Our 39th Annual Congress for 2017 will be organized with the Malaysian Society of Nephrology (MSN), and supported by the Asian Pediatric Nephrology Association (AsPNA) and the International Pediatric Nephrology Association (IPNA) in collaboration with the Ministry of Health Malaysia. The 13th Asian Congress of Pediatric Nephrology will be held at the Shangri-La Hotel Kuala Lumpur on 5-7 October 2017. We have had to change these dates to accommodate other conferences, the international speakers’ other engagements and also the schedule of IPNA and AsPNA and these dates are now final. The theme is ‘Paediatric Nephrology - Office Paediatrics to Tertiary Care’.

This will be a great opportunity to revise basic Nephrology while updating on the latest on kidney transplant, dialysis, fluids, nutrition in kidney diseases, etc. The invited speakers are naturally world renowned paediatric nephrologists who are further subspecialised in the field. There will be a track for the general paediatrician who wants to update themselves on nephrology topics and another track for the ‘pure’ nephrologists.

Pre-congress starts 4-10-17

The pre-congress workshop will start on 4th October and will be an AsPNA/IPNA Masterclass lasting the whole day from 8am to 6pm. Called the Junior Masterclass, it is not just meant for trainees as the more senior non-nephrologist paediatricians will also benefit from this course. Just a heads-up though: there will be a pretest at the beginning so you may want to come a little prepared! This will continue the next day 5th October and end with a posttest just before our congress opening ceremony that same evening.

On 5th October too there will be a Congress Workshop on Enuresis & Dysfunctional Elimination Syndromes, and Medical Writing. The latter is for the academics among us who want to publish quality research papers. This A-to-Z of Scientific Publishing will be conducted by Michel Baum and Lesley Ree.

Opening Ceremony

The Opening Ceremony will follow on 5th October at 6:30pm with a Plenary Lecture by Pierre Cochot, a renowned nephrologist from France. A welcome reception with entertainment and a chance to meet old friends and make new ones will end the day.

The conference will start with Meet-the-Expert sessions on 6th October at 7:15am followed by a plenary lecture at 8:15am. The rest of the congress will have three tracks, one for the general paediatrician while the other two for paediatric nephrologists. It’s will be an exciting update and another chance to listen to world experts on Paediatric Nephrology so mark the dates from 4th till 7th October for our congress. It goes without saying that the social program will also be memorable!
Happy New Year dear members

The Malaysian Paediatric Association (MPA) looks forward to a better and prosperous 2017.

I would like to express my heartfelt gratitude to all MPA committee members for the assistance and cooperation rendered throughout the year 2016. I also want to thank non-committee members who offered their suggestions and also some constructive criticisms. These were indeed valuable and much appreciated.

MPA hopes to continue to grow and foster better fellowship with members locally whilst engaging in strong relationships with international groups such as ASEAN Pediatric Federation (APF) and Asia Pacific Pediatric Association (APPA). The executive committee of MPA is committed to continue serving the children of our country. Yes, MPA is committed.

MPA continues to explore collaborative activities with other agencies who have common goals in child health, including Non Governmental Organisations (NGO), Ministry of Education (MOE) and Ministry of Health (MOH). In this regard MPA is carrying out Rheumatic Heart Disease advocacy project in collaboration with American Academy of Pediatrics (AAP), MOH, MOE and National Heart Institute in 2017. MPA will also be collaborating with AAP and MOH in conducting a Child Health Advocacy workshop on 20-21 February 2017 for paediatricians. Two major activities with major partners.

We have plans to diversify and expand our activities in 2017. However it will only be possible if more MPA members come forward to conduct some of these activities. We want to maximise the value of current members and attract new members. We need to be more cohesive.

**When the troops are united, the brave cannot advance alone, nor can the cowardly retreat.**
– Sun Tzu

As paediatricians and MPA members, we need to constantly ask ourselves; Why do we exist? What do we want to achieve? We may be overwhelmed by our daily routines and take the answers to these questions for granted.

Recently a surgeon friend of mine joked with a rhyming statement. He said “You paediatricians handle Major problems in Minors”. We do, don’t we?

MPA wants to be sure that we are addressing child health issues, while determining how we can grow by reaching out to young paediatricians and health care providers. Please be inclusive with MPA. Inclusiveness is the key to the survival of any organisation. Transition of leadership in MPA is also vital for MPA’s survival. We need to get younger cohorts on board to fulfil long term missions. We need neophytes with creativity and zest.

MPA has been prompt in responding in mainstream media on various issues related to children including child maltreatment, vaccine hesitancy, tobacco smoking, obesity, high risk behaviours. Members would have read those statements in the media.

We have also written to the Director General of Health for a discussion on pertinent child health issues. Hopefully he gives us a date to meet him soon.

Let us start the new year with vigor and reinforced believe that we can do more for the children of our nation.

