5th Europaediatrics  23-26 June 2011
Vienna wins the bid!

EPA/UNEPSA Individual membership
Join the most extensive paediatric network in Europe today!
# Contents of EPA/UNEPSA Newsletter - Issue 5

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Letter of the Editor
A year starting with good news

In this present issue positive news merits some consideration. Changes are important because when they are appropriate they prevent chronic situations going on only due to inertia. Although this is not our case, new input is always motivating. Our Council has been renewed in many of the leading positions. Professor Konstantopoulos and Professor Baranov have been re-elected President and Vice-President; this is normal owing to the shortness of the terms given by our Constitution which is often not long enough to be able to achieve long term tasks, for example, the precise arrangements prior to the publication of “Evidence-based Child Health” in the Cochrane review journal. New members as Professor Massimo Pettoello-Mantovani, the Secretary General, and Jochen Erich, Treasurer, and Wilhelm Kaulfersch, President of the 5th Europaediatrics, Ex-officio member are persons of qualified scientific background and particularly with a high degree of commitment for the best development of paediatrics across the whole of Europe. People leaving the Council have left us real improvements in the dynamics of our society and particularly true friendship that makes it possible to turn to them as we did before. I would like to thank all of them for their devotion: David Branski, Gerhard Gaedicke and Josip Grguric.

The evolution of our society over the last few years has shown its aim to gather general paediatricians from all countries without any political bias, purely for scientific reasons. This rational turn-over should never slow down because appropriate changes always improve our carefully thought up objectives. An example of these is the planning of EPA/UNEPSA workshops & courses inscribed in the CME philosophy.

They are organised choosing attractive and easy to reach destinations with a carefully selected scientific programme and with a targeted and sized attendance.

The chapter of good news should include the election of Vienna as the next Congress site. The town and scientific programme and the good job being done by Professor Wilhelm Kaulfersch are attractive enough to gather all colleagues under this trend of growing attendance. The scientific committee led by Professor Armido Rubino guarantees a good match between what is going to be said and attendance expectation.

One of the latest and probably most important news items in this edition is the official candidacy of Professor Konstantopoulos as President elect of the International Paediatric Association which heads paediatrics all over the world. One does not get to this stage by chance or one’s own initiative, the important support given by institutions and national societies is a vital background to take such an important decision. This entourage and his able capacities forecast a certain winner.

Our Newsletter continues with the habitual sections. As a quick vehicle for information it is important to mention the newly opened channels towards other paediatric supra-national societies and institutions. This probably affirms our role in European paediatrics and will strengthen our scientific assets which are our ultimate motto. In the present issue do not miss the consequences that iron deficiency could have on the neuro-development of the so-called ‘normal’ children.

I would like to end by mentioning that our new lines of work in this newsletter are deliberately not too ample in order to be achievable and tenable.

Manuel Moya
Editor of Newsletter

PS. If you wish to receive an e-alert for new issues, all you have to do is send an e-mail to epa-unepsa@candc-group.com
EBM and Child Nutrition Scientific Meeting
General Assembly of EPA/UNEPSA

A Report from Florence

Cochrane Child Health Field & EPA/UNEPSA scientific meeting.

More than 500 paediatricians from countries across the world had the opportunity to attend the Evidence-Based Medicine and Child Nutrition scientific meeting in Florence on 3 December 2009. 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 was co-organised by the Cochrane Child Health Field and EPA/UNEPSA. The scientific meeting was followed by the Excellence in Paediatrics conference that attracted 680 delegates from all over the world. EPA/UNEPSA was an official supporter of this international paediatric conference presented by Wiley-Blackwell.

The Cochrane Child Health Field and EPA/UNEPSA have already decided that next year they will co-organise a series of sessions on respiratory child health. The sessions will be presented on 2 December 2010 in the context of the second Excellence in Paediatrics conference that takes place in London on 2-4 December 2010.

EPA/UNEPSA General Assembly

On the eve of the scientific meeting in Florence, EPA/UNEPSA held a General Assembly in Florence. The representatives of the member societies that attended the Assembly contributed with their votes to defining the direction and the immediate steps for the European Paediatric Association.

The Council members were renewed after holding elections for five out of the eight positions.

