Announcement

EPA NEWSLETTER ISSUE 04 NOVEMBER 2009

Evidence Based Medicine and Child Health
Co-organised by the Cochrane Child Health Field and EPA/UNEPSA
Florence, 3 December 2009

Important announcement
EPA/UNEPSA is launching individual membership.
Join the most extensive paediatric network in Europe!

See you in Florence in December!
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Cochrane Collaboration is a firm but dynamic structure of individuals and entities with the main aim of disseminating systematic reviews of health care effects, hence the interest among the ones caring for patients, in our case pediatric patients. In order to stress the importance of the review procedure it is necessary to keep in mind the term ‘systematic review’ meaning the existence of explicit methodologies in the article as a counterpoint to ‘non-systematic reviews’ where opinions can be mixed with evidence.

If we now think in a systematic review once the objectives (main and secondary) of the review have been formulated, then the identification and selection of the studies is hard work requiring electronic search of bibliographic databases, hand search of journals and perhaps ad hoc notification. The next point is to assess validity and this is crucial for the application of the objectives stated a priori. Having reached this step it is important to consider that randomized trials offer less bias at entry, and those in which the blinding procedure is extended to the interventions and outcome measurements. Next comes the stage of combining results of independent studies with categorical dichotomous or continuous data. Finally come the expected inferences from the primary trials of the review. Behind this mere enumeration of tasks there is a long procedure that gives as result the probable effect of treatment selected in the set of primary trials. At this point it is not adventurous to say that even if one had been reading all the primary articles containing the trials directly the real information obtained would have been less so as not to say there would be an eventual bias after reading only one or a few articles. When the evidence based methodology was applied in early 1990’s to neonatal trials, some controversial approaches for managing asphyxia or respiratory disorders in the preterm were rapidly sorted.

Now this complex but yielding technology has been applied to child health. Evidence Based Child Health is a Cochrane Review Journal born in 2006. In this short period of time some facts are evident. The gathering effect of deriving good reviews from other journals, some of them far from the pediatrician current literature, to this said common platform. Other positive issues rely on the summary of every volume. The heading ‘Preventing Diarrhoea’ in the summary of the volume 4, issue 2 (June 2009) including the Intervention review, Summary and Commentaries, leaves few doubts as to the importance of hand washing in comparison to other actions. This is a standard example of what one can gather after a quick and easy reading, or more detailed if wanted.

Our Association has done an important job well acknowledged by Cochrane Review and the result is to have an ‘Official Journal of the European Pediatric Association’. This Journal is quite different from the common (clinical, research...) and important pediatric journals some of which are giving the fuel for the systematic reviews. The opportunity of receiving it with a very modest monetary effort, in my opinion should not be under-estimated.

Manuel Moya
Editor of Newsletter

P.S. If you wish to receive an e-alert for new issues, all you have to do is send an e-mail to epa-unepsalcanlc-group.com
European Paediatric Association (EPA/UNEPSA)

Join the most extensive paediatric network in Europe!

The European Paediatric Association (EPA/UNEPSA) is offering you the opportunity to become member on an individual basis. EPA/UNEPSA welcomes all doctors who are certified as paediatricians in Europe and are members of their respective National Paediatric Society/Association participating in EPA/UNEPSA.

By joining EPA/UNEPSA, you gain access to a network of 38 national European associations and open yourself to a new world of opportunities.

Benefits
The individual membership is offered at a privileged 50 Euro annual fee and encompasses a set of benefits that aim to provide value to the wide community of European paediatricians.

- On line access to the Evidence Based Child Health: A Cochrane Review Journal
- Reduced registration fees to Europaediatrics, to the thematic meetings co-organised with the Cochrane Collaboration as well as to other events organised by EPA/UNEPSA.
- Quarterly e-newsletter with updates and news
- Access to the members-only section of EPA/UNEPSA website that aims to become a valuable tool and resource (online directory of members, complimentary or privileged prices for additional on-line services, etc.)