**We are like newborn children, Our power is the power to grow.**
– Rabindranath Tagore

N.Thiyagar
President 2015-2017
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**HAPPY CHINESE NEW YEAR**
The Klang Valley and Selangor State Paediatric Cardiology Grand Round is a regular 3 to 4 monthly meeting hosted by hospitals in Klang valley and jointly organized by Malaysian Paediatric Association (MPA) and Malaysian Paediatric Cardiac Society (MPCS).

The main objective of the event is to educate and discuss common and important cardiac conditions such as congenital heart disease, cardiomyopathy, arrhythmias and acquired heart disease through lectures and case discussions.

Paediatric Cardiology Unit, Department of Paediatrics, University Malaya Medical Centre hosted the 3rd session of Klang Valley and Selangor State Paediatric Cardiology Grand Round for year 2016 on 19th November 2016. The theme for this final session for year 2016 was ‘Rheumatic Heart Disease’. The theme rheumatic heart disease was chosen in view of its being a difficult and challenging disease both in diagnosis and management.

The event was held at TJ Danaraj Auditorium, Faculty of Medicine, University Malaya from 8am to 1pm. A total of 55 participants from UMMC, Hospital Kuala Lumpur, Hospital Sungai Buloh, Hospital Serdang, Hospital Selayang, Hospital Uitm, PPukm, Hospital Tengku Ampuan Rahimah Klang, Hospital Ampang, Hospital Shah Alam, Hospital Melaka and Hospital Tuanku Ja’afar Seremban attended the event.

The invited faculty consisted of Prof. Dr. Asma Omar (UMMC), Dr. Hung Liang Choo (HKL) and Dr. Geetha Kandavello (IJN).

The event program includes 2 lectures and 3 case presentations on rheumatic heart disease. Dr. See Beng Tiong, our emcee for the event started by welcoming all participants and gave a brief history on the initiation of Klang Valley Paediatric Cardiology Grand Round in 2010.

Prof Dr. Asma Omar delivered the first lecture on ‘Overview of Rheumatic Heart Disease’ in which she initially notes that the disease is close to her heart. She gave a very comprehensive lecture on the epidemiology and making diagnosis of this crippling cardiac disease. She also presented UMMC data, which suggested probable resurgence of the disease.

Case presentations

This is followed by 2 case presentations by Dr. Mohd Azahari Basri from UMMC and Dr. Sia Yee Ping from Hospital Sungai Buloh. The 2 cases were of different spectrum of rheumatic heart disease and generated a lot of discussion and questions.

After the morning tea break, Dr. Low Kok Phin presented a case of rheumatic heart disease that had undergone a valve repair with good results. This is followed by Dr. Hung Liang Choo’s lecture on medical management of rheumatic heart disease. Dr. Hung in her lecture had presented a case of rheumatic heart with nice pictures of erythema marginatum and subcutaneous nodules. She also described the controversies on steroid usage in rheumatic heart disease.

Fruitful discussion

The discussion session focused on timing of surgical referral, importance of optimal treatment of carditis and management of intractable heart failure in patients with rheumatic heart disease (choice of inotropes, antifailure drugs and respiratory support). It is very exciting listening to all the experts with vast experience in rheumatic heart disease. Dr. Geetha from UN shared her experience in managing difficult rheumatic heart disease cases and factors to consider before referring patients for surgery.

Most of the participants expressed their satisfaction on the knowledge that they gained from the sessions. We hope brief and regular sessions like this event will impart knowledge; hence improve the management of cardiac diseases in children.

I would like to thank the committee members Dr. Zuraini Sulaiman, Dr. Mohd Azahari Basri and Dr. Foong Shing Weu, the honourable speakers and all the participants for making this event possible.

Norazah Zahari
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Deinstitutionalization of Children

“This is a story of a little boy. He was eight when they took him away from his mother. He remembered being pulled into the car with his siblings. They were going to Penang, his father and a social worker had told him. He cried. It felt like the longest journey of his life. After some long hours, they arrived at a welfare home. He was told that he needed to stay there with his siblings. Why, he didn’t know. His father reassured he would visit often. He only came once or twice, then he stopped coming at all. From that moment, the life of the boy was never the same again. ”

The young man behind the podium paused. He looked up from the paper he was reading out from. With a weak smile he said “20 years have passed and you are looking at the boy now.”

“I’ll be graduating soon to become a doctor”, he added.

I was looking at the brave soul just a few feet across of me. I admit, I was in tears but at the same time, in admiration of the strength and courage this medical student had in him, to talk in front of 300 plus audience in the hall.

“No child should have to live in a welfare home,” he said those words with conviction as he told us his struggle and the pain his mother had suffered in silence all the years they were apart. He had earlier called his mother whilst preparing for his speech to include her thoughts and feelings, and she had told him how she wished she was supported and helped then to care for her children.

Paradigm shift

That was the second day of the *Conference on Deinstitutionalization of Children: A paradigm shift*. And personally, it was the highlight of the event. The sharing session on ‘What Lurks Behind’ by the institutionalized survivors was impactful. Apart from the medical student, 2 other girls also shared their plights through video recordings.

