

KPA Annual Scientific Conference 2021
10th May 2022- 13th May 2022

Conference Theme: ***A Life Course Approach to Child Health***

PLENARY TALKS

DAY ONE

- Malaria vaccine is a complementary malaria control tool. other control measures need to be continued
- Kenya addresses UHC under 4 parameters: Quality, Equity, Affordability and Access
- Curbing preventable deaths spans across addressing family issues (education of danger signs), community issues (primary preventive measures) and system issues such as referral
- Despite global decline in childhood mortality, many children in LMIC countries remain at high risk of death
- Infancy, childhood and adolescence are the most vulnerable points in the life course and can provide the greatest return on investment for human capital.

DAY TWO

- Need to increase universal newborn screening and yearly transcranial Doppler ultrasound in sickle cell disease
- Need to scale up preparedness for mass vaccine productions e.g in pandemics
- Need for a high index of suspicion for pediatric sexual assault in pre-adolescents and adolescents

- Need to increase capacity to handle adolescent health burdens through research and education
- Pediatricians need to take care of themselves and to strongly consider aspects of mental health in children
- There is need to modify WHO guidelines for pneumonia management to match local epidemiology

INDIVIDUAL TRACKS

1. EMERGENCY AND CRITICAL CARE

- We **RECOGNIZE** that the goal of ventilation should guide the choice of mode of ventilation.
- We **RECOMMEND** that sedation should be the last resort to making a patient comfortable on the ventilator.
- We **COMMIT** to encouraging the involvement of anesthesia team in training of Paeds critical care fellows.

2. THE YEAR IN REVIEW

- We **RECOGNIZE** In RCTs, lack of fidelity to intervention causes misclassification.
- We **RECOGNIZE** travel time increase affects immunization uptake in rural Kenya(Kilifi)
- We **RECOMMEND** – improvement of roads, increase of health centers that are reachable to rural community and strengthening of outreach activities.
- We **COMMIT** to being part a multidisciplinary team that works on improvement of vaccine uptake in Kenya.

3. PAEDIATRIC OPHTHALMOLOGY

- We **RECOGNIZE** that Pediatricians as the first point of contact can aid in diagnosis of eye conditions by checking for red flags from history and examination
- We **RECOMMEND** urgent referral for suspected cases
- We **COMMIT** to being part of the multidisciplinary team working on improvement of outcomes in ROP.

4. PRACTICE UPDATES FOR PEDIATRIC AND NEONATAL CARE

- We **RECOGNIZE** the need for standardized patient referral tools and improvement in communication between facilities in improving referral services
- We **RECOMMEND** understanding patient experiences as a key step in moving toward patient-centered care.
- We **COMMIT** to promoting early initiation of KMC due to evidence in its role in reduction of neonatal mortality

5. NEONATOLOGY

- **We RECOGNIZE** that laboratory total serum bilirubin measurement remains goal standard, even in the advent of new strategies for diagnosis of jaundice.
- **We RECOMMEND** use of intermittent phototherapy for non-hemolytic moderate hyperbilirubinemia. It is feasible, efficacious, and safer than continuous phototherapy.
- **We COMMIT** to supporting drivers of change according to evidence based practice.

6. ENDOCRINOLOGY

- **We RECOGNIZE** that deviation from a normal growth pattern may be the first manifestation of disease
- **We RECOMMEND** Good measurement quality: Frequent, accurate and reliable training performed by trained personnel using the appropriate equipment.
- **We COMMIT** to increase knowledge through CMEs to the wider HCP

7. HEMATO-ONCOLOGY

- **We RECOGNIZE** that it is important to recognize and diagnose iron overload as a common side effect of SCD treatment, since it is often asymptomatic.
- that there exist gaps in access to vaccines
- **We RECOMMEND** increased newborn screening for sickle cell disease. Screening is now available in Kisumu County through CONSA (Consortium on Newborn Screening in Africa).
- **We COMMIT** to promoting child life practice in pediatric oncology.

8. NEUROLOGY

- **We RECOGNIZE** early diagnosis, referral & treatment is key in SMA management.
- **We RECOMMEND** development of guidelines for decision making in brain dead patients
- **We COMMIT** to promoting maternal education is critical in early newborn screening for SMA

9. HEPATOLOGY

- **We RECOGNIZE** Proper understanding of the liver function tests goes a long way in formulating a possible diagnosis.
- **We RECOMMEND** use of the infant stool chart for early diagnosis of biliary atresia.
- **We COMMIT** to increase knowledge through CMEs to the wider HCP on the risks of herbal medications and supplements in liver injury.

10. ALLERGY

- **We RECOGNIZE** that global increase in allergies over the last 3-4 decades are mostly attributable to changes in environmental factors and epigenetic changes.
- **We RECOMMEND** change from pediatric to adult doses of medications in the transition of care for asthma from childhood to adolescence.
- **We RECOMMEND** caution in food elimination in children with food allergy in order to prevent undernutrition.
- **We COMMIT** to continued improvement of HCP on allergic conditions through CMEs.

