 children aged five to 17 years, and 48 adults aged 18 to 65 years.

The team, led by Dr. Taylor Heald-Sargent of the Ann & Robert H. Lurie Children's Hospital, observed "a 10-fold to 100-fold greater amount of SARS-CoV-2 in the upper respiratory tract of young children".

### **Recent Lab Study**

The authors added that a recent lab study had demonstrated that the more viral genetic material was present, the more infectious virus could be grown. It has also previously been shown that children with high viral loads of the Respiratory Syncytial Virus (RSV) are more likely to spread the disease.

"Thus, young children can potentially be important drivers of SARS-CoV-2 spread in the general population," the authors wrote.

"Behavioural habits of young children and close quarters in school and day care settings raise concern for SARS-CoV-2 amplification in this population as public health restrictions are eased," they concluded.

The new findings are at odds with the current view among health authorities that young children - who, it has been well established, are far less likely to fall seriously ill from the virus - don't spread it much to others either.

However, there has been fairly little research on the topic so far.

One recent study in South Korea found children aged 10 to 19 transmitted Covid-19 within households as much as adults, but children under nine transmitted the virus at lower rates.

**- AFP, Washington, July 31, 2020**



# NO COVID-19 DEATHS AMONG MALAYSIAN CHILDREN UNDER 12



**Bernama photo**

There have been 317 Covid-19 cases detected among children under 12 years old, says the Malaysian Health Ministry.

Health director-general Dr. Noor Hisham Abdullah said of the 317 cases, 112 cases were children below 4 years old and 22 cases were among babies under one year old.

Dr. Noor Hisham said apart from the elderly, children and babies are also in the high risk groups to be infected with Covid-19. "Children and babies have to be protected to ensure that they are not exposed to and infected with Covid-19," he said.

He also said young children are encouraged to wear face masks in public areas.

During the press conference, Dr. Noor Hisham said with Covid-19, there is the risk of children developing Kawasaki Syndrome where there is inflammation of the blood vessels. However, he noted that he has not seen such severe cases in children who have the virus in the country.

**- thestar.com.my, May 16, 2020**

"To date, there have been no deaths recorded among children under 12," he said during his daily briefing Saturday (May 16, 2020).



# “Thai Kids Paint Against COVID-19” Campaign

Coronavirus disease (COVID-19) has become the global health crisis and the greatest challenges to healthcare systems of our time. The deadly pandemic has reached Thailand and made it the first country outside China to confirm a case of the new coronavirus. Despite having increased numbers of cases rapidly early in the outbreak, Thailand has successfully contained Covid-19 and flattened its curve to near-zero up until now. This success story has been solely attributed to the cooperation from all sectors in abiding by the government’s measures including temporary closing of non-essential businesses and schools, work-from-home policy, digitalization adaptation, social distancing practice, domestic transmissions restriction, quarantine of high risk travelers in-and outbound.

The competition was divided into 6-10, 11-14 and 15-18 years-old groups respectively. Three distinguished judges were honored to the competition, including a renowned international artist, an art instructor from one of the country most famous Academy of Arts, and a painting-talented child Psychiatrist, RCPedT Board member.

On the 27<sup>th</sup> of June, RCPedT hosted the Award Ceremony, inviting winner, first and second runners-up and 5 honorable mention awards of each age group to join as special guests. Their parents were also welcomed to accompany their loved ones. The ceremony atmosphere was felt by all board members and participants. All eyes were on those Thai smart kids as they stepped up on stage joyfully receiving the award from President of Pediatric Society of Thailand, Prof. Dr. Somsak Lohlekha.



Winner from the category of 6-10 years-old



Winner from the category of 11-14 years-old



Winner from the category of 15-18 years-old

Campaigns of persuasion to good hygienic practices have been carried out countrywide not only by public health authorities but private sectors too and has easily gone viral. Much of the credit goes to the “spirit of togetherness” along with high hygienic conscious of Thai people that made them well-engaged to such initiatives. The clusters of habits, known as: eating hot food, using one’s own eating utensils, washing hands and wearing face masks, have been consciously embedded in Thais daily life individually and communally.

This campaign has gratefully reached its objectives, each of paintings represents how Thai kids think and feel towards this global crisis. Their perception, how this deadly virus attacks human-beings, how to stay away from Covid-19, how to apply the ‘New Normal’ into their lives and families, how safe they are at home with parents, and honorably, how trustful they feel to the healthcare providers as “heroes”, were expressed creatively through body of thoughts, lines and colors in their paintings.

School closure following country lockdown strategies is a government attempt to contain the spread of Covid-19 among children. While its benefit versus potential negative consequences is still debatable, the positive aspect of school closure along with parent’s staying at home could be drawn out. Initiative that promoting parents spending time with kids in more constructive way is of value.

Amazingly, most of the works have one conceptual framework in common to be proud of. Kids showed us their conscience of humanity in sharing social responsibility to the world by drawing such activities like, giving away foods to the poor, helping parents sewing face masks for donation, donating money or other essentials to public health services. Some paintings stunningly showed the unique prestige of Thai traditional culture that incorporating into home style, clothes and even living atmosphere.

The Royal College of Pediatricians of Thailand (RCPedT) and Pediatric Society of Thailand as a leading healthcare professional organization for pediatricians, is committed to promoting physical, mental, social and spiritual health of Thai children.