The Council that currently leads the Association has the following composition:

- A. Konstantopoulos, President (term ends in 2011)
- M. Pettoello-Mantovani, Secretary General (term ends in 2011)
- A. Baranov, Vice-President (term ends in 2011)
- M. Moya, Vice-President (term ends in 2010)
- J. Ehrich, Treasurer (term ends in 2011)
- F. Cullu, Councilor (term ends in 2010)
- L. Szabo, Councilor (term ends in 2011)
- A. Rubino, Past President
- W. Kaulfersch, Ex-officio member, President of the 5th Europaediatrics 2011
The city of Vienna and the Austrian Society of Paediatric and Adolescent Medicine were selected to host the 5th Europaediatrics. The Austrian capital is an ideal location for an international medical congress. It is a city rich in culture, with all the modern amenities, and boasts an impressive history in the medical sciences. Vienna is located in the heart of Europe, and is easy to reach by plane, train or car. The city offers an excellent conference infrastructure and the highly professional services required to organize the 5th Europaediatrics. Please visit the congress website to get initial information: www.europaediatrics2011.org.

The General Assembly also adopted an initiative to organise additional educational activities. These activities relate to the notion of Continuous Medical Education that has been prioritised on numerous occasions by member societies as very important. The purpose is to provide European paediatricians with the opportunity to participate in focused short courses and seminars that will enable them to update their scientific knowledge and improve their clinical practice.

Finally, the General Assembly was also informed and agreed on the initiative that affects the relationships with the European Academy of Paediatrics (former CESPI). The two societies have decided to work closer together and have appointed liaison officers who will attend meetings and will help coordination of activities. The European Paediatric Association (EPA/UNEPSA) has also decided to offer to EAP one of the two positions representing the European Region in the Standing Committee of the International Paediatric Association (IPA). As a result of this initiative, EAP was invited to nominate candidates for one of the positions for the next elections that will be held in August 2010.
European Paediatric Association (EPA/UNEPSA)

Join the most extensive paediatric network in Europe!

As the European Paediatric Association (EPA/UNEPSA) launched the individual membership at the end of last year, applications started coming in since the first days of 2010. 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 Journal is a core benefit of individual membership to our association and we are excited by the prospect of making such a valuable resource widely available to paediatricians across Europe.

• Our members will enjoy reduced registration fees to Europaediatrics as well as to other events organised by our Association.

• The quarterly newsletter aims to be a source of current information relevant to the interests of European paediatricians.

• Finally, our members will find in our website a valuable tool and resource (access to the members-only section, on-line directory of members, complimentary or privileged prices for additional on-line services).

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

You may apply online for an individual membership. Please visit our website www.epa-unepsa.org for more details and to fill out a registration form.

We look forward to welcoming all of you in EPA/UNEPSA!
Iron status and neuropaediaitric illnesses

Since the first epidemiological studies on starvation in children in the European post-war periods, and later in developing countries, the deleterious role that nutritional deficient states in early human life, played in neurodevelopment has been well known. These are normally shown in the clinic as developmental delays, even when the original dietetic deficit has been compensated. Classic paediatric textbooks have accumulated references on how poor nutritional states, could be in the physiopathology base of neuropathies, movement disorders, and, even, psychiatric syndromes. Later, during the sixties, multiple studies on specific deficient aspects of the normal diet were carried out. Thus Ca, P and Mg deficiencies were made responsible for muscular tone disturbances which were significant enough to interfere in the assessment of many developmental milestones. During the seventies, we were able to attend the enormous concern about the negative influence that the lack of trace elements in early infant diet could play in the ponderoestatural development. At the same time, evidence arose that about a 30% of the US infant population between 6 to 18 months, were iron deficient. This committed the US health authorities such as AAP, to recommend iron supplementation in the infant formulas, especially during the neonatal period. Simultaneously, neuropaediaitricians were busy recognizing and treating a bunch of patients, identified by GF. Still in 1906 as children suffering from a “defect in the moral control”, we called them minimal brain dysfunction patients. These, who we now named as ADHD patients, showed a set of symptoms, characterized by irritability, concentration difficulties, impulsivity and negationist behaviours, which clearly overlap with many recognizable behaviours of patients suffering from carencial anemia. However, the needs of these patients have been attended from separate and frequently non communicated disciplines. It is not until recently, that it has been understood that patients suffering from behavioural disturbances such as those described before, would have a lack of iron which needed to be corrected for general improvement of the symptoms, or reversely to accept that the chronic iron deficiency in the infant diet could be the cause of learning and behavioural disabilities later in life.

This epidemiologic evidence has been confirmed by many studies with complementary exams and animal research models. Nowadays, we know with a high certainty the neurobiological bases that establish a relationship between pre- and perinatal iron deficiency and neurodevelopmental problems. Three main mechanisms seem to be involved.