The conference was held on the 23-24th November last year at Sunway Putra Hotel, Kuala Lumpur. The aim was to raise awareness of the negative effect of institutionalization on children. It was the 4th conference organized by OrphanCare, and the third that I have attended. I must say this one had an intense effect on me until now. OrphanCare is a non-profit, non-governmental organization in Malaysia that was founded in 2008. Their objective is to provide orphans and abandoned babies love and care of a family. As of last year, OrphanCare has facilitated adoptions of 15 orphans by caring families and has reintegrated 6 institutionalized children with their families.

Opening ceremony

The first day of the conference started with the opening speech by YB Dato’ Rohani Abdul Karim, Minister of Women, Family and Community Development and was later officiated by DYMM Sultanah Pahang, Sultanah Hajjah Kalsom, the Patron of OrphanCare.

The invited speakers were esteemed guests who have years of experience in working in collaboration with governmental organizations of other countries towards deinstitutionalizing children. One of the speakers was Sir Roger Singleton, the Managing Director of LUMOS, an organization founded by J.K Rowling (or most would know her by her bestselling novels, Harry Potter) that supports children
across the globe to regain their rights of a family life. The other speakers were Dr. Ian Milligan from Centre for Excellence for Looked After Children (CELCIS) and Dr. Robert Glover from Care for Children. I was particularly amazed and inspired by the work of Dr. Glover, known as the introducer of the foster care concept in China who has given more than 250,000 orphans the chance to grow up in a family. These speakers stressed on the fact that welfare homes and institutions should only serve as temporary solutions. Contrary to popular belief, it is in fact more cost effective to support families instead.

**Welfare home ‘inmates’**

Do you know that only 20% of children in welfare homes are in fact orphans? The rest are admitted either due to poverty, child abuse or other social circumstances.

This came as a surprise to some of the participants of the conference but not to those who have been involved in the struggle of child welfare and protection. Many among the audience were activists from NGOs, principals and administrators of welfare homes and child protectors and higher officers from the welfare ministry. The Q&A session had many inquiries and comments from the floor, among which were the difficulties of adoption process in Malaysia, the red tape in managing the process of deinstitutionalization, the apathy on the issues of refugees and stateless children and the plans by Ministry in facing these challenges.

**Higher officer answers**

One of the last few sessions of the conference was a speech by the Ministry’s higher officer on how the ministry is set to look into deinstitutionalizing our Malaysian children. The ministry is currently conducting a pilot study on one welfare home in Negeri Sembilan. I raised the question on whether all cases of child abuse in JKM-registered welfare homes are brought to the attention of the higher officers and managed accordingly or are simply left to the discretion of the district JKM. To my dismay and dissatisfaction, the answer was a long pause followed by ‘it is bound to happen’ and a sidetracked reply that child abusers by statistics are mainly biological mothers. This is an important issue to look into as deinstitutionalization is a process and it takes time, thus meanwhile it is imperative to ensure that welfare homes are safe for children and every complaint on child abuse is taken seriously.

**Negative effects**

To add to the negative effects of institutionalization on children, I want to share with all of you the words of the 2 other institutionalized survivors that I still remember by heart.

And they said:

“It was my first time at a restaurant with my college friends. Everyone ordered their meal. But for some time, I froze. I wasn’t used to ordering food from the menu. In the welfare home, no one had ever asked if I wanted anything of my choice. We ate whatever was on the plate. No question asked.”

“Over time, my siblings and I grew apart. My brother was relocated to another welfare home and I didn’t hear much of him. Then I found out that he committed suicide.”

These words often echoed as a reminder to me on how important it is to support the deinstitutionalization of children. We must advocate for the rights of every child to grow up in a family. Because children do not thrive in institutions. Because institutionalized children are at high risk of child abuse, depression and suicide. They are at risk of developing behavioral problems and committing crimes. Because they struggle internally with poor self-esteem and loneliness.

And simply because, it is the birth right of every child to have the love and care of a family.

Zahilah Filzah Zulkifli
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By his own admission, paediatrics has always been his first love, amply demonstrated by retired Consultant Paediatrician Datuk Dr Soo Thian Lian, 60, for the last 36 years.

He chose to serve in Sabah for 26 long years from May 1990, and headed the Paediatric Department of the Sabah Women’s and Children’s Hospital, Likas, until his recent retirement.

As early as the eighties, he was fully aware of the scenario in Sabah which warranted help.

In his Reflections at the grand farewell accorded to him by the Paediatric Department, Dr Soo, who turned 60 this year, recalled:

“I graduated in 1980 from the University of Malaya. When I joined the Ministry of Health, I thought I would end up in Sabah. Surprisingly, they sent me to Johor. My first posting was in Segamat where I did my housemanship and later I was sent to Johor Baru.

“When I became a specialist, I went back to serve in Kuantan for quite a while before going to Hospital Kuala Lumpur (HKL). My district posting on the East Coast (Kuantan) was quite a hardship posting. Kuantan wasn’t so connected, no highway. To go to Temerloh, you have to go by a winding road (something like the old Kota Belud Road but longer).

