Evidence-based Child Health: A Cochrane Review Journal
Issue No 2 is now available on line

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Evidence Based Medicine and Child Health
Co-organised by The Cochrane Child Health Field and EPA/UNEPSA

Join us in Florence on 3 December 2009
Contents of EPA/UNEPSA Newsletter – Issue 3

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Swine flu, new flu or just flu

One of the features of a newsletter is to inform the reader about problems or concerns that can appear quite suddenly and require a certain medical position, particularly if we are dealing with clinical primary care.

With the WHO data from 10th June '09, the total number of confirmed cases in the world is 27,737, with the total of deaths being 141. In Europe the cumulative cases in different countries varies between 1 and 500. According to the rigorous study of the patients all over the world we know that the maximum incubation period is 7 days, fever ≥ 38°C, upper respiratory symptoms and less frequently feeling under the weather or GI symptoms. With such a clinical picture the huge number of candidates is drastically reduced by the fact of requiring a proved contact with a likely affected person. Lab testing (RT-PCR) allows us to confirm A/H1N1 virus is less than 12 hours, at least in Europe. Although a severe condition was not presented (low death rate), hospitalisation was more for isolation than care. Older people and children (no immunological experience), are probably most vulnerable. Adults with some raised antibodies titter against different antigens that configure the present virus, tolerate the infection better.

International and National Health Authorities have started a very well designed programme for picking up suspected cases, diagnosis confirmation and parallel treatment and epidemiological issues normally applied in epidemiological situations. All this has probably helped to curb further spreading.

Perhaps one should consider that if to the above described target population we applied this confirmatory procedure but directed towards serotypes H3N2 + virus type B, results could be more important than the new flu if prevalence or severity were considered. It can be reckoned that this last situation would not merit a dash of this present paid attention.

Without going through the reasons for the change of the name or the population worry, one thing that we as paediatricians must keep in mind is that the population perceived as specific therapy (tamiflu, now in syrup for us) is probably of less importance due to the fact of the mildness of the condition at least up to the moment.

Manuel Moya
Editor of Newsletter

P.S. If you wish to receive an e-alert for new issues, all you have to do is visit our website www.epa-unepsa.org and join the mailing list.
Official Journal of EPA/UNEPSA
Evidence-Based Child Health: A Cochrane Review Journal

Issue No 2 is now available on line

More than 700 paediatricians are already enjoying a free access to the online version of Evidence-based Child Health: A Cochrane Review Journal. The complimentary offer is valid until the end of this year and it only takes a few minutes to gain access to a unique resource.

Evidence-based Child Health: A Cochrane Review Journal is edited by the paediatric leadership within The Cochrane Child Health Field. These clinicians have extensive experience in writing and publishing systematic reviews and have taken the next step of knowledge translation to make the valuable information found in Cochrane Reviews work in actual practice.

The journal allows readers to inform their clinical decision-making and policy development with the highest quality research available. With each issue of Evidence-Based Child Health referring to a recent issue of The Cochrane Library, presented in a way that is easy to read and digest, the journal is of interest to practitioners, parents, patients, and other child health advocates who want to stay up-to-date with the latest research.

Key features:
- Four to six child-relevant Cochrane reviews are highlighted in each issue; these reviews are selected because of their importance to current paediatric practice.
- Each Cochrane review is supplemented by a concise, easily understood and valuable summary.
- Overviews of reviews summarise the evidence from two or more Cochrane reviews on interventions for a particular condition.
- A “Tips and Tricks” column offers valuable guidance on using and interpreting the findings of systematic reviews.

For more information visit www.evidence-basedchildhealth.com

To join TODAY visit www.epa-unepsa.org
Evidence-Based Medicine and Child Nutrition is a scientific meeting focusing on children’s nutrition and particularly the ongoing challenge to help paediatricians acquire the necessary skills to integrate evidence based medicine into their day to day practice.

The scientific meeting is co-organised by the Cochrane Collaboration and the European Paediatric Association (EPA/UNEPSA) in the wider context of our collaboration. The Scientific Committe with Professor Armido Rubino as Chairman has already published a preliminary scientific programme that focuses on:

- Infant feeding
- WHO growth standards
- Gluten in child nutrition
- Prevention of food allergy
- Practical approach to prolonged artificial nutrition
- Obesity

More information regarding the scientific programme and the invited speakers is available on our website [www.epa-unepsa.org](http://www.epa-unepsa.org).

You will also find information regarding registration fees and services and you will be able to register online!