Individual membership is offered on an annual basis starting on the 1st January of each year and ending on the 31st of December.

Visit www.epa-unepsa.org to find out more information.

We look forward to welcoming all of you in EPA/UNEPSA!
Scientific Meeting Evidence-Based Medicine and Child Nutrition

Florence, 3 December 2009

In a few days, European paediatricians will have the opportunity to meet again in Florence for the Evidence-Based Medicine and Child Nutrition scientific meeting. Focusing on children’s nutrition and the ongoing challenge to help paediatricians integrate evidence based medicine into their day to day practice, the scientific meeting is co-organised by the Cochrane Child Health Field and the European Paediatric Association (EPA/UNEPSA).

The final scientific programme is available on our website www.epa-unepsa.org.

The main focus is on:
- Infant feeding
- WHO growth standards
- Gluten in child nutrition
- Prevention of food allergy
- Practical approach to prolonged artificial nutrition
- Obesity

Visit the website today for more detailed information on the speakers and the topics that will be covered during this unique one-day event.

For a few more days you may register online by simply clicking on the relevant link on the EPA/UNEPSA website.

We also invite you to stay longer in Florence to attend Excellence in Paediatrics; EPA/UNEPSA is official supporter of this international paediatric conference presented by Wiley-Blackwell and taking place from 3 to 6 December in the same venue in Florence.

The scientific programme of the conference comprises 75 sessions and workshops on a wide range of paediatric topics, including special sessions presented by the Harvard Medical School & the Children’s Hospital Boston, the European Society for Paediatric Infectious Diseases (ESPID) and the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN).

Visit www.excellence-in-paediatrics.org for more information and to register to both events.

See you in Florence!
On July 3-6 2009 for the first time in the history of the Soviet and modern Russia, Europaediatrics, the EPA/UNEPSA congress, was held in Moscow. The academician of the Russian Academy of Medical Science, Professor A. Baranov, Vice President of EPA/UNEPSA and President of the Union of Paediatricians of Russia was the President and soul of this milestone congress. Russian paediatricians proposed the motto: 'East and West, North and South: Balanced Pediatric Care in Europe'. Looking back at the congress, it can be said that the bridging motto was well forged and therefore with future projections.

Not only because it took place on the first day of the congress, but primarily due to the relevance of personalities and the expressed commitments, it is worth mentioning first the Opening Ceremony. It was simply majestic, taking place in the historical building of Manezh in the heart of Moscow. The Russian President Dimitry A. Medvedev welcomed the congress delegates in his country and took time to meet a team of prominent paediatricians. Andreas Konstantopoulos, President of EPA/UNEPSA, Tatiana Golikova, Minister of Health, and Yuri Luzhkow, Mayor of Moscow also addressed the delegates of the congress. The intervention of Mr Medvedev with his high degree of concern for improving the health of children and adolescents in Russia and his vast area of influence together with those of the above mentioned speakers was a real stimulus for the Organizing Society, the invited faculty and without doubt the attending paediatricians. A commitment was sought after for children with utter care under his dynamic style.

Data from the congress are pertinent now and we appreciate the information facilitated by Professor Leila Namazova-Baranova. More than 3500 delegates have participated in the congress. Out of these, 1600 came from different countries of Europe, China, India, Australia, North America and particularly from all regions of the Russian Federation. All of them through the prominent societies: EPA/UNEPSA, American Academy of Pediatrics, International Paediatric Association and a great number of societies of paediatric subspecialties. The presence of entities and organisations such as the WHO, UNICEF and the European Medical Agency was a firm support for the undertaken commitment on paediatric and adolescent health.