Kuantan was quite isolated in those days.”

While at HKL, Setapak-born Dr Soo thought he would stay in KL for the rest of his life but that didn’t happen.

As fate would have it, there was a promotion for him (Superscale G).

“They told me, ‘You have a vacancy in Sabah’. My initial reaction was denial, anger, reject, whatever, depression...

So I called up the then Director-General of Health, Tan Sri Datuk Abu Bakar Sulaiman and said, ‘I really don’t want to go.

I have done my district hardship posting.

“Then they wanted to send me to Kuala Terengganu, so I thought about it and said, No lah, might as well go farther.

Let’s be adventurous. Having to go out again, let me try Sabah, and I absolutely have no regrets.

“I am very glad I took the path. There was a fork in the road and I took the road less travelled – that’s Sabah and I never regretted it. So I came to Sabah in 1990,” he said to thunderous applause.

Even so, he came here (Sabah) just to formalise his promotion, thinking that he would go back to KL, maybe after a year or two.

“That was the diabolical plan but after a while, this place grew on me. And really this was a place where, even now, though not as dramatically as last time, the needs are the greatest in the country. And I always believe where the needs are the greatest is where you can actually contribute the most. I always had this ethic of service,” he shared in his farewell speech.

In his growing up years, the following parable is one of the things that influenced Dr Soo immensely.

“I was hungry and you gave me food, I was thirsty and you gave me a drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you cared for me and I was in prison and you visited me.”

He also felt that it is a very strong commandment “to really serve those who are underprivileged, those who are deprived, those who are the underdogs.”

He added: “Those who have, will have more. People who are willing to serve them, there are opportunities for them. But those disadvantaged sometimes can actually get more disadvantaged.

“It is a vicious cycle like the poverty trap. It gets worse, poor health, no money, etc, it goes round and round.

So I always have the passion in me to level the playing-field. Let’s give something good to those who normally will not have.

“And that was the paradox that appealed to me. The least should have more, I always feel. So when I came to Sabah, I sort of found out that this is a place where I could put that into practice.” Admittedly, when he was young (while in school), he had romantic ideas about going to Africa, like the Flying Doctor Service in Africa, Kenya, Uganda.

“Just romantic ideas without realising that right here in our home country, in Sabah, there was a need like that.

People are very rural, very hard to reach communities, people who could really do well with a better provision of services to balance aid in their favour.

“So that’s why I decided this was a place for me (Sabah),” he rationalised.

In his parting message, Dr Soo drummed home the fact that with great power come great responsibilities, “not great power as in I am so fantastic, I am so powerful, but great power to realise that you in that scenario I have just described, dealing with patients who are vulnerable, who
are needy, have the great power to actually do so much good and also do so much hurt by not doing things we should do sometimes, right?"

He reiterated that it is a great responsibility of the medical profession to still be aware of this great power that we have and be responsive to it and respond to it properly.

"In fact, it works the other way round too. I think with great responsibilities comes great power in the sense that doctors need to get great power. In this context, great power means great skills. We need to make sure that we are trained, we have the ability, the understanding, the knowledge and the skills. In other words, the doctor has the great power to be able to deliver great responsibilities," he reasoned.

This is something that he has always shared with housemen, small groups of 10 at a time, when they report to him at the Paediatric Department. So each time Dr Soo would attempt to drive home a service ethic he would like to inculcate in the new doctors.

"Do not serve for the sake of reward, attracting attention or earning gratitude", I think that is understood.

Many of us can understand that is what how true service is all about, in doing it for a higher altruistic purpose.

"But the other part that I always tell them (doctors) to be aware of. It should not be from a sense of pride, in your own sense of superiority in skill, wealth, status or authority. It’s important to have good self-esteem, but never cross over to pride" he said.

Dr Soo finds solace in feedback that he mattered in people’s lives and that he has done a good job in some way.

"I take it positively as a compliment and that builds me and gives me good self-esteem." It is important but it is a slippery slope if it goes into pride, according to him.

"When I start thinking that I am fantastic, I am this big person, I am the man who moves mountains, perhaps, it is dangerous to believe the praise, the hype that can be generated.

"So ultimately, I think we must keep our focus and be steady because many times, people do things, not because of being purely satisfied but because they feel they are superior in skill — I am a fantastic surgeon, I am a fantastic paediatrician.

"Oh, well, I am a fantastic Datuk and Datin and I give money during Hari Raya to the kids in the hospital. Am I really benefiting the kids or am I really benefiting myself in terms of being seen to have status or authority?"

"So that is something I think doctors need to know – walk a very subtle line between pride and self-esteem,” he elaborated. Calling on doctors to serve because they are urged by love within them and attribute success to the Grace of God, Dr Soo stressed that this is something that doctors really need to hold centrally in them for the medical profession to go forward and maintain its noble state.

He cautioned: "I think there is a danger now, you all know that – many possibilities that the whole profession is losing its direction. So it’s good that we go back to the core of our practice, ultimately medicine is a service."