All 250 pieces of paintings are not RCPedT achievement but a success story of Thai kids’ potentials worth sharing publicly. Painting exhibition was held for a week after the ceremony at RCPedT’s office followed by posting permanently in RCPedT Facebook pages as a Gallery of Pride. Despite creating devastating effects to mankind, Covid-19 crisis does create new leaders, and our new leaders come from our children..... “Children are our greatest treasure. They are our future.” - Nelson Mandela

### Painting Covid-19 campaign

Turning crisis into opportunity, we therefore conducted a Painting campaign under the Theme **“Smart Kids Stay Home, Say “NO” to COVID, Safer the Families, Stronger the Nation”** from the May 1-31 , 2020. All children and adolescents aged 6-18 years old were invited. Delightfully, a total of 250 paintings from kids throughout the country submitted their paintings to this campaign.

- By Assoc. Prof. Pimol Wongsirdej, Chief, Social Activities, Pediatric Society of Thailand



## A TRIBUTE

# TRIBUTE TO THE LATE DR. YASMEEN AKBANI



Pakistan Pediatric Association lost a senior member, Dr. Yasmeen Akbani in an unfortunate PIA plane crash that happened on of May 22, 2020 at Jinnah International Airport in Karachi, Pakistan just 5 minutes before landing, in which 95 out of 97 passengers including 7 crew members lost their life.

Dr. Yasmeen has been a senior member of Pediatric community in Pakistan in the days when there were very few qualified pediatricians in the country. She has been affiliated with Pakistan Pediatric Association for almost half a century and had led PPA as member of executive committee of PPA Sindh, treasurer, Gen Secretary of Child Rights conference of 1998. Her work reflected dedication, sincerity, resilience and going all the way out to help children, parents, students, colleagues that she encountered in her professional life.

As child right advocate she strongly believed in Breast feeding, as a right of a newborn and always fought for discouraging the advertisement of infant formulas and sponsorship of physicians by pharma.

In addition everyone is aware of Yasmeen's voluntary contribution to NGOs like Child Aid, ACLP and HOPE, her zeal of social work involved distributing rations to needy during Ramzan. She attended Quran and Tafseer classes to understand Quran from Ulema and scholars and practiced it the most modest way.

### A Rare Human Being

Yasmeen was a rare human being with angelic smile on her face all the time. Her resilience, empathy and being helpful to others, especially poor children was extraordinary and her unique sense of humour and a very prominent laugh was light of every gathering where she was. Her ever smiling face, but at the same time very assertive and disciplinarian attitude when it came to

teaching, administration and clinical responsibilities were admired by her students and colleagues. She was an inspiration and mentor for many members of PPA.

Dr. Naeem, a senior member of child Rights committee of PPA gave credit of him pursuing career in CRC after attending 1998 conference of PPA on child Rights / abuse as an inspiration from Dr. Yasmeen. Personally my own journey in PPA was an encouragement from Dr. Yasmeen and I personally owe her this tribute. Yasmeen was a legend not ever to be forgotten by her colleagues, friends and students. She was resilient and super honest person and was able to succeed in her personal and professional life which is and was never easy for a woman physician. Mr. Jaleel, her spouse was has always been supportive and strength behind her success and participated fully in all activities of PPA along with Yasmeen.

Yasmeen never worked for name or fame, but for a cause and in a very diligent manner. She lived a full life and helped others by putting smile on their faces by her unique sense of humor. She has left her legacy for others to follow specially for woman physicians.

Her two accomplished children are very socially conscious young adults carrying further her legacy. R.I.P Dr. Yasmeen. You will be missed forever by Pakistan Pediatric Association.

*Mumtaz*

### Dr. Mumtaz Lakhani

Secretary General, PPA, Center

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**APPA sends our condolences to the families of Dr. Yasmeen Akbani & Prof. Dr. Dilshad Qureshi.  
May they be among the righteous. Aameen.**



## OBITUARY FROM PPA

# CONDOLENCES TO THE FAMILY OF THE LATE PROF. DR. DILSHAD QURESHI



Pakistan Pediatric Association (PPA) announces with extreme sadness the passing away of our beloved Prof. Dr. Dilshad Qureshi of sudden cardiac arrest on July 29, 2020.

Professor Dilshad was Head of the Department of Pediatrics at Bolan Medical college in Quetta Balochistan. In addition she was also President of Pakistan Pediatric Association Balochistan Branch for 2018 to 2020 and Chairman of Neonatal group of PPA.

There are no words to describe the grief and sense of loss of every member of PPA at her sudden demise.

She was an intelligent but very soft spoken bright leader of Pediatrics in Balochistan, a province which is struggling to develop in all areas including the health of children. Reaching at

highest ladder in a gender sensitive, patriarchal society of Balochistan is insurmountable task for a woman.

She was a sincere, dedicated pediatrician always struggling to improve the health of the children in Balochistan, a teacher, examiner and mentor to so many students and postgraduate students.

She will be very much missed by PPA for long time to come for her dedicated services to children of Pakistan in general and Balochistan in Particular.

### Prof. Dr. Mumtaz Lakhani

Secretary General, PPA, Center



# FACE MASKS LESS SUITABLE FOR CHILDREN AGED FIVE AND BELOW - SENIOR CONSULTANT PAEDIATRICIAN



**BERNAMA photo**

The use of face masks among children aged five and below while attending classes is discouraged as it can pose a safety risk, says Malaysian senior consultant paediatrician, Dr. Amar Singh HSS.