Firstly, as suggested by R. Rao and colleagues in 2003, from animal studies, the lack of adequate iron availability during the pre- and perinatal period, appear to induce structural malformations, because of its role in the brain neurogenesis. The lack of iron has a direct impact in the oligodendroglia development, which subsequently affects the normal mielinization rate of the CNS, and therefore delayed neurodevelopment of the patient. Frequently, after this diagnosis, with normal blood test for iron status, metabolic panels and initial genetic studies, the only abnormal results that we have are MRI evidence of mielinization delay, often acknowledged as a normal variant.
Iron status and neuropediatric illnesses

We know by now that the restitution to normal values of iron status, after a pre- and perinatal deficiency, does not guarantee the correct catch up to a normal neurodevelopment.

In second place we have the neurochemistry of the developing nervous system, especially to the level of monoamine pathways. Iron deficiency appears to alter the synthesis and catabolism of the monoamines. A number of the cognitive and behavioural tasks, altered in ADHD patients, rely on the adequate functioning of the nigrostriatal dopaminergic and mesolimbic pathways as well as the noradrenergic projected fields in the midbrain. Personal data showed how teenager patients diagnosed as ADHD, had significantly less concentrations of transferrin than normal controls. Those differences were even more evident when the patients belonged to the psychostimulant refractory response group.

Another mechanism implies bioenergetics. Through magnetic resonance spectroscopy studies the ability of the brain to produce high-energy phosphate compounds and the metabolism of substrates can be measured. Those studies have been directed to evaluate the energetic performance in the hippocampus of iron deficient rodents. Clinical observations suggest that some movement and paroxistic disorders which have a common energetic physiopathology, worsened in iron deficient status.

Finally, these biological mechanisms, together with others derived from the lack of different substrates in carencial conditions, could happen simultaneously and in different proportions, producing a wide range of clinical manifestations in infant development. Perhaps, these mechanisms may be more frequent than those due to rare illnesses that we always try to find with the high tech equipment made available to us in our hospitals. From the hyper technological point of view of the third level specialist, at the beginning of the XXI century, one can only look in admiration to those primary health careers who guessed about one hundred years ago that nutritional factors were fundamental to the correct development of one of the most important traits which characterize us as humans, and it was knowledge.

As primary care givers, we should suspect their deficiency status, compensate it and transmit it to political administrations the leading role they have to correct infant nutrition for a full development of the human being, and for which they should be responsible, although parents also play a leading role, if correctly informed.

Dr. Francisco Carratala
President of the Spanish Paediatric Neurology Society
The Spanish Paediatric Association

The Spanish Paediatric Association (AEP) is a medical scientific association whose main purpose is to achieve the best medical care for the health of children and adolescents, in terms of physical, mental and social aspects. Since its foundation in Madrid on April 2nd 1949, its activities have been focused towards encouraging the development of Paediatric care globally, including clinical practice as well as issues regarding teaching and research, with particular attention to social and professional aspects.

The AEP is a federation of 14 Regional Paediatric Societies; these represent the whole national territory. Two primary care Societies (the Spanish Association of Primary Care [AEPap] and the Paediatrics Outpatient and Primary Care [SEPEAP]) and another twenty-two paediatric subspeciality Societies (Cardiology, Surgery, Intensive Care, Education, Endocrinology, Inborn Errors of Metabolism, Gastroenterology and Nutrition, Clinical Genetics and Dysmorphology, Hematology, Infectious Diseases, Clinical Immunology and Allergology, Adolescence, Nephology, Neonatology, Pulmonology, Neurology, Oncology, Social Paediatrics, Psychiatry, Radiology, Rheumatology and Emergency Care) complete the federation. Currently, more than 9,000 paediatricians and paediatric surgeons are members of the AEP. At the present time, approximately 60% of our associates are women.

The AEP is governed by a National Board. This organisation is responsible for executing the resolutions of the General Assembly, composed by all the members of the AEP. The Board is formed by the 7 members of the Executive Committee, the Presidents of the 14 regional Paediatric Societies and eight members representative of the paediatric specialty societies, which must include the paediatric surgery society representative. The Executive committee is formed by the President of the AEP, two Vice Presidents, secretary, treasurer, the President of the Spanish Foundation of Paediatrics (FEP) and the Chairman of the Committee of Congresses.

This structure allows the different societies to interact and maintain a fluent relationship with each other, as well as to coordinate their activities both at a national and international level. The AEP is a member of the FACME (Federation of Medical Scientific Associations of Spain) and is the official advisor of the Spanish Government in all issues regarding health and psycho-social aspects of children and adolescents.