He insisted that medicine is not a health industry, saying it’s still a medical service.

"Medicine is all about the one-to-one relationship between the doctor and his or her patient."

To conclude, Dr Soo said it has been his privilege and honour to serve, not that he has done so great "but it’s because I have been given a situation where I had the privilege and honour to serve."

He believes that sometimes the person who gives is the one that actually receives quite a lot more in many ways.

"And if I have touched a few lives in the process and made some friends and family along the way, then I am grateful.

That’s all I can say. Thank you," he said. 5

Mary Chin
Published in Daily Express
19 June 2016
Company Sponsorship Survey

MPA sent an on-line survey to members on the relationship of MPA with milk company sponsors. Only 20 members responded! These are the results of the survey.

Part 1: General Donations, Attribution & Branding

- **MPA should accept after due diligence has been completed & reassured. Due diligence means checking to see if the company in question has been found to be in breach of the MOH code of ethics on the marketing of breast milk substitutes**: 4 responses (20%)
- **MPA should not accept any funding from any company that markets breast milk substitutes; including specialist milk formulas**: 4 responses (20%)
- **MPA should accept funding only if it is placed in a sponsorship fund controlled by the executive committee, with due diligence completed and assured, donors and amounts openly declared, no donor attribution to specific projects, no involvement by the donor in the use of the funds, and no company logos appearing on any outputs**: 12 responses (60%)
- **I have no firm view**: 0 responses (0%)

**TOTAL**: 20 responses (100%)

Part 2: Advertising

- **MPA should accept funding for advertising of products (eg in Berita MPA and digital outputs) from any company that markets breast milk substitutes; including specialist milk formulas**: 1 response (5%)
- **MPA should not accept funding for advertising of products (eg in Berita MPA and digital outputs) from any company that markets breast milk substitutes; including specialist milk formulas**: 7 responses (35%)
- **MPA should accept funding only for advertising of specialist milk formulas**: 11 responses (55%)
- **I have no firm view**: 1 response (5%)

**TOTAL**: 20 responses (100%)

Part 3: Conference Booth

- **MPA should permit & charge for booths at conferences by companies that market breast milk substitutes; including specialist milk formulas**: 3 responses (15%)
- **MPA should not permit & charge for booths at conferences by companies that market breast milk substitutes; including specialist milk formulas**: 3 responses (15%)
- **MPA should permit & charge for booths at conferences by companies that market breast milk substitutes only if information is confined to specialist milk formulas**: 14 responses (70%)
- **I have no firm view**: 0 responses (0%)

**TOTAL**: 20 responses (100%)
We thank the twenty who responded but we need more! If you have not responded, please do as we want to know what you think.
Following the success of the first update for nurses in Sg Petani, we moved to Batu Pahat, Johor to serve the southern region. The same program and lectures were given with the same post-dinner safety talk by Mr Michael Chong. (Please refer to report in page 1 of November 2016 BMPA)

The southern audience was slightly more energetic and curious with more questions. Owing to request by the nurses, the talks were all given in the Malay language, except for Dame Ramziah who wanted the nurses to be proficient in English. Dr Tee E Siong and Prof Poh Bee Koon excelled in their command of Bahasa Malaysia.

BP attractions

The venue this time was Hotel Katerina which was comfortable. It’s one of the few hotels that had really firm pillows! After the talks, there was time to see what BP had to offer.

We tried the local mee racun (directly translated as poison noodle!) that was highly “cholesteroligenic”, if there was such a word. Loaded with a thighbone from which one sucked out the marrow, beef or lamb soaked in fat and oil, it would definitely slowly kill you by clogging up your coronaries!

Acknowledgement & next one

MPA would like to thank Dr Tee E Siong and Prof Poh Bee Koon from the Nutrition Society of Malaysia (NSM), our collaborator in many common programs, Dame Ramziah who was with us in our first outing in Sg Petani, Matron Jamilah Ithnin who gave the nurses’ perspective of things, Mr Michael Chong for his safety tips, and Danone for the grant to make it possible for us to organize these nursing updates nationwide. As we managed to be thrifty in our spending, we have just enough left to do a last one in Trengganu on 31 March -1 April 2017.

Then we shall have the Nurses’ Symposium in collaboration with KPJ Damansara Specialist Hospital on 10th April 2017.

Zulkifli Ismail
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Cystic Fibrosis in Malaysia

Just to share with you all a piece of our respiratory paediatrics history.

Sadly my first Cystic Fibrosis (CF) patient recently passed away at the age of 30. With his confirmed diagnosis we developed facilities for diagnosis and chronic care of CF patients in Institut Pediatrik HKL. Since then many CF patients have been diagnosed and treated by us at the different centres in the country. The numbers are not big enough to analyse survival but there have been deaths in younger patients whose families were not compliant with treatment. At 30 he was the first and longest surviving CF patient. Sadly he found difficulty adjusting to adult care. Our transition care is just beginning and adult physicians have yet to understand the complexities of CF care and appreciate the special patient-doctor bond CF patients have enjoyed.