Dr. Amar Singh, a former Paediatric Department head at a government hospital in western Perak state said that children at that age, especially those who could not speak fluently or had health problems such as asthma, may have difficulty with wearing masks for a long period of time.

“The question is, can these young children wear face masks for a long period while in the classroom? They may be able to wear a face mask temporarily.” Children with health problems such as asthma or heart disease are not recommended to wear a face mask for an extended period of time as there is a fear that they will experience shortness of breath. It is more worrying if they are not yet good in communicating their

problems”, he told BERNAMA (Malaysian National News Agency) recently.

He was commenting on the rules stipulated by several childcare centres and kindergartens which required all children to wear masks during the school session that would begin this Wednesday (July 1) after the closure since March 18, 2020 following the implementation of the Movement Control Order.

According to Dr. Amar Singh, who is also National Early Childhood Intervention Council (NECIC) advisor, the use of face shields would be more appropriate for children who could understand and follow the instructions.

“This (face shield) is not as good as the face mask, but it is not distracting, it is easy to breathe and the teacher can see the children face”, he said, adding that teachers also need to use the device regularly to prevent saliva drops touching the students.

- **Malaysian National News Agency (BERNAMA), June 29, 2020**

**Meanwhile, Malaysian Director General of Health Dr. Noor Hisham Abdullah said that face masks should not be worn by children below the age of two.**

- **astroawani.com, August 1, 2020**

## MASKS TOO DANGEROUS FOR CHILDREN UNDER TWO, JAPAN MEDICAL GROUP SAYS

Children under the age of two shouldn't wear masks because they can make breathing difficult and increase the risk of choking, a Japan medical group said, launching an urgent appeal to parents as the country reopens from the coronavirus crisis.

To prevent the virus spread, health experts worldwide are recommending people wear masks when it is difficult to maintain social distancing as countries loosen restrictions following coronavirus shutdowns.

But the Japan Pediatric Association (JPA) has warned parents that masks are too risky for infants.

“Masks can make breathing difficult because infants have narrow air passages,” which increases the burden on their hearts, the association said, adding that masks also raise the risk of heat stroke for them.

“Let's stop the use of masks for children under 2-years-old,” the association said in a notice on its website.

It said that so far there were very few serious coronavirus cases among children and that most kids became infected from family members, with almost no outbreaks at schools or day care facilities.

The U.S. Centers for Disease Control (CDC) and the American Academy of Pediatrics also say children under the age of two should not wear cloth face coverings.

- **Reuters, May 26, 2020**





WHO COVAX

# WHO

## URGES COUNTRIES TO SUPPORT 'COVAX' VACCINE SCHEME

The World Health Organization's (WHO) chief scientist said on Thursday (July 30, 2020) that any country that supports the COVAX financing initiative has a better chance of getting a successful COVID-19 vaccine.

Soumya Swaminathan told a news briefing in Geneva that the more countries that joined COVAX, a scheme designed to guarantee fast and equitable access globally to COVID-19 vaccines, the greater its chances of success. More than 75 countries have expressed an interest in joining COVAX, which is co-led by the GAVI vaccines alliance, the WHO and the CEPI



World Health Organization

Coalition for Epidemic Preparedness Innovations. Its aim is to deliver 2 billion doses of effective, approved COVID-19 vaccines by the end of 2021.

Some global health agencies are concerned about wealthier countries going it alone in the race for a coronavirus vaccine, striking deals with drugmakers to secure millions of doses of promising candidates for their own citizens.

- Reuters, Geneva, July 30, 2020

**Note**

As of August 3, 2020, there were 18,011,763 cases of Covid-19 worldwide with 687,941 deaths.



COVID-19 VACCINE

## Vaccine Shows Potential in Human Trials

A COVID-19 vaccine developed by German biotech firm BioNTech and US pharmaceutical giant Pfizer has shown potential and was found to be well tolerated in early-stage human trials. The drug is one of 17 being tested on humans in a frantic global race to find a vaccine the world is counting on to end a pandemic that has infected 10.5 million people and killed more than half a million so far.



The potential treatment is the fourth early-stage Covid-19 drug to show promise in human testing, along with projects involving Moderna, CanSino Biologics and Inovio Pharmaceuticals. BioNTech said testing of two dosages of its BNT162b1 drug on 24 healthy volunteers showed that after 28 days they had developed higher levels of Covid-19 antibodies than typically seen in infected people.

The higher of the two doses - both administered via two injections within three weeks of one another - was followed by a short fever in three out of four participants after the second shot. A third dosage, tested at a higher concentration in a separate group, was not repeated after the first shot because of injection pain.

"These first trial results show that the vaccine yields immune activity and causes a strong immune response," said BioNTech's co-founder and Chief Executive Officer Ugur Sahin. He said larger trials were being prepared to show whether this translates into protection against a real infection.

No Covid-19 vaccine has been approved for commercial use. A Massachusetts Institute of Technology analysis last year found that about one in three vaccines in the first stage of testing later gains approval.

BioNTech said the data demonstrated that BNT162b1 could be administered in a dose that was well tolerated with only temporary side effects. Early-stage human trials of vaccines are designed to measure certain antibodies and other immune markers in the blood as an indicator of the body's readiness to fight an infection that then requires further validation.

The pharmaceutical industry is eager to launch larger follow-up trials to see how vaccinated participants react to real infections over longer periods. BioNTech and Pfizer will now pick the most promising of four experimental vaccines for a trial involving up to 30,000 healthy participants, which is likely to begin in the United States and Europe in late July, if it gets the regulatory green light.