Additionally, you may choose to stay longer in Florence and attend Excellence in Paediatrics; a conference presented by Wiley-Blackwell taking place from 3 to December in the same venue in Florence. It is an international annual conference presenting the latest, most insightful and authoritative overview of key developments in paediatrics and is of interest to general and specialist paediatricians, general practitioners, family doctors and allied health professionals. The scientific committee of Excellence in Paediatrics is mainly comprised of the editors of internationally acclaimed paediatric journals and books published by Wiley-Blackwell.

Welcome to the 4th Europaediatrics 2009 in Moscow

The 4th Europaediatrics 2009 is taking place in a few days and everything is ready in Moscow to welcome the delegates from all over the world! The data provided by the Local Organizing Committee revealed that already in the beginning of June more than 1800 delegates were registered in the Congress.

The scientific programme is so comprehensive that it will prove quite a challenge to select the sessions one can accommodate in a daily schedule. During the two days before the Congress starts, a number of master classes has been scheduled on vaccination, asthma and antibiotics therapy in childhood, prenatal paediatrics, children surgery (urology), kinesitherapy and nutrition of children.

Another highlight of the Congress are the three workshops presented by The Cochrane Child Health Field on Evidence-based paediatrics in practice. A limited number of participants will have the opportunity to find out more about evidence-based practice and its primary aim to integrate clinical experience with the best available research evidence in order to make the best decisions, together with patients.

We are looking forward to seeing all of you in the magnificent city of Moscow!
The pale infant and child

1. Introduction

Anaemia is a common sign of a plethora of different paediatric haematologic and non haematologic diseases. Two important conditions shall be dealt with here in more detail.

Anaemia is defined as haemoglobin level below the normal range. All other peripheral blood constituents are generally normal. Age and gender have to be taken into consideration. Numeric data needed for making a diagnosis of anaemia are haemoglobin level, erythrocyte count, haematocrit, MCV, MCH, MCHC and reticulocyte count. This makes it easy to classify the anaemia according to erythrocytic size (normocytic, microcytic, macrocytic) and reproduction rate (normo-, hypo-, hyperregenerative). Erythrocyte morphology is done by microscopy. New flow cytometry methods allow even in routine haematology to get dynamic insights to red cell production by analyzing the reticulocyte fraction further. This is shown in Fig.2. Together with haemoglobin content of the reticulocytes (RetHb) these new dynamic blood cell parameters help to better follow up diagnosis and treatment of various forms of anaemias.

2. Iron deficiency anaemia

Globally seen iron deficiency anaemia is the most common form of anaemia. This fact is mostly due to malnutrition and one sided eating habits combined with rapid growth in infancy. Iron deficiency anaemia is most prevalent between 6 and 24 months. This age period coincides also with fundamental differentiation processes within the CNS structures (e.g. myelinisation) leading to the typical motor and mental development steps in infancy and early childhood. There is ample literature during the last decades addressing the negative effects of iron deficiency on the cognitive development. Generally speaking iron deficiency anaemia in any other condition than malnutrition is not a diagnosis but a symptom. It therefore remains most often a diagnosis by exclusion. (Table 1)

Infants are usually asymptomatic unless the anaemia becomes marked. Pallor of the skin, oral mucosal surfaces and the conjunctivae, tiredness and elevated heart rate are rare, most often the diagnosis is made incidentally when a blood test is performed.

Table 1

Conditions that may lead to iron deficiency

1. Chronic intestinal blood loss due to
   - Chronic inflammatory bowel disease
   - Meckel diverticulum
   - Chronic gastro-oesophageal reflux (especially in global retardation, helicobacter pylori infections)

2. Impaired Fe+ resorption
   - Coeliac disease
   - Short bowel disease [e.g. post NEC in premature babies]
3. Anaemia of chronic disease (ACD)

Anaemia of chronic disease is one of the most common concomitant conditions of various chronic inflammatory diseases such as inflammatory bowel diseases, juvenile rheumatoid arthritis, systemic autoimmune disorders as Lupus erythematoses, chronic infectious diseases as tuberculosis or systemic fungal infections and finally malignant disorders. With respect to the anaemia the patient’s health state may vary considerably. However, there are studies showing a direct correlation between haemoglobin level and physical and psychomotor activity and ability.

By the increased liberation of pro inflammatory cytokines chronic inflammation processes disturb the iron distribution resulting in iron deficient erythropoiesis. ACD therefore is characterized by a hypoproliferative and microcytic anaemia with low serum iron and elevated ferritin level. This often is misdiagnosed as iron deficiency anaemia. However, the disturbed iron homeostasis caused by cytokines will be changing the laboratory parameters, induce resistance to erythropoietin and lead to accumulation of iron in macrophages. The iron responsive element (IRE) which is a genetic regulatory system together with hepcidin are the central players in ACD-pathophysiology.