Indeed this special bond is a great motivating factor for their diligent participation in their care which is burdensome to patients and their families physically, emotionally and financially. Our challenge in respiratory paediatrics now is to develop transition care with adult physicians who need a lot of education regarding CF. In the west the populations of adult CF have outnumbered children CF. So physicians there are better now but the subject of transition care is still a major issue that is discussed at major conferences.

Median survival

The median survival age of CF is around 41 years in advanced countries or a little higher as their spectrum also includes milder ones. The median age at death is 31 years or slightly more. Our patient who made it to 30 with full blown CF did well considering. He graduated from university and was completing his PhD thesis and got married a couple of years ago. He had been a part of paediatric respiratory history in the country.

His brother is also a CF and is now 20. The family has been strong but is certainly in sorrow with his passing. They have taught us a lot in return. They gave us the motivation to learn and develop approaches to chronic care of paediatric respiratory patients with many different challenging diseases. We can be proud today that we have attained a level of sophistication in our care that is comparable to those of more advanced countries. But the challenges to make things better remain; one of which is to get fellow care-givers to come together with us to work out a better passage of our patients to adulthood.

Azizi Haji Omar
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Editor’s note: Prof Dato’ Dr Azizi Haji Omar was one of Malaysia’s first Respiratory Paediatricians who was Professor of Paediatrics at Universiti Kebangsaan Malaysia (UKM). He has trained numerous medical students and Paediatricians and inspired many to continue his legacy in Paediatric respiratory medicine in the country.

Vaccine shortage unlikely in 2017

From meetings with Industry bosses, the MPA has obtained confirmation that there will be no shortage of the hexavalent DTaP-Hib-IPV-HepB and pentavalent DTaP-Hib-IPV vaccines. The MMR and MMRV vaccines will also be available.

In addition, one of the two companies producing Tdap for adolescents and adults will be bringing in this vaccine. The cases of diphtheria deaths in mid-2016 caused an upsurge in demand for the Tdap vaccine resulting in the shortage last year.

We will still not see Hepatitis A vaccine here but the Hepatitis A+B combination vaccine should be available.

Zulkifli Ismail
For MPA Executive Committee

Happy New Year & Gong Xi Fa Chai
The Paediatric Cardiology Unit of Hospital Serdang recently held a workshop entitled **PDA: Size doesn’t matter!!** on the 20th December 2016 at the Invasive Cardiac Laboratory (ICL) of Hospital Serdang. It was co-organized with the Malaysian Paediatric Cardiac Society (MPCS). The participants to the workshop were by invitation only. It was well attended by mostly the Paediatric Cardiologists from the Ministry of Health, the National Heart Institute, the universities (UPM, UMMC and HUKM), as well as from the private sector. A small numbers of Paediatric Cardiology Trainees also made up the participants. Altogether there were 16 participants.

True to its theme, the cases selected were a mix of tiny to large PDA, in a very young infant to a 58-year-old adult. The highlights of the cases were the occlusion of a large PDA in a 6 kg baby and the occlusion of a moderate size PDA in a 1.8 kg baby!

We managed to occlude all the PDA using various devices available. We learned new tips and tricks in occluding various PDA sizes from all the experienced proctors involved. Along the way, we learned the pearls and pitfalls in PDA occlusion, and that nightmares do occur even with PDA occlusion.

Along the way, we learned the pearls and pitfalls in PDA occlusion, and that nightmares do occur even with PDA occlusion.

Altogether, there were 8 cases selected for the workshop. We started off as early as 8 am and finished all the cases by 10 pm. In between cases, there were short lectures, and interesting case presentations shared from various institutions. Although some participants had to take an early leave, the majority stayed until the last case was done. This in itself was already an achievement, apart from the successful PDA occlusions in all the patients.

The majority of the patients had an excellent outcome, apart from the 6 kg baby with the large PDA, with mild Right Pulmonary Artery (RPA) stenosis which we hope will get better with time. Even our 1.8 kg baby had the device nicely positioned, the PDA was totally occluded, and that made our Neonatologist one happy person!

Despite the long and grueling day, all of us left the laboratory that night feeling highly contented and with a renewed perception of the PDA. We definitely learned something new from each other. But what was more important was the camaraderie and the networking amongst all the Paediatric Cardiologists in the country, regardless of the institutions that we represent.

**“Size Doesn’t Matter”**

The PDA Workshop
20 December 2016, Hospital Serdang

“They say you cannot teach old dogs new tricks! I (the old dog) think I did learn some new tricks. Good memory of good fellowship and comradeship.”

Lim Miin Kang,
Gleneagles Intan Medical Centre

“Congratulations and thank you very much Koh, Amini, Norliza and Putri and Serdang team. What I enjoyed most was the comradeship, sharing and learning together and the friendships. Very interesting and challenging cases.”

Geetha Kandavello,
Institut Jantung Negara

“Great workshop and exchange of ideas. Presenting a failed occlusion was a nice way of ending the session. The teacher learns from his students, completing the cycle.”