If it eventually gets marketing approval, the companies are gearing up to make up to 100 million doses by the end of 2020 and another 1.2 billion doses by the end of 2021 at sites in Germany and the United States.

Results from early-stage testing of BioNTech's three other potential vaccines have yet to be published. The manuscript with the preliminary data from the clinical trials, which were launched in April and May, is under peer review for publication in a scientific journal.

- Reuters, July 2, 2020



# COVID-19 SHORT PEDIATRIC GUIDANCE FOR HOSPITALS



### Role of Hospitals in Facing COVID-19 Pandemic

Available global data suggests that incidence, in less than 18 years old, is 1-2%.<sup>1</sup> Majority of the Children are either asymptomatic or have a mild illness. Children are less likely to spread, however asymptomatic transmission from adults is a real danger. Hospitals should have a policy of allowing one parent/caregiver to enter at the main gate. Hospitals should make available sanitizers / hand washing facilities in all areas. Hospital policy: Masks not to be allowed to dangle around the neck after or between each use. At the main entrance there should be a tent for waiting (social distancing arrangement) and screening clinic for all those children with fever & cough/difficult breathing. Those suspected of COVID-19 should have a separate one way passage towards COVID-19 clinic, Isolation

### Screening Criteria at First level Fever Clinic / Tent at entrance<sup>2</sup>

**See all children with fever & cough/breathing difficulty**  
If any **danger sign** (see below) or any one of the following present then refer with mask to designated COVID-19 Clinic  
1. Fast breathing\* and/or Chest indrawing / breathing difficulty  
2. Residence or in contact with a patient from an outbreak locality  
3. Contact (Face to face at < 2m for > 15 minutes<sup>3</sup>) with a confirmed case of COVID-19 (2 & 3 above, within last 14 days)  
4. Disease Clustering: Two or more cases with fever and cough/difficult breathing from one home, office, shop etc  
All other children: Give a referral note to say screened and refer to routine OPD or A&E, with proper counseling & preferably with mask.  
  
\*Fast breathing (60 breaths per minutes or more: up to 2 months, 50 breaths per minutes or more: 2 months up to 12 months, 40 breaths per minutes or more-12 months up to 5 years)

### Assessment at COVID-19 clinic / Admission Criteria<sup>2</sup>

If other causes for the following conditions can't be excluded then admit to COVID-19 area.  
**When in doubt, seek guidance from senior consultant on duty.**  
URTI with severe chronic illness (primary or secondary immunodeficiency, cardio-pulmonary disease etc)  
Pneumonia with chest indrawing & O<sub>2</sub>Saturation < 93% at room air (HDU cubicle)  
Pneumonia with Fast breathing with suggestive CXR, Lymphopenia N:L ratio > 3.3, Raised CRP (HDU cubicle)  
Admit in ICU if any **danger sign**\* present: O<sub>2</sub>Saturation < 93% at room air, Altered mental state, Convulsions, Persistent vomiting, Severe dehydration, Cyanosis, Septicemia, Shock.  
All other cases may be sent for home isolation\* with appropriate advice and follow up instructions OR be referred to routine pediatric service for non-COVID-19 hospital admission.  
  
\*Home Isolation<sup>5</sup>  
Child can isolate at home with other family members, Child must not leave home, No visitors should be allowed, Strict isolation for 7 days.

### Keep high index of suspicion for common Non COVID-19 emergencies

Acute severe Asthma, Severe croup, Foreign body inhalation, Pneumothorax.  
Cardiac failure in the setting of CHD, Viral Myocarditis may be difficult to differentiate.  
Meningitis/Encephalitis, Cerebral Malaria, Diabetic Ketoacidosis, Hepatic coma, Renal Failure.  
Metabolic acidosis in a child with known inborn error.

### Laboratory Investigations<sup>5,6</sup>

(Observe strict isolation precautions while taking samples)  
RT-PCR for COVID-19 on a nasopharyngeal specimen in all admitted suspected cases.  
(Bronchoalveolar lavage in ventilated children)  
CBC (N:L ratio > 3.13), ESR/CRP.  
Chest X-ray  
Electrolytes, BUN, serum creatinine, Liver function tests (as per indication)  
  
(Additional investigations depending on clinical condition and availability)  
d-Dimers, LDH, Lactate, Ferritin, Procalcitonin, Interleukin-6, ECG, Cardiac enzymes. Echocardiography. Blood cultures and any other relevant cultures CT Scan chest

### Management Principles<sup>5</sup>

Suspected COVID-19 cases must be isolated in a single cubicle.  
One attendant will stay isolated with the child till discharge.  
Confirmed cases can be put together in one ward with 2 m separation between beds.  
Treatment is mainly supportive.  
Oxygen to keep O<sub>2</sub>Saturation > 93% at room air  
Oseltamivir, if H1N1 suspected.  
Nursing in prone position helps improve Oxygenation.  
Fluid restriction advised.  
Avoid NSAIDs and steroids.  
Broad spectrum antibiotics if secondary infection suspected.  
Aerosol generating procedures (HFNO, suctioning, nebulization, performing NPAs) should be avoided unless absolutely essential and perform in isolated cubicle or ideally negative pressure room.  
Waste should be managed appropriately.  
Terminal cleaning of room with chlorine  
  