The scientific activities are promoted by different Expert Committees and Working Groups which are created upon proposal by the Executive Committee and posterior ratification by the National Board. At the present time four Committees are nominated: Advisory on Vaccines, Breastfeeding, Nutrition and finally, Safety and Accident Prevention. On the other hand, five Working Groups currently exist: Bioethics, AEP’s statutes and internal regulation, History of Spanish Paediatrics, Evidence-Based Paediatrics and Continuing Medical Education.
The Spanish Paediatric Association

The Spanish National Congress of Paediatrics is the main scientific activity of the AEP. The Society is responsible for its organization through its own Department of Congress, led by the Chairman of the Scientific Committee. The first Spanish Congress of Paediatrics was held in 1914 in Palma de Mallorca and from that date (with the exception of the years surrounding the Spanish Civil War), it has been held annually. 2010 Congress will be the 59th edition and will take place in Maspalomas (Canary Islands).

At the last elections, held in June 2009 in Zaragoza, the Spanish paediatric community chose a new Executive Committee, which I proudly represent. From the new direction we are trying to maintain a fluent relationship with the different international Paediatric Societies. Currently the AEP is part of the European Academy of Paediatrics (EAP), European Paediatric Association (EPA/UNEPSA), Latin American Association of Paediatrics (ALAPE), Union of Middle Eastern and Mediterranean Paediatric Society (UMEMPS) and the International Paediatrics Association (IPA). The new Board of the AEP is also aiming to enhance relations with the American Academy of Paediatrics and other relevant scientific societies.

The Spanish Paediatrics Association holds full ownership of three different scientific publications: “Anales de Pediatría” which is the national scientific and administrative way of expression of the Society, “Anales de Formación Continuada” which is a publication focused on continuing medical education and finally and from this year, “Evidencias en Pediatría” which is an evidence-based focused publication, available as a free full text e-publication.

The “web page” of the AEP www.aeped.es aims to bring information on the activities of the association to its members in a dynamic way. It is also the AEP’s showroom for the general population. Finally, the AEP edits “Pediatría Información”, an internal newsletter for members.

The Spanish Paediatric Foundation (FEP) was created in 1994 in order to optimize the collecting for economic resources and social representation. It is responsible of establishing contacts and relationships with public and private companies and other entities. Among its main objectives, it aims to develop research and training activities, as well as to support the social image of the AEP.

The Spanish health system provides a model of paediatric care from birth to 14 years, which is based on two distinct attention levels: primary care and specialties. The primary care paediatrician (community paediatrician) is responsible for the paediatric and adolescent health at the primary care centres. The paediatric specialists attend children and adolescents at hospitals with different levels of care. Unfortunately, the paediatric specialties are not officially recognized by our government. In the meantime, the AEP is actively fighting in order to achieve the recognition of these professionals.

The excellent results achieved in the last twenty years regarding indicators that represent child health in Spain are the best proof of the strength of the Spanish paediatric care and formation at present. The 2009 Infant mortality rate of 4.21 deaths/1,000 live births or the Children-under-five mortality rate of 3.7 per 1,000 live births are two examples of this affirmation.

Serafin Malaga
Professor of Paediatrics
University of Oviedo. Spain
President of the Spanish Paediatric Association (AEP)
**News from the paediatric family all over the world**

**Turkey:** It was with great sorrow that the international paediatric family was informed of the death of Professor Ihsan Dogramaci, a founding father of UMEMPS and former president and long time director general of IPA, on February 25, 2010, at Hacettepe University Hospital, Ankara, where he had been undergoing treatment since early November. A paediatrician by profession, Professor Dogramaci was both a man of science and of deep humanity. For the past half century, he has played a key role in global efforts to improve child survival, in particular as a vocal advocate of immunization, breastfeeding and baby-friendly hospitals. With his passing, the world’s children have lost a great champion.

**IPA:** The preparations for the 26th International Congress of Paediatrics are well under way. The congress will take place in Johannesburg on 4-9 August 2010. Under the slogan 'Simunye – we are one', paediatricians from all over the world will gather for the first time in a country of sub-Saharan Africa to address the problems of health of children around the globe. During the congress, IPA will also hold the important Council of Delegates meetings. These Council meetings will elect the next IPA President-elect and members of the 2010 to 2013 Standing Committee, will choose the site for the 2016 Congress, and will include important sessions to provide ideas and suggestions to guide the future course of the IPA.