Zulkifli Ismail,
KPJ Selangor Specialist Hospital

**Norliza Ali**
Hospital Serdang
drnorliza@yahoo.com
# Complementary Feeding

By the time your little one is six months old, it is time to get him started on complementary foods. Breastfeeding alone beyond 6 months does not provide sufficient nutrition for growth.

To avoid choking, it is crucial that your child is developmentally ready in terms of his oral-motor skills (mouth patterns) as well as hand and body control. These determine when to introduce solids, different textures, and how the feeding is done.

The table below illustrates the recommended textures and examples of food for estimated ages and the necessary oral-motor skills to handle a given texture.

<table>
<thead>
<tr>
<th>When Child can:</th>
<th>Estimated Age</th>
<th>Texture</th>
<th>Description</th>
<th>Serve:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Suck and swallow.</td>
<td>6 months onwards (breastfed exclusively up to 6 months, unless special cases).</td>
<td>Thin puree</td>
<td>Use strainer/blender and blend to a paste (add liquid for thinner consistency).</td>
<td>Infant cereal, strained meat, pureed vegetables and fruits.</td>
</tr>
<tr>
<td>• Able to take food from spoon with lips.</td>
<td>6 months onwards (breastfed exclusively up to 6 months, unless special cases).</td>
<td>Thick puree</td>
<td>Food forms a thicker consistency or heavy mash (without lumps).</td>
<td>Blended meats, pureed vegetables and fruits.</td>
</tr>
<tr>
<td>• Swallow without gagging.</td>
<td>6 to 7 months onwards</td>
<td>Mashed</td>
<td>Food is blended or mashed with a fork (still retains some texture and consistency)</td>
<td>Mashed potatoes, carrots, sweet potatoes, pumpkin, bananas and other soft fruits such as papaya, mango, egg yolk.</td>
</tr>
<tr>
<td>• Close lips while swallowing food.</td>
<td>8 months onwards</td>
<td>Ground</td>
<td>Food ground in food chopper, not blender (should be easy to chew).</td>
<td>Crumbled or ground meat, scrambled eggs, pieces of soft bread, crackers broken into small pieces.</td>
</tr>
<tr>
<td>• Begin to chew in rotary pattern.</td>
<td>10 to 11 months onwards</td>
<td>Chopped</td>
<td>¼ to ⅛ inch in size.</td>
<td>Meat, vegetables and fruits.</td>
</tr>
<tr>
<td>• Side-to-side tongue movement.</td>
<td>10 to 11 months onwards</td>
<td>Regular size</td>
<td>Cut up food or leave it whole. (Family meals can be served from 12 months onwards)</td>
<td>All foods.</td>
</tr>
<tr>
<td>• Close lips and keep food in mouth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bite through food.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Enough jaw strength to grind.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Local Venues

Seminar & Workshop on Induced Lactation
Organiser: National Lactation Centre, Ministry of Health Malaysia
Date: 24 – 25 March 2017
Time: 8.30 am – 6.30 pm
Venue: Hotel Perdana, Kota Bharu, Kelantan
Tel: 03-6120 1491
Mobile: 013-324 2997
Email: nlc@moh.gov.my

6th Asian Vaccine Conference (ASVAC 2017)
Dates: 27-29 April, 2017
Venue: Singapore city, Singapore
Website: asvac2017.com

RACP Congress 2017
Dates: 8-10 May, 2017
Venue: Melbourne Convention and Exhibition Centre, Melbourne, Australia
Host: RACP (Royal Australasian College of Physicians)
Theme: “Bringing Specialists Together, Sharing Knowledge, Building Skills”
Website: rACP.edu.au

13th Asian Congress of Pediatric Nephrology (ACPN 2017) in conjunction with the 39th Malaysian Paediatric Association (MPA) Annual Congress
Date: 5 – 7 October, 2017
Venue: Kuala Lumpur, Malaysia
Tel: 603-2162 0566
Fax: 603-2161 6560
Email: info@acpn2017.com.my
Website: www.acpn2017.com.my

14th Asian and Oceanian Congress of Child Neurology
Dates: 11-14 May, 2017
Venue: Hilton Fukuoka Sea Hawk, Fukuoka, Japan
Email: aoccn2017@kys.jtb.jp
Website: www.aoccn2017.org

International Venues

2017 Neonatal Ultrasound Course. Why, How and When an Ultrasound Image?
Date: 15 – 18 March, 2017
Venue: Palazzo Ricasoli Polihotels, Via delle Mantellate, Florence, Italy
Mobile: +39 055 23388.1 Fax +39 055 2480246
Email: ultrasound2017@aimgroup.eu

3rd International Neonatology Association Conference
Date: 7 – 9 July, 2017
Venue: Lyon, France
Email: secretariat@worldneonatology.com
Website: http://2017.worldneonatology.com