**Investigational drugs in severe cases**  
Remdesivir, Lopinavir/ritonavir (LPV/r), IVIG, Plasma therapy, Methylprednisolone, Azithromycin, Hydroxychloroquine Tocilizumab, Anti-coagulation therapy  
  
Hydroxychloroquine/Chloroquine (Ongoing trials have not confirmed the initial promise of efficacy of antimalarials in COVID-19. Hence it is not recommended at present)  
Avoid Azithromycin without rationale and avoid in combination with HCQ/Chloroquine (reports of cardiotoxicity)

### Multisystem inflammatory syndrome in children<sup>7</sup>

Consider this syndrome in children with features of typical or atypical Kawasaki disease or toxic shock syndrome. Children 0-19 years of age with fever > 3 days AND two of the following:  
a) Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet).  
b) Hypotension or shock.  
c) Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated Troponin/NT-proBNP).  
d) Evidence of coagulopathy (by PT, PTT, elevated d-Dimers).  
e) Acute gastrointestinal problems (diarrhoea, vomiting, or abdominal pain).  
**AND**  
Elevated markers of inflammation such as ESR, C-reactive protein, or procalcitonin.  
**AND**  
No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.  
**AND**  
Evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely contact with patients with COVID-19.

### Newborn with suspected COVID-19<sup>5,8,9</sup>

Any newborn, born to the mothers with a history of COVID 2019 infection between 14 days before delivery and 28 days after delivery, or the newborns directly exposed to those infected with COVID-19.  
**Management**  
Full PPE protection (Level 1) for newborn resuscitation & AGPs, for baby of "suspected" or "confirmed" COVID-19 mother. PPE level 2 or 3 as per risk assessment. Avoid neonatal admission if safe and possible. Asymptomatic COVID-19 positive infants are unlikely to transmit the virus, providing everyone adheres to basic hygiene measures.  
**1. Mother COVID-19 Suspected and well**  
a. **Infant well:** Admit with mother in isolation room with routine newborn monitoring & care. Mother to wear fluid resistant surgical mask, practice hand hygiene and all other Infection Prevention & Control precautions. Trace mother result. If negative, No further action. And aim for early discharge.  
b. **Infant symptomatic:** Admit to isolation cubicle in Neonatal unit. Management is mainly supportive, in incubator, as per standard neonatal guidelines. Collect oro/nasopharyngeal swab at 24 hours. Parents are not allowed to visit till their COVID-19 status is clear.  
**2. Mother COVID-19 Positive & well**  
a. **Infant well:** Current guidance is that well babies of COVID-19 positive mothers should only be routinely tested if unwell.  
b. **Infant COVID-19 positive & Symptomatic:** As in 1.b above. Collect oro/nasopharyngeal swab every 48-72 hours until negative. Minimize routine investigations, if possible. Infant should be kept in incubator for 14 days. COVID-19 suspected or confirmed mothers should not visit NICU until negative and symptom free.

### Breastfeeding<sup>8</sup> & Immunization

Support mothers with COVID-19 to hold her newborn to practice **skin to skin contact & breast feed** while rooming in (where possible) with mother wearing fluid resistant surgical mask, hand hygiene and all other Infection Prevention & Control precautions.  
Encourage breastfeeding through supporting mothers to express milk (EBM). Mothers should have a designated breast pump for exclusive use under strict local infection control policies.  
BCG, Hepatitis B and Polio vaccination as per standard EPI guidelines

### Discharge Criteria for older children<sup>4</sup>

Once symptoms resolve or after 7 days, whichever is later. Cough may persist longer but there should be no breathing difficulty **Plus** two negative RT-PCR for COVID-19, 24 hours apart.

### Personal Protective Equipment (PPEs)<sup>10</sup>

**1. ICU/HDU: Aerosol Generating Procedures\* (AGPs):** N99 respirator mask, Gloves, Long sleeved gown, Goggles & Visor.  
**2. Confirmed COVID-19: HDU/ward: If no AGPs:** N95 mask. Gloves, Long sleeved gown, Goggles & Visor (If < 2 m).  
**3. COVID-19 Assessment Clinic:** Fluid resistant surgical mask/N95 mask: Sessional use. Disposable apron: Sessional use; if no direct contact. Single use disposable gloves or preferably hand wash below elbow/sanitize in between patients. Eyes protection depending on risk.  
**4. First level Fever clinic:** As above.  
**5. Visiting / ward round suspected COVID-19 case in a cubicle:** Single use Fluid resistant surgical mask/N95 mask, gloves, disposable apron. Eyes protection depending on risk.  
**\*AGPs:** High flow humidified Oxygen > 35%, High Flow nasal Oxygen (HFNO), Nebulization, Intubation, Newborn resuscitation, NIV, Airway / ET tube suction, Throat examination, Bronchoscopy

### General OPD Guidelines<sup>5</sup>

**Waiting area:** Keep sanitizer at entrance. Avoid overcrowding. Must be well ventilated. Allow only one parent/caregiver. Keep at least 2 m distance from each other. If possible avoid facing each other.  
**Consultation:** All should wear surgical masks. Doctor to use same mask & disposable apron for the whole session. Avoid child's direct contact with the apron. Wear gloves for single use only. Otherwise wash hands below elbow/sanitize, in between physical examination. Sanitize Diaphragm of stethoscope after each use. Keep desk top free of clutter. Be mindful of other potential sources of cross infection e.g. Pen, Cell phone, tendon hammer, torch, Patient file, chair arms etc.  
**Avoid routine throat examination**  
**Do not use nebulizer in clinic**  
**Use inhaler with Mask/spacers.**