The scientific aspects of the 4th Europaediatrics congress, were encompassed by the themes of the plenary sessions. ‘Risk factors for children’s health’ with the participation of A. Baranov, M. Krzyzanowki, A. Rubino, B. Neville and CW Chan was a real exemplary showcase of the concern and design of the scientific programme, to which J. Ehrich has contributed so much. Infectious diseases and brain development were two other important plenary sessions. The present wide field of paediatrics was covered by the many symposia that did not leave out any important component of current developments. They ranged from specialized home care or debates in paediatrics to more classical subjects such as nutrition or preterm care.
The round tables on paediatric education and the diversity of paediatric care were real forums to compare two working systems that could benefit from a crossing-over. It is impossible to finish this short summary on the scientific programme without mentioning the poster sessions (approximately 800) and the well organized and scheduled presentations that allowed everyone to assess the quality of the basic paediatrics of the regular attendants. The important quota of Russian paediatricians in the faculty as well as in the floor participation was a very positive issue, not always well known.

The highlight of the social events in the modern but charming city of Moscow was the mentioned opening ceremony. Apart from the exceptional attendance of the highest authority of the nation, the participation of the Bolshoi theatre soloists were a living proof of the care and dedication vested in preparing this also important part of every congress.

As “paediatric life” must evolve, EPA/UNEP-SA held its annual General Assembly where representatives of member paediatric societies reviewed the activities of the past period and exchanged opinions on current issues. The General Assembly also approved the proposal of Prof A. Baranov as President of the Union of Paediatricians of Russia to welcome a new member to the association—the Moldovan Pediatric Society.

The 4th Europaediatrics turned out to be the primary meeting point of the European paediatricians in 2009, to which the coordination and efficiency of the two Organizing Committees has been fundamental. After such a successful event the anticipation for the next congress is quite high. There are five cities that have expressed an interest in hosting the 5th Europaediatrics 2011. We will all need to wait until the end of this year to find out where it will be held. Until then we can relive the wonderful moments we experienced in Moscow by visiting the website www.europaediatrics2009.ru to see and download the photos that the efficient Local Organizing Committee has posted for all delegates.

Manuel Moya
Editor of Newsletter
The epidemiology of pediatric infection in Europe has been marked in recent years by a dramatic reduction in mother-to-child transmission of HIV (PMTCT), which is by far the most important source of infection in children. This reduction has been achieved by the generalization of HIV testing in pregnant women (figure 1) and the prevention measures which can be summarized in HAART use for pregnant women, independently of the clinical or immunological situation, intravenous zidovudine during labor and delivery, cesarean section when a viral load inferior to 1000 copies in the last month is not achieved, breastfeeding replacement, and prophylactic antiretrovirals administered to the newborn until the age of 4 to 6 weeks.

**Figure 1. Percentage of pregnant women tested for HIV as part of routine care Europe (1)**

This fact has represented a widely distributed trend in the decrease of newly diagnosed HIV infections in children. On the other hand, the considerable increase in migrations to Europe from other regions of the world where HIV infection is more prevalent has also a remarkable impact in the proportion of new cases, resulting in a considerable number of new cases diagnosed amongst children coming from sub-Saharan Africa or Latin America. This situation has not had the same impact all over the continent, acquiring its maximum expression in countries as Spain, United Kingdom, Italy or France. Access to HIV-related services for documented and undocumented migrants is not uniform among high-income countries, including the European Union (EU). While in some European countries members of these groups have free access to HIV services at the point of delivery, in other countries access to HIV services for these populations is obtained by paying a fee.

One of the main problems to understand the situation of pediatric HIV infection in Europe is the discouraging lack of reported data by countries, which is a generalized problem in most high-income countries. The responses in 2008 to the Universal Access Report comprised 49% of all countries of high income, a level still well below the response rate of the 86% of the countries of low and middle income. On average, high-income countries reported 10 indicators compared with an average of 16 out of 25 indicators on the 124 countries that reported low and middle income(2). Unfortunately when the analyzed indicator is the number of HIV infected children the lack of information is almost absolute.
There are two different realities in the European countries. In the high-income European countries, either members of or not we know through the every day practice, the studies that are published, the common guidelines for treatment as the Spanish or the British ones, for instance, that good standards of care are achieved. There are first, second and even third line of HAART available in most countries. Many children that started antiretroviral treatment 15 years ago that have accumulated multiple resistant strains of HIV, have now new opportunities with the new protease inhibitors as darunavir or tripanavir, the new non nucleoside inverse transcriptase inhibitors (etravirina), with new families of anti-retrovirals (ARV) as the integrase inhibitors (raltegravir), or the entry blockers (maraviroc and enfuvirtide). At the same time there is a general concern in defining treatments with lower toxicity, taking into account the potential alterations in the body composition, either lypoatrophy or lypoaccumulation elicited by some ARV or the alteration in the lipid profile triggered by some others. With the current knowledge, drugs armamentarium and resources in Western Europe, the life expectancy and what is evenly important, the quality of life of a child with HIV is quite similar to that of non infected peer.

