



WFPICCS Newsletter

November 1, 2009/Volume 2/Number 3

Editors: Françoise Martens, Belgium & Jefferson Piva, Brazil

NEWS FROM OCEANIA

6TH WORLD CONGRESS ON PEDIATRIC CRITICAL CARE -SYDNEY, 2011

Please visit www.pcc2011.com

The following KEY DATES for the meeting have been decided and they are:

15 March 2010	Abstract opening
10 September 2010	Deadline abstract submission
1 November 2010	Notification of abstract acceptance

A first announcement notice has been placed on the WFPICCS website.

A series of one day pre congress symposia will be held on Sunday 13th March 2011, and expressions of interest are now requested from

various societies wishing to hold a meeting. Please contact David Schell or Tina Kendrick David1@chw.edu.au or tinakendrick@aapt.net.au



HOT NEWS

WFPICCS is committed to a global environment, in which all children have access to intensive and critical care of the highest standard. It exists to find ways of improving the care of critically ill children throughout the world, and making that knowledge available to those who care for such children. As in an ideal world all children should have access to state of the art critical care services, this is unlikely to happen anytime soon. Faced with this reality, WFPICCS will strive to develop the best model and provide the best care for

critically ill children and injured children worldwide. The challenge is to find the appropriate role to decrease both unnecessary death and suffering for children. The WFPICCS Global Agenda is a starting point to stimulate a debate to guide the agenda of the federation for the years to come. The WFPICCS Global Agenda is now published in Pediatric Critical Care Medicine – Volume 10 – Issue 5 – pp 597-600. Also published are two papers discussing the WFPICCS Global Agenda. Please visit the PCCM website: www.pccmjournal.com or the



WFPICCS homepage www.wfpiccs.org to obtain a FREE copy of the three papers. Or go directly to:

WFPICCS Global Agenda

http://journals.lww.com/pccmjournal/Fulltext/2009/09000/World_Federation_of_Pediatric_Intensive_and.11.aspx

Editorial: 23,000 unnecessary death every day

http://journals.lww.com/pccmjournal/Fulltext/2009/09000/Response_to_Twenty_three_thousand_unnecessary_death_every.16.aspx

Response to 23,000 unnecessary death every day

http://journals.lww.com/pccmjournal/Fulltext/2009/09000/Response_to_Twenty_three_thousand_unnecessary.17.aspx

NEWS FROM LATIN AMERICA

INFLUENZA A H1N1 PANDEMIA – WINTER 2009 A PARTIAL CHILEAN PEDIATRIC CRITICAL CARE VIEW

After the first cases in Mexico, Chile organized, headed by the MINSAL (Ministry of Health) a health care-network from Arica to Punta Arenas, 4200 kms across the country. All hospitals and private clinics were included. Permanent communication via mail, telemedicine conferences and others, with different multidisciplinary teams working together, allowed the diffusion of daily new information and fastly changing guidelines responding to emerging knowledge. Ambulatory treatment for the bride majority included oseltamivir for all proven and high suspicious cases. This was based on guidelines specifying the detailed treatment. The drug was distributed to all citizens for free.

PICUs were busy with the annual outbreak of RSV respiratory infections when the first severe cases appeared in July, around two months after the pandemia was declared. Chile accounts for 361.657 notified with 12190 confirmed cases. Prevalence was highest between 5-14 years. 125 deaths were associated to the presence of the virus.

We collected the data from 7 PICUs from the Metropolitan Region (Santiago). In this PICUs 80 patients were hospitalized with moderate to severe Influenza A H1N1 infections, 33 of them in Intermediate Care. Mean PICU stay was 8,5 days, 13 patients required and stayed on NIMV, 30 on IMV, 9 of them (30%) with HFOV. Mean first day Oxygen Index of the 30 intubated patients was 15,6 (4,3 – 40) and the PaO₂/IFO₂ 122,7 (40-265).

Mortality was 5% (4 patients). Only 1 died with respiratory failure attributable to influenza A together with late transport and PICU admission and preexisting underlying disease. 3 previously not healthy children had a severe bacterial infection as direct secondary cause of death.

A wide spectrum of severity as admission criteria was seen. Management and the behaviour was not really different from other respiratory viral diseases. It was noticeable that in severe cases around 30% had an important myocardial dysfunction and acute pulmonary hypertension with good response to vasodilators and sildenafil.

It is important to mention that in the context of the viral pandemia an outbreak of Streptococcus B haemolyticus Group A and Streptococcus pneumoniae was observed.

Dr. Bettina von Dessauer, Dr. Alejandro Donoso

If you are interested in more detailed information : www.minsal.cl



NEWS FROM ASIA

INDIA INTERNATIONAL PEDIATRIC AIDS CONFERENCE

Asha Kirana is a 'non profit' organization working in the field of HIV/AIDS since 1997, supported by National AIDS Control Organisation (NACO), New Delhi, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Focus on AIDS (FOA) and the local citizenry. There is a growing need to share field based experiences of Pediatric AIDS in different countries. To mark a beginning Asha Kirana is hosting the first ever **India International Pediatric AIDS Conference (I-IPAC) 2009 in Mysore, South India, on**

working in the field of HIV with a special focus on children living with HIV/AIDS.

November 21st and 22nd. The two day Conference offers an academic feast which includes oral and poster presentations plenary discussions and case scenarios. The best poster and oral presentation will receive an award. We propose an attractive pre/post conference sight-seeing tour and a cultural evening to carry back pleasant memories of your stay.

We invite you to participate to the Conference and help identify clinicians and academicians



Details of registration and abstract submission can be found on the website www.ind-ipac.com Looking forward to your participation.

Dr. SN Mothi
Organising Chairman - India – International Pediatric AIDS Conference (I-IPAC) 2009



NEWS FROM EUROPE

"Pediatric Intensive Care Medicine" has officially become a subspecialty of pediatrics in Turkey. On July 19, 2009 the Turkish Ministry of Health published its updated regulation on the matter. The small pediatric intensive care community in Turkey under the leadership of the [Turkish] Society of Pediatric Emergency and Intensive Care Medicine had

been lobbying the ministry of health for over 7 years to accomplish this. At the same time our colleagues from Pediatric Emergency Medicine also received official subspecialty status. It is expected that in 2010 clinical fellowship training in pediatric intensive care medicine will start at several centers in Turkey.

FLORENCE AUGUST 2009

The World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) had the great pleasure to meet in the beautiful city of Florence.

Many distinguished Scientists, originating from nearly 50 countries, accepted the invitation to speak at this Congress ensuring that the meeting was a major scientific event. Sessions, symposia, panel discussions, round tables, lectures, workshops and selected oral communications and poster presentations were presented. During the congress, an exhibition was held over a large area, this was a great opportunity to experience the latest medical technologies available.

WFCCN co-hosted this magnificent event and shared with many critical care nurses, doctors,

allied health professionals and industry partners in celebrating and participating in what has been a stimulating week of collaborative learning.

The WFPICCS was honored to take part in this congress. Pediatric critical care is a relatively young discipline that rapidly expanded and developed. The nature of pediatric critical care varies enormously across the world, and this was a wonderful opportunity for us to meet with each other, with adult intensivists and intensive care nurses so that we can learn from each other; share our experiences; discuss challenging issues and renew our enthusiasm and passion for the care of the critically ill.

If you have any suggestions please contact: **Francoise Martens** Francoise.Martens@uzbrussel.be or **Jefferson Piva** jpiva@terra.com.br