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Scope of this guidance is for quick reference and has been kept as single page. For more detail information Please consult "Guidelines for the Management of COVID-19 in children, A consensus document" by Ministry of Health services, Regulations & Coordination, Islamabad



# “Stressing on Child Health and Survival, Continuing of Immunization and Country Experiences During COVID-19 Pandemic”



Group photo before the webinar

Continuing last year activity, Asia Regional Learning Collaborative that was initiated by the American Academy of Pediatrics (AAP) that consists of Indonesian Pediatric Society (IPS), Bangladesh Pediatric Association (BPA), Pakistan Pediatric Association (PPA), Philippine Pediatric Society Inc. (PPS), and Nepal Pediatric Society (NEPAS) held a webinar via Zoom on the 12<sup>th</sup> of July 2020. The webinar drew more than 500 participants and was also broadcast live on Facebook that reached almost 6000 people and being watched by nearly 2000 viewers.

The discussions varied from the roles of the society during the pandemic, clinical management, PPE shortage, up into catch-up immunization. The President of Indonesian Pediatric Society as

well as the Asia Pacific Pediatric Association, Dr. Aman B. Pulungan chaired the session and was followed by a presentation from each country.

A tribute to the late Dr. Salvachion ‘Sally’ Gatchalian was also included on the opening remarks since she was one of the original members of the Asia Regional Learning Collaborative. BPA was represented by its President, Prof. Manzoor Hussain, while Prof. Ejaz Khan spoke on behalf of PPA. PPS was represented by Dr. Fatima Gimenez and Dr. Binod Lal Bajracharya presented Sharing Experience of COVID-19 from Nepal. This session was closed by Prof. Hartono Gunardi’s presentation from IPS.

Then the panelists consisting of Prof. Gohar Rehman (PPA), Prof. Mohd. Zahid Hussain and Dr. Mohammad Abu Tayab (BPA), Dr. Smriti Mathema (Nepas) and Dr. Nina Dwi Putri (IPS) gave their remarks. Dr. Joselyn Eusebio on behalf of the PPS gave her heartfelt congratulation for the collaboration.

- **Dr. Ayu Utami, Assistant to APPA President, Dr. Aman B. Pulungan.**



## IPS 66<sup>th</sup> Anniversary



This year, the Indonesian Pediatric Society (IPS) celebrated its 66<sup>th</sup> anniversary. There were several events that were held to commemorate the anniversary: online symposium with several IPS chapters, webinars with speakers from the Asia Pacific region. The main event was on the 14<sup>th</sup> of June.



**Dr. Aman B. Pulungan, MD, PhD, FAAP, FRCPI (Hon)** opened the webinar with recommendations for government regarding school regulations during pandemic

ceremony attended by more than 2,000 members. Various professional societies, public figures, and officials sent their congratulations, and the program was filled with ceremonial singing of Indonesia Raya, the national anthem, and IPS hymn, as well as lectures from professors, Presidents of IPS, and the Chairman of Indonesian College of Pediatrics.

IPS too held a webinar with various speakers from the Asia Pacific region about Managing COVID-19. The webinar was held on 2<sup>nd</sup> of July and it drew almost a thousand participants and reached up to 7000 people in Facebook Live which 3000 of them watched online.

Below are photos of several speakers from Asia Pacific on the topic: Managing COVID-19 in Children: Sharing Experiences:

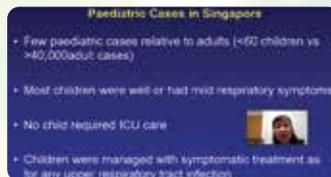
The webinar was closed by the moderator, Catharine Mayung Sambo, MD

The main webinar celebrating IPS anniversary was on June 14, 2020. Attendees varied from Head of IPS chapters, past president of IPS, current officers of IPS and IPS members.

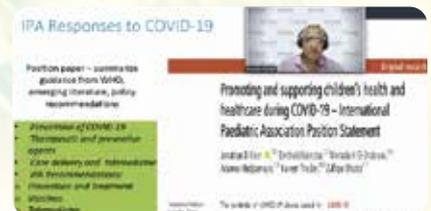
- **Dr. Ayu Utami, Assistant to APPA President, Dr. Aman B. Pulungan**



**Dr. Hung Liang Choo, President of Malaysian Paediatric Association and also the Deputy Secretary General of APPA**



**Assoc. Prof. Anne Goh, President of Singapore Pediatric Society**



**Dr. Naveen Thacker, Immediate Past President of APPA. As Executive Director of IPA, he delivered a presentation about IPA Experiences and Guidelines for COVID-19**



# 2020 Vision: New Horizons in Newborn Medicine

The Philippine Society of Newborn Medicine (PSNBm) held its 14<sup>th</sup> Annual Meeting and 5<sup>th</sup> International Conference on January 20-21, 2020 in Panglao Bohol, the friendly heart of the Visayas. The PSNBm worked hand in hand with the Philippine Pediatric Society Central Visayas Chapter and the Bohol Child Health Care Advocates to especially prepare this conference with the theme "2020 Vision: New Horizons in Newborn Medicine" as part of our dedication to holistic perinatal and neonatal care.