If we have a look to Eastern Europe and the Russian Federation the situation is quite different. HIV epidemic in this region is growing rapidly and there is over 1.5 million people with HIV in the region, which represents, a 20-fold increase in a decade. HIV transmission is due predominantly to injecting drug use, which accounts for 62% of new HIV cases in the region. There is an estimation of 55,000 children infected in this region[3], and although there has been an important increase in the number of treated children, according to the data presented by WHO representatives in Cape Town in IAS congress last July, a huge amount of children in need of treatment still lack this opportunity(4). A Progress in PMTCT has been achieved in some countries of this region, but continues in suboptimal numbers, around 65 % in wide areas of the region.

Dr. Raúl González
Head of the Infectious Diseases Unit
Paediatric Department
University Hospital S. Juan (Alicante)
Spain

References.
From the Italian Paediatric Society

The Italian Society of Paediatrics (ISP) was founded over 100 years ago. Up to 20 years ago, it was the only paediatric society in Italy. Today, 15 societies specialised in the paediatric field operate in Italy, and all are affiliated to the ISP, which has thus become a kind of federation of paediatric societies. Within the ISP itself there are at least 14 research groups focusing on paediatric specialties or dealing with broad paediatric sectors; each of these groups has ample operative autonomy. Moreover, in Italy there are at least 10 distinct scientific societies that, although belonging to what may be called the ‘paediatric area’ (paediatric surgery, paediatric neuropsychology, paediatric ORL, paediatric ophthalmology, etc.), have complete autonomy. Last but not least, an Italian Society of Paediatric Research was recently established to represent investigators in Italy doing research in paediatrics. This Society deals exclusively with scientific research and the training of young students in scientific research, whereas the ISP and the other above-mentioned Societies have broader fields of interest and activity.

Notwithstanding this constellation of societies, the ISP maintains a position of leadership in paediatrics in Italy and in relations with the authorities and with society as a whole. The ISP enjoys this position thanks to its traditions and long history, and because its membership includes not only paediatricians working in scientific research but also all paediatricians working in Italy in universities, hospitals, out-patients’ clinics in both the public and private sector.

This complex scenario, which probably parallels what is happening in other European countries, prompts some considerations. The scientific and technological advances of the 21st century, with the consequent multiplication of specialties and subspecialties, have changed the way we treat infants and adolescents. The child:paediatrician 1:1 relation has been supplanted by a relation in which not the single paediatrician but a team of paediatricians and different health professionals take care of each child depending on the type of its problems. All this has compounded the complexity of paediatric societies. However, the professional figure of paediatric specialist, who deals with the primary care of children, was established in Italy 20 years ago. Each Italian child has his/her own family paediatrician with a proportion of one family paediatrician per 800-1000 children. On one hand, this ensures good care for children throughout the country, and, on the other hand, it safeguards a strong culture of general paediatrics despite the proliferation of paediatric specialties. In this context, there is the Italian Federation of Paediatric Physicians, which is totally distinct from the ISP. This Federation is very active in the educational field, and also deals with health-organizational and salary aspects.

In this complexity of paediatric societies, the real challenge is: how to organize and foster the coexistence of the various societies in a spirit of synergy, cooperation, positive interaction, on the basis of shared values and overlapping missions.