11. RESPIRATORY MEDICINE

- **We RECOGNIZE** that clean cooking technology is a key intervention to reduce insults to lung development from biomass indoor pollution.
- **We RECOMMEND** early ART initiation in HIV as it preserves lung function and improves outcomes.
- **We COMMIT** to promote asthma education to help reduce stigma.

12. TELEMEDICINE

- **We RECOGNIZE** that technology can help reach patients in remote areas who otherwise do not have access to health specialists.
- **We RECOMMEND** use of telehealth interventions which can help improve medical adherence and discourage self-medication.
- **We COMMIT** to collaborate with other stakeholders to make telemedicine more accessible.

13. EMERGING INFECTIOUS DISEASES

- **We RECOGNIZE** that Measles and Pertussis are now recent re-emerging diseases despite having components of an eradicable disease.
- **We RECOMMEND** development of strategies to control emergence of viral hemorrhagic fevers: sentinel surveillance, modernizing wet markets, ban on wild animal trade, conducting field surveys
- **We COMMIT** to educate HCPs on emerging infectious diseases.

14. CARDIOLOGY

- **We RECOGNIZE** that the most common cause of syncope in an otherwise healthy child is neurocardiogenic-benign and transient.
- **We RECOMMEND** use of pulse oximetry. Pulse oximetry is a safe, cost effective tool for screening for congenital heart disease
- **We COMMIT** to promoting screening for congenital heart disease: prenatal, postnatal and on follow up visits

15. NEONATOLOGY

- **We RECOGNIZE** that up to 75% of deaths caused by hypothermia could be prevented with essential equipment and trained staff
- **We RECOMMEND** inclusion of inputs from the local context, and end-users to design equipment that will enable the provision of skilled care to newborns.
- **We COMMIT** to improvement of the knowledge and practice of HCPs on management of neonates

16. DERMATOLOGY

- **We RECOGNIZE** that in the immunocompromised host, opportunistic fungi, e.g. Aspergillus can lead to both cutaneous and systemic
- **We RECOMMEND** adjunctive treatment for household contacts for patient with tinea capitis & the patient includes regular use of an antifungal shampoo, until the patient is free of disease.
- **We COMMIT** to improvement of the knowledge and practice of HCPs on management of skin conditions

17. NUTRITION

- **We RECOGNIZE** that maternal obesity is a major risk factor for childhood obesity thus our interventions need to go back into the prenatal period.
- **We RECOMMEND** addressing of factors associated with picky eating: early feeding difficulties, late introduction of lumpy foods at weaning, pressure to eat & early choosiness; parental feeding styles and practices as a way of avoiding picky eating.
- **We COMMIT** to improvement of the knowledge and practice of HCPs on management of nutritional conditions.

18. ADOLESCENT MENTAL HEALTH

- **We RECOGNIZE** that pediatricians are central to the sphere of influence changing child survival and transformation of children and adolescents' lives.
- **We RECOMMEND** in-depth multidisciplinary research, and collaboration to avert school violence.
- **We RECOMMEND** vaccination for all children and adults with IMIDs (immune mediated inflammatory disorders).
- **We COMMIT** to improvement of the knowledge and practice of HCPs on Adolescent Mental Health.

19. VACCINOLOGY

- **We RECOGNIZE** that IMIDs (immune mediated inflammatory disorders) are associated with reduced ability to mount immune response to vaccine antigens thus suboptimal protection.
- **We RECOMMEND** vaccination of household contacts of immune-compromised children especially against VZV and influenza.
- **We COMMIT** to participating in strengthening surveillance and laboratory confirmation to follow up the meningitis pathogens trend in the country.

20. BRIDGING THE SILOS IN SPECIAL NEEDS CARE

- **We RECOGNIZE** that pediatricians have a role in advocating for children and families to ensure optimal developmental, health and socio-emotional outcomes.
- **We RECOMMEND** the need for inclusion of more indicators for tracking development in ECD.
- **We COMMIT** to improvement of the knowledge and practice of HCPs on their role in advocating for the wholesome care of the child with special needs.

21. LEADERSHIP AND GOVERNANCE

- **We RECOGNIZE** that leadership is driven by a compelling vision. There will always be 'vision derailleurs' but one needs to remain focused.
- **We RECOGNIZE** Communication is key in leadership. One cannot be a good leader without being a good communicator.
- **We RECOMMEND** improvement in terms of the third delay in public hospitals. These are often underestimated.
- **We COMMIT** to improvement of the knowledge and practice of HCPs on their role in leadership and governance.

22. GENETICS

- **We RECOGNIZE** that genetic testing is indicated to confirm diagnosis, perform risk analysis and guide management.
- **We RECOMMEND** identifying the reason for testing, the person to be tested and the consideration for genetic consultation.
- **We COMMIT** to improvement of the knowledge and practice of HCPs on their role in genetic testing.