Update in Paediatric Respiratory Diseases 2017 and the Paediatric Respiratory and Critical Care Workshop
Organiser: Department of Paediatrics, The Chinese University of Hong Kong
Date: 21-23 April 2017
Venue: Shaw Auditorium, Postgraduate Education Centre, Prince of Wales Hospital, Shatin, Hong Kong
Tel: (852) 2632 2829
Email: pae_conferences@cuhk.edu.hk
Website: www.pae.cuhk.edu.hk/PRD2017

16th ASEAN Pediatrics Federation Congress (APFC) 2017
Date: 21 – 24 September, 2017
Venue: Novotel Hotel Max Hotel, Yangon, Myanmar
Theme: Ensuring healthy lives and promoting well-being of ASEAN children
E-mail: linnykaw.neuro@gmail.com
Website: apfc2017myanmar.org
'24 hours is all it could take to change a child's life forever

INVASIVE MENINGOCOCCAL DISEASE

- Despite appropriate antimicrobial and optimal medical care, 9-12% of patients die (up to 40% case fatality in meningococcal sepsis)
- 11-19% of survivors live with permanent and devastating sequelae
  - hearing loss
  - seizure disorders
  - loss of limbs
  - brain damage
  - paralisis

Children under 5 years of age are at highest risk

Offer your patients the option of PREVENTION

- Menactra® protects against meningococcal serogroups A, C, Y, W-135
- High seroprotection and seroconversion in infants and toddlers
- Well tolerated in clinical studies and real-life data

TRADE NAME: Menactra® Solution for Injection. Active Ingredient: Meningococcal Serogroups A, C, Y, W-135 polysaccharide conjugate. The polysaccharide is conjugated to CRM197. DOSAGE FORMS AND STRENGTHS: 0.5 mL vial containing 50 μg each of meningococcal A, C, Y and W-135 polysaccharides conjugated to CRM197. Menactra® is approved for use in individuals 9 months through 55 years of age. Menactra® is not indicated for the prevention of meningococcal disease caused by other meningococcal serogroups or for the prevention of invasive meningococcal disease caused by meningococcal serogroups B, C and W-135. Menactra® should be administered as a single 0.5 mL injection by the intramuscular route, preferably in the anterolateral thigh or deltoid region depending on the recipient's age and muscle mass. In children 9 through 23 months of age, Menactra® is given as a 3-dose series at least three months apart. Menactra® is recommended for high-risk infants and children aged 9 through 23 months of age. Individuals 2 through 55 years of age receive a single dose. CONTRAINDICATIONS: Known hypersensitivity to any component of Menactra® vaccine, including diphtheria toxoid. Do not administer if the vaccination is grossly discolored or if the vaccine is visibly contaminated. A vaccine containing a single component, anticoagulant in the vaccine administration. Vaccination must be postponed in case of tetanus or acellular disease. SPECIAL PRECAUTIONS: Before administration, all appropriate precautions should be taken to prevent adverse reactions. This includes a review of the patient's previous immunization history, the presence of any contraindications to immunisation, the current health status, and history concerning possible sensitivity to the vaccine or similar vaccines. As a precautionary measure, epinephrine injection and other appropriate agents and equipment must be immediately available in cases of anaphylactic or anaphylactoid reactions. The vaccine risk versus benefits for persons at risk of haemorrhage intramuscular injection must be evaluated in unvaccinated persons. Vaccination should not precede vaccination where the risk is clearly identified. Nursing mothers - It is not known whether this drug is excreted in human milk. Cautions should be exercised in nursing women. UNOBSERVABLE EFFECTS: The following adverse events have been reported during post-approval use of Menactra® vaccines. These events were reported in a population of unspecified size. It is not always possible to reliably calculate their frequency or to establish a causal relationship to Menactra® vaccine exposure. Immune system disorders - hypersensitivity reactions such as anaphylactic/anaphylactoid reaction, injection site reaction, tenderness, difficulty breathing, upper airway swelling, urticaria, erythema, hypotension. Nervous system disorders - Guillain-Barré syndrome, transient syncope, facial palsy, transient dysarthria, acute disseminated encephalomyelitis, paraplegia. Musculoskeletal and connective tissue disorders - myalgia. INTERACTIONS: Do not mix Menactra® vaccine with other vaccines in the same syringe. Injection of Menactra® vaccine administered concurrently with other vaccines, the injections should be administered with different syringes and given at separate injection sites. Reference Material: Menactra® 2012/2013.
Anti-infective has transformed the practice of modern medicines, making once lethal infections readily treatable. The prompt initiation of anti-infective to treat infections has been proven to reduce morbidity and save lives.

At Kotra Pharma, we know the urgent need for efficacious anti-infective because failure is not an option. We have taken heed from the legendary military strategist and philosopher Sun Tzu with his famous saying “Knowing yourself and your enemy will ensure 100% success in every battle”. Similarly, we need to ensure 100% success when we combat infections. Hence, “Sun Tzu mastered the art of war, we master the art of defence” epitomizes our approach to develop Axxel & Vaxcel Anti-infective range of antibiotics, antifungals and antivirals.

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