Armido Rubino
Professor of Paediatrics
University Federico II
Naples, Italy
Asia: The 13th Asian Pacific Congress of Pediatric and Pediatric Nursing took place in Shanghai on October 14-18, 2009. This vast paediatric region, although far from Europe is more and better known for its rocketing scientific achievements and for the reason that more than half of the world’s children live in this region. The Asian Pacific Association of Paediatrics under the Presidency of Professor Sanath Lamabalusuriya elected the Chinese Paediatric Association to develop this important event, under the presidencies of Professor X. He and Professor Y. Gui. The venue, Shanghai International Convention Centre, a six level modern fully equipped centre at the riverside was most adequate for taking in more than 2,500 delegates. The scientific programme included the usual sections, such as free papers, posters, meet-the-expert sessions and covered by means of 45 symposia the main fields of current paediatrics. Nevertheless, the seven plenary lectures marked the main themes of the congress: Neonatology, Evidence Based Pediatric Medicine, Genetics and Nutrition. EPA/UNEPSA was represented in the Congress by the Vice President Professor Manuel Moya and precisely through the theme of Nutrition. Chairing and presentation in the symposia on Obesity and Food Allergy was a primary task but probably the plenary session on Nutrition in the growth decelerating years was considered as key note. Probably the most important thing is the setting-up of a bi-directional relationship between these important paediatric associations, both of them under the International Pediatric Association, so well represented in this congress by its president Professor Chok-Wan Chan who gave the important directions that are sometimes above the mere clinical work.

World: Global campaigns to fight diarrhoea - the second deadliest illness for children – must be re-energized to prevent the deaths of millions in the developing world. UNICEF and WHO released a new report on the disease in October that calls attention to this acute problem. The report, Diarrhoea: why children are still dying and what can be done, lays out a seven-point plan that includes a treatment package to reduce childhood diarrhoea deaths and a prevention strategy to ensure long-term results. “It is a tragedy that diarrhoea, which is little more than an inconvenience in the developed world, kills an estimated 1.5 million children each year,” said UNICEF Executive Director, Ann M. Veneman. “Inexpensive and effective treatments for diarrhoea exist, but in developing countries only 39 per cent of children with diarrhoea receive the recommended treatment.” Campaigns targeting childhood diarrhoea in the 1970s and 1980s achieved success by scaling up the use of oral rehydration solution (ORS) to prevent dehydration and by educating caregivers. In spite of the promising results of these campaigns, in recent years the international community has shifted its focus to other global emergencies. There is now an urgent need to focus once more on preventing and treating diarrhoea.

UK: As swine flu takes the world by storm, certain measures recommended by experts may fail to slow the spread of the disease in the long term, according to a new study from the London School of Hygiene & Tropical Medicine in the UK. Presented in the BMC Public Health journal, the researchers believe that increased hand hygiene in primary schools will only provide a short reprieve in the fight to prevent the spread of infection. Data suggest that the risk of catching H1N1 influenza in school children is double that in adults.
This latest pilot study found that the children are not as diligent as grown-ups in adopting and maintaining stricter hand hygiene practices which are promoted by health authorities as an effective way to keep this and other illnesses at bay.

**USA:** With chronic diseases on the rise in children, pediatricians are looking for solutions to improve care and outcomes for these often complex illnesses. The American Academy of Pediatrics (AAP) has announced a new initiative funded with a grant from the Merck Childhood Asthma Network, Inc. (MCAN) that will allow pediatricians across the country to pilot a series of quality improvement programs to effectively address the top chronic disease affecting kids - childhood asthma. Officials from the AAP and MCAN emphasized the extreme importance of the new program since research shows that two out of three children with moderate or severe asthma do not receive adequate or recommended treatment for controlling asthma. The AAP’s Comprehensive Asthma Program (CAP) aims to help pediatricians implement the National Heart, Lung, and Blood Institute (NHBLI) guidelines. The AAP will use CAP to educate chapters and pediatric practices across the country about the implementation of the latest guidelines, which stress four main components: diagnosing and assessing the severity of asthma to monitor whether asthma control is achieved and maintained; creating a partnership between the patient and the health care provider involved in asthma care; controlling environmental factors and associated conditions that affect asthma; and using proper medication.