The hard-working 2020 Organizing Committee was led by PSNBm President and Honorary Convention Chair Dr. Belen Amparo E. Velasco, together with Overall Convention Co-Chairs Dr. Resti Ma. M. Bautista and Dr. Mutya Kismet T. Macuno. The conference provided a focused discussion on emerging issues in neonatology, a critical review of standards of care in neonatal and perinatal medicine, and an overview of novel strategies for improving newborn outcomes.

Seven international speakers contributed their expertise to the various plenaries and symposia: Professor Enrique M. Ostrea, Jr. (Wayne State University, USA), Dr. Jacob Aranda, PhD (State University of New York Downstate Medical Center), Dr. Winston Manimtim (Children's Mercy Hospital, USA), Dr. Rowena Cayabyab (University of Southern California), Dr. Neil Joseph Alviedo (University of Florida), Dr. Vivien L. Yap (Weill Cornell Medical College, USA) and Dr. James McTavish, FMVD (University of Cambridge). A host of distinguished local speakers also graced the conference. These included leaders of professional societies such as Ms. Corazon L. Paras, RM, BCHS (President, IMAP - Integrated Midwives Association of the Philippines), Ms. Balbina M. Borneo, RM, RN, MAN (President, MCNAP - Maternal and Child Nurses Association of the Philippines), Dr. Monina Cristina S. Cabral (PPS Central Visayas Chapter President), our dearly beloved late PPS President Dr. Salvacion R. Gatchalian.

The convention was a great success despite being sandwiched between two disasters: the eruption of Taal Volcano, which brought about major disruptions in international and local travel, and the first wave of news of the mysterious epidemic brewing in mainland China. We are thankful for the chance to gather as a vibrant community of advocates for the health of newborns. And we hope to stand together once again someday on the scenic shores of beautiful Panglao Island.

**- By Resti Ma. M. Bautista, MD, FPPS, FPSNBm**



## Addressing the Challenges: Practical I.D. Solutions in Pediatrics

The Pediatric Infectious Disease Society (PIDS) of the Philippines, a subspecialty organization of the Philippine Pediatric Society (PPS), traditionally holds its Annual Convention during the third week of February (February 19-20, 2020).

Committed to being the leaders who provide relevant and timely education in the field of infectious diseases, the Organizing Committee under the leadership of Dr. Edna Mallorca, Dr. Mary Antonette Madrid and Dr. Eva Dizon as Scientific Chair, together with the Board of Trustees had to make the ultimate decision to push through with the event despite growing concerns of Covid-19. As of February 20, 2020 there were still no reported cases of local transmission and information on the SARS-CoV-2 was sparse. On hindsight, knowing now the far-reaching complications of the virus, we were extremely fortunate to have accomplished our objective.

The Philippines was reeling from the return of measles and polio and the Keynote Address given by Dr. Rabindra R. Abeyesinghe, our World Health Organization (WHO) representative, gave a clear picture of the regional and global perspective with regard to vaccine preventable diseases. Dr. Anna Ong-Lim, President of

PIDSP, complemented his talk with emphasis on polio which figured prominently amongst the infectious disease highlights of the past year.

The rest of the programme showcased updates on the approach to the diagnosis and management of MDRO's, Multidrug Resistant Tuberculosis, HIV, Diarrhea, Prolonged Fever and Sexually Transmitted Infections in Neonates and Dengue. Current concerns on Antimicrobial stewardship, AFP surveillance and Infection control were likewise discussed. Not to be missed, being strong advocates, were topics on immunization amongst special groups, vaccine scheduling and safety.

Preparing for every annual convention is challenging but worth the effort. Based on the substantial number of attendees who participate annually, and the positive and encouraging feedback from the medical community, the Society stays inspired and committed in leading the fight against childhood infectious diseases.

**- By Fatima Gimenez, MD, FPPS, FPIDSP  
Vice-President 2020-2022**



2020 PIDSP Convention



## CHILD OBESITY

# Brunei Records Highest Child Obesity Rate in South East Asia Region

There has been an alarming trend in the eating habits of Bruneian school children, with an annual one per cent increase in obesity rates among them.

Brunei has also the highest prevalence of obesity among youth. According to a United Nations Children's Fund (UNICEF) survey, 14.1 per cent of Bruneian children aged between five and 19 are obese - the highest in Southeast Asia. Figures based on the findings by the Ministry of Health (MOH) reveal that one out of five children in Brunei is obese, while three out of 10 are overweight.

The latest Global Nutrition Report 2020 stated that Brunei Darussalam is on course to meet the global target for female diabetes, but is off course to meet the targets for anaemia in women of reproductive age, low birth weight, male diabetes, male obesity and female obesity.

The report also said the sultanate is 'burdened' with citizens experiencing one form of malnutrition - being overweight.

The contributing factors leading to obesity problems can be divided into four main factors: food, physical activity, environment, genetics and other factors such as disease, stress and medicine.

- Borneo Bulletin / Asian News Network, June 26, 2020



Photo from Borneo Bulletin / Asian News Network



## INTERNATIONAL PAEDIATRIC EVENTS

### ANNOUNCEMENT:

Owing to the COVID-19 pandemic and travel restrictions, conferences in many countries have either been re-scheduled, postponed to 2021, cancelled or will be held as scheduled. Please confirm with organisers.