**Switzerland:** Children can strengthen their fitness level and lose body fat if they participate in a structured physical activity programme, a new European research study has found. Presented in the British Medical Journal (BMJ), the study’s findings could encourage schools across Europe to kick-start such programmes, effectively improving the health and fitness of youngsters and setting them on the road to a healthy adulthood. The researchers, led by the Institute of Exercise and Health Sciences at the University of Basel in Switzerland, evaluated a 540-strong sample of young children in 15 Swiss schools over a 9-month period. Their objective was to assess the effectiveness of a school-based physical activity programme on young children’s physical and psychological health. Childhood obesity and cardiovascular disease levels continue to swell in Europe. Data released by the International Obesity Task Force (IOTF) in 2005 show that one European child in five is overweight or obese. An analysis of data from surveys carried out across Europe for more than 30 years points to a shift in the trend during the mid 1990s. IOTF experts believe the figure will only continue to rise if action is not taken.

The European Paediatric Association (EPA/UNEPSA) is proud to announce that its President Professor Konstantopoulos is a candidate for the position of the President-elect. Professor Konstantopoulos has been and continues to be an advocate for obtaining and achieving the best health care for children possible. His campaign has received so far the support of a series of national and regional societies and was greeted with enthusiasm by many esteemed colleagues.
**News from the paediatric family all over the world**

**Turkey**: The Turkish Paediatric Association celebrates its 80th anniversary in 2010. On this occasion they organized a 2-day-scientific program in Istanbul, from 20 to 21st of January, with the participation of their members and the chiefs of all paediatric departments in Turkey. The Presidents of all Balkan Paediatric Societies were also invited with the aim of developing the relations between neighbouring national societies and discussing common problems. They all participated in the special session: The evaluation of health systems in Balkan countries and their impact on child health. The European Paediatric Association was represented by the President Professor Konstantopoulos.

**Sweden**: Skin, the human body’s largest organ, is an effective barrier against bacteria. But the extremely delicate skin of a premature baby can be the ultimate breeding ground for organisms, triggering certain infectious diseases. A Swedish team of researchers, writing in the journal of Pediatric Research, has discovered that a specific kind of staphylococcus can attach itself to the skin by using its tufted, self-adhesive hairballs and cause infection. The researchers from the Karolinska Institute explained that staphylococcus establishes itself on the child’s skin and mucous membranes directly after birth. In general, no problems emerge between the bacteria and the host organism. However, troubles can occur for premature babies or sick adults, they said, adding that the bacteria can cause sepsis (blood poisoning). The researchers discovered that the bacteria’s hairballs help them stick to the host’s cells and that is when the infections kick in.

**Egypt**: The Egyptian Paediatric Association celebrated their Diamond Jubilee during their annual congress that was held in Aswan on 3-5 February 2010. The congress was organised in collaboration with the International Paediatric Association and the American Academy of Paediatrics. The Egyptian Paediatric Association is considered one of the oldest scientific medical associations not only in Egypt but also worldwide. They have been holding an annual meeting for the past 75 years. In addition to the annual meeting, there are regular training courses and workshops to enhance the scientific and social relation of its members. Professor Konstantopoulos, EPA/UNEPSA President, was invited to participate in the celebrations along with other distinguished international guests.
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| SPAIN, Madrid, 11-13 March 2010 |
| **International Neonatal and Maternal Immunization Symposium (INMIS)**  |
| TURKEY, Antalya, 26-28 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 |
| **The Power of Programming. International conference on developmental origins of health and disease**  |
| GERMANY, Munich, 6-8 May 2010 |
| **10th European Society for Pediatric Dermatology Congress**  |
| SWITZERLAND, Lausanne, 20-22 May 2010 |
| **48th Panhellenic Congress of Paediatrics**  |
| Greece, Mykonos, 21-23 May 2010 |
| **44th Annual Meeting of AEPC**  |
| AUSTRIA, Innsbruck, 26-29 May 2010 |
| **59 Congreso dela 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 |
| **IX Congress of Croatian Pediatric Society**  |
| VII Congress of Croatian Society of Pediatric Nurses  |
| CROATIA, Pozega, 6-9 October 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 |
| **2nd International Congress of UENPS**  |
| TURKEY, Istanbul, 15-17 November 2010 |
| **Excellence in Paediatrics 2010**  |
| UK, London, 2-4 December 2010 |
| **1st Global Congress for Consensus in Pediatrics and Child Health**  |
| FRANCE, Paris, 17-19 February 2011 |
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 Pediatria

Latvia
Latvijas Pediatriu 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 Pediatria

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-unepsa.org for contact information for each member organisation.