**World:** Do children benefit from learning two languages instead of just one? A team of EU-funded researchers say they do. Published in the journal Science, the EU-funded study’s findings demonstrate that infants exposed to two languages develop more flexible learning strategies when dealing with linguistic stimuli. A well-defined timeframe is instrumental in helping children acquire their native language, according to researchers. Despite the fact that children raised in bilingual homes learn roughly twice as much about language as their monolingual peers, there is no major difference in the speed at which bilingual and monolingual children acquire language. The researchers from the International School for Advanced Studies (SIS- SA) in Italy assessed pre-verbal 12-month-old bilingual infants. They found that these children are more adaptable at learning speech structures versus their monolingual peers. "When given the opportunity to simultaneously learn two different regularities, bilingual infants learned both, while monolinguals learned only one of them," the authors write. "Hence, bilinguals may acquire two languages in the time in which monolinguals acquire one because they quickly become more flexible learners." The researchers suggest that bilingual infants are able to acquire two languages just as fast as monolinguals learn one because they have more experience in learning in a ‘mixed input’ environment. "Bilinguals have to learn a distinct set of properties for each of the languages from a multi-language input, while avoiding interference between the two languages," the study says. "Thus, they might recruit specific mechanisms that help them to simultaneously extract patterns from two languages even before they start speaking."
Calendar of events

2009

**EAACI – European Paediatric Allergy & Asthma Meeting**
ITALY, Venice, 12-14 November 2009

**Congreso ALAPE 2009**
PUERTO RICO, San Juan, 15-20 November 2009

**11th World Congress on Pediatric Dermatology**
THAILAND, Bangkok, 17-20 November 2009

**6th World Congress of the World Society for Pediatric Infectious Diseases:**
ARGENTINA, Buenos Aires, 19-22 November 2009

**7th Slovak Paediatric Congress**
SLOVAKIA, Martin, 26-28 November 2009

**65o Congresso Nazionale della Società Italiana di Pediatria**
ITALY, Padova, 27-30 November 2009

**Evidence Based Child Health and Child Nutrition**
ITALY, Florence, 3 December 2009

**Excellence in Paediatrics 2009**
ITALY, Florence, 3-6 December 2009

**Hot topics in Neonatology 2009**
USA, Washington DC, 6-8 December 2009

**Scientific Meeting of Croatian Pediatric Society**
CROATIA, Zagreb, 12 December 2009

2010

**World Congress of Neonatology**
EGYPT, Luxor, 6-9 January 2010

**6th Panhellenic Congress of Paediatric Subspecialties**
GREECE, Athens, 6-7 March 2010

**EPOS – 29th ANNUAL MEETING**
CROATIA, Zagreb, 7-10 April 2010

**6th Congress of Asian Society for Pediatric Research (2010 ASPR)**
TAIWAN, Taipei, 15-18 April 2010

**RCPCH Spring Meeting**
UK, University of Warwick, 20-22 April 2010

**Annual Meeting of the Pediatric Academic Societies**
CANADA, Vancouver, 1-4 May 2010

**28th Annual Meeting of ESPID**
FRANCE, Nice, 4-8 May 2010

**10th European Society for Pediatric Dermatology Congress**
SWITZERLAND, Lausanne, 20-22 May 2010

**44th Annual Meeting of AEPC**
AUSTRIA, Innsbruck, 26-29 May 2010

**59 Congresso della AEP**
SPAIN, Maspalomas Gran Canaria, 3-5 June 2010

**43rd ESPGHAN Annual meeting**
TURKEY, Istanbul, 9-12 June 2010

**Congrès des Sociétés de Pédiatrie**
FRANCE, Paris, 16-19 June 2010

**Congrès annuel de la SSP**
SWITZERLAND, Crans Montana, 17-18 June 2010

**9th International Congress on Pediatric Pulmonology**
AUSTRIA, Vienna, 19-21 June 2010

**26th International Pediatric Association Congress of Pediatrics (IPA 2010)**
SOUTH AFRICA, Johannesburg, 5-9 August 2010