### JAPAN

**13<sup>th</sup> World Pediatric Congress (WPC)**  
Theme: Latest Research Awareness in the Field of Pediatrics  
Date: September 14-15, 2020 Venue: Tokyo, Japan  
E-mail: pediatriccongress@globalconferences.net  
**(13<sup>th</sup> WPC will be conducted as scheduled)**

2020

### MYANMAR

**Myanmar Pediatric Conference**  
Date: September 19-20, 2020 Venue: Yangon, Myanmar  
E-mail: Prof. Kyaw Linn - linkyaw.neuro@gmail.com  
**(Conference have been cancelled)**

### INDONESIA

**National Congress of Child Health of Indonesian Pediatric Society**  
Date: September 25-30, 2020 Venue: Medan, Indonesia  
E-mail: idaisci@idai.or.id  
**(Postponed until further notice)**

### VIETNAM

**The 17<sup>th</sup> ASEAN Pediatric Federation Congress (APFC) 2020 & The 23<sup>rd</sup> Annual Congress of Vietnam Pediatric Association (VPA)**  
Theme: 'Assuring Equal Access To Quality Healthcare Services For All Children.'  
Hosted by the: Vietnam Pediatric Association (VPA)  
Date: October 14-17, 2020 Venue: Hanoi, Vietnam  
E-mail: secretariats.apfc2020@gmail.com  
**(Postponed till October 2022)**

### PAKISTAN

**PPA 25<sup>th</sup> Biennial International Pediatric Conference (BIPC) 2020**  
Theme: Moving Towards Better Child Health  
Date: October 23-25, 2020 Venue: Serena Hotel, Quetta, Pakistan  
Website: www.ppa.org.pk  
**(Now will be held as 3D Virtual Conference from November 27-28, 2020)**

### THAILAND

**Annual Pediatric Meeting of Pediatric Society of Thailand**  
Date: October 23-25, 2020  
Venue: Dusit Resort, Pattaya, Chonburi, Thailand  
Website: www.thaipediatics.org  
**(Latest event to be uploaded)**

### SOUTH KOREA

**10<sup>th</sup> Asian Congress of Pediatric Infectious Diseases (ACPID)**  
Date: October 28-30, 2020 Venue: Seoul, South Korea  
Website: www.acpid2020.org  
**(The Congress will be on as scheduled)**

### SINGAPORE

**Wong Hock Boon Paediatric Masterclass Webinar 2020: Pearls In Paediatrics**  
Date: October 31, 2020 Time: 2pm-5.30pm  
Visit: <https://bit.ly/31mfyUq> for registration fees and programme details  
E-mail: ktpnucmi\_nuhkids@nuhs.edu.sg  
**(New Webinar event)**

### NEW ZEALAND

**72<sup>nd</sup> Annual Scientific Meeting of the Paediatric Society of New Zealand**  
Date: November 11-13, 2020 Venue: Rotarua, New Zealand  
Website: [www.paediatrics.org.nz](http://www.paediatrics.org.nz)  
**(Postponed to November 2-5, 2021 in Rotorua)**

### MALAYSIA

**11<sup>th</sup> Asia Pacific Paediatric Endocrine Society (APPES) Biennial Scientific Meeting in conjunction with the 42<sup>nd</sup> Annual Conference of the Malaysian Paediatric Association (MPA)**  
Theme: "Towards Best Practices in Paediatric Endocrine Disorders & Diabetes."  
Date: November 18-21, 2020  
Venue: Kuala Lumpur Convention Centre (KLCC), Kuala Lumpur, Malaysia  
E-mail: secretariat@appes2020.org  
Website: [jspe.umin.jp/kanren/files/APPES2020.pdf](http://jspe.umin.jp/kanren/files/APPES2020.pdf)  
Tel: 603-7931 2131 Fax: 603-7932 2132  
**(Postponed to November 25-28, 2021, KLCC, Kuala Lumpur)**

### PHILIPPINE

**Philippine Pediatric Society Annual Convention**  
Theme: "Glocalizing Pediatric Evidences and Practices from a Virtual Platform"  
Date: November 23-25, 2020  
**(To be held on a virtual platform)**

### EGYPT

**12<sup>th</sup> ISTP of International Society of Tropical Pediatrics (ISTP)**  
Date: November 25-28, 2020 Venue: Intercontinental City Stars Hotel, Cairo, Egypt  
E-mail: [contact@iccgroupp.com](mailto:contact@iccgroupp.com) / [operations@iccgroupp.com](mailto:operations@iccgroupp.com)  
Latest Information: [www.ictp.2020.com](http://www.ictp.2020.com) / Facebook: [www.facebook.com/ictp2020](https://www.facebook.com/ictp2020)  
**(Postponed to November 23-27, 2021)**

### JAPAN

**The 124<sup>th</sup> Annual Meeting of the Japan Pediatric Society (JPS)**  
Date: April 16-18, 2021 Venue: Kyoto International Conference Center  
Website: (<https://www.iccykoto.or.jp/en/>)  
**(124<sup>th</sup> Annual Meeting of JPS to be held as scheduled)**

### PAKISTAN

**The 17<sup>th</sup> Asia Pacific Congress of Pediatrics (APCP)**  
Organised and hosted by the Pakistan Pediatric Association (PPA)  
Date: October 15-17, 2021 Venue: Lahore, Pakistan  
Website: [www.ppa.org.pk/apcp](http://www.ppa.org.pk/apcp)  
**(17<sup>th</sup> APCP Congress to be held as scheduled)**

2021



17<sup>th</sup> Asia Pacific Congress of Pediatrics 2021  
Lahore, Pakistan | 15<sup>th</sup> - 17<sup>th</sup> October, 2021



Theme: **Every New Born, Every Child, Every Where**