**15th Congress of the International Paediatric Nephrology Association**
USA, New York, 29 August -2 September 2010

**4th Pediatric Congress of Bosnia & Herzegovina**
BOSNIA & HERZEGOVINA, Neum, 16-18 September 2010

**49th Annual Meeting 2010 - ESPE**
CZECH REPUBLIC, Prague, 22-25 September 2010

**Annual Meeting of ESSOP**
TURKEY, Izmir, 13-17 October 2010

**106. Jahrestagung der Deutschen Gesellschaft für Kinder- und Jugendmedizin e.V. (DGKJ)**
DEUTSCHLAND, Potsdam-Babelsberg, 16-19 October 2010

**3rd Congress of the European Academy of Paediatric Societies (EAPS 2010)**
DENMARK, Copenhagen, 23-26 October 2010

**Pediatric Days**
FINLAND, Oulu, 11-12 November 2010

**Excellence in Paediatrics 2010**
UK, London, 2-5 December 2010
List of Member Countries

Albania
Albanian Pediatric Society

Armenia
Armenian Association of Pediatrics

Austria
Oesterrechische Gesellschaft fur Kinder-und Jugendheilkunde (OEGKJ)

Belgium
Societe Belge de Pédiatrie/Belgische Vereiniging voor Kindergeneeskunde

Bosnia and Herzegovina
Pediatric Society of Bosnia and Herzegovina

Bulgaria
Bulgarian Pediatric Association

Croatia
Croatian Pediatric Society

Cyprus
Cypriot Pediatric Society

Czech Republic
Czech National Pediatric Society

Denmark
Dansk Paediatrisc Selskab

Estonia
Estonian Pediatric Association

Finland
Finnish Pediatric Society

France
Société Française de Pédiatrie

Georgia
Georgian Pediatric Association

Germany
Deutsche Gesellschaft für Kinder- und Jugendmedizin (DGKJ)

Greece
Hellenic Paediatric Society

Hungary
Hungarian Pediatric Association

Ireland
Royal College of Physicians of Ireland/Faculty of Paediatrics

Israel
Israeli Pediatric Association

Italy
Società Italiana di Pediatrica

Latvia
Latvijas Pediatriju Asociacija

Lithuania
Lithuanian Paediatric Society

Luxembourg
Société Luxembourgeoise de Pédiatrie

Macedonia
Pediatric Society of Macedonia

Moldova
Moldovan Paediatric Society

The Netherlands
Nederlandse Vereniging voor Kindergeneeskunde

Poland
Polskie Towarzystwo Pediatriczne

Portugal
Sociedade Portuguesa de Pediatria

Russia
The Union of Paediatricians of Russia

Serbia and Montenegro
Paediatric Association of Serbia and Montenegro

Slovakia
Slovenska Pediatricka Spolocnost

Slovenia
Slovenian Paediatric Society

Spain
Asociación Española de Pediatría

Sweden
Svenska Barnlakarforeningen

Switzerland
Société Suisse de Pédiatrie/Schweizerische Gesellschaft für Padiatrie

Turkey
Türk Pediatri Kurumu

Ukraine
Ukraine Pediatric Association

United Kingdom
Royal College of Paediatrics and Child Health

Roll over your mouse to visit the websites of the National Associations.

Visit www.epa-uneepsa.org for contact information for each member organisation.
EPA Newsletter issue 4
Newsletter of the European Paediatric Association (EPA/UNEPSA)
Editor: Manuel Moya

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EPA/UNEPSA website: www.epa-unepsa.org

EPA/UNEPSA Account Director: Nassia Papazoglou
Contact information: epa-unepsa@candc-group.com

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