Best treatment of ACD is an effective therapy of the underlying disease. In autoimmune diseases this often cannot be accomplished immediately. Adequate treatment of the anaemia consists in high doses of erythropoietin with or without iron. Sometimes blood transfusions are necessary.

4. Summary

For various reasons the availability of iron is particularly critical during childhood growth and development. Iron deficiency or dysregulation of its homeostasis may have severe and persistent effects on psychomotor development.

The key role for pathophysiology of both conditions iron deficiency anaemia (IDA) and anaemia of chronic disease (ACD) is the Iron Responsive Element (IRE) regulatory system together with the polypeptide hepcidin. The deleterious effect of iron overload in so called iron loading anaemias may be topic for another EPA/UNEPSA Newsletter.

Prof. Dr. Gerhard Gaedicke
Department of Paediatrics
Charité University Medical Center
Berlin, Germany
Fig 1

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<th>Iron deficiency anaemia</th>
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<td>↓ Serum ferritin</td>
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<td>↓ MCV</td>
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<td>↓ Hb</td>
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Investigations in iron deficiency (Modified from Nathan D G, Oski S H, Hematology of Infancy and Childhood, Saunders, Philadelphia, 1993. sTrf receptor = soluble transferrin receptor; Ret Hb = reticulocyte haemoglobin)

Fig 2

Reticulocyte Scattergram (SYSMEX Technology®): Dynamic Red Blood Cell Parameters

FSC = forward scatter (size); SFL = sideward scatter (RNA content); RET = reticulocytes; LFR = low fluorescent fraction; HFR = high fluorescent fraction; RBC = Red blood cells; RBC-He = MCH = red blood cell haemoglobin; Ret-He = reticulocyte haemoglobin; delta-He = Ret-He minus RBC-He
“Scientific research consists of seeing what everyone else has seen, but thinking what no one else has thought” - Albert Szent-Györgyi, Nobel Prize, 1937: Physiology and Medicine

Hungarian Paediatric Association (HPA) is originally a scientific organization.

Similar to other countries, the organised medical care of infants and children can be traced back only to the late Middle Ages. All paediatric knowledge of the age was described in a small booklet published in Nagykároly, 1771 in Hungarian by Josef Csapo. Nevertheless, no organised paediatric care and paediatric education was established until the 19th century. The bases of Hungarian medicine laid down parallel to developed European countries. Hungarian paediatrics was born, created by eminent doctors. Ágoston Schoepf Merei established – at his own expense – the „Private Institute in Pest for Orthopaedics“, and later the „Poor Children’s Hospital in Pest“ in 1839. After the defeat of the revolution he had to emigrate to Manchester, England.

János Bókay was invited to the town of Freiburg in Breisgau (Germany) to a meeting of German speaking paediatricians with the intention of establishing a joint professional association in 1883. The Gesellschaft für Kinderheilkunde (Association of Paediatrics) was created with Austrian, German and Swiss members. Of course, Hungarian doctors were also invited to the association as it was natural during the period of the Austro-Hungarian Monarchy and potential members all spoke German excellently. János Bókay became one of the ten founding fathers of the association, chaired by August Steffen.

The Hungarian Paediatric Association was established in 1924 by János Bókay junior. The aim of the HPA from the very beginning was the advancement of the study of paediatrics.

Recently, the HPA has 2,000 members in Hungary and several in countries around Hungary. Members include paediatricians, paediatric medical subspecialists and paediatric surgical specialists, who are mainly hospital and community paediatricians. The mission of the HPA is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.
The HPA is governed by a Presidency consisting of ten members who are elected by members of Directorate. Directorate consists of 31 members who are elected by 86 delegates, who represent all members.

Members vote every fourth year for a national president, a secretary general and 27 members of Directorate. The Presidency, which conducts HPA business on a daily basis, consists of the president, past president, secretary general, past secretary general and other 6 members. Current leaders of HPA are:

- **President**: László Szabó MD PhD, who is paediatric nephrologist
- **Past president**: Zsófia Mészner MD PhD who is paediatric infectologist
- **Secretary General**: György Velkey MD who is paediatric intensivist.

Past secretary general: current president.

There are five chapters which represent 5 different parts of Hungary, Central, North-East, South, North-West and South-West.

The HPA is a not-for-profit corporation organized for scientific and educational purposes. The HPA has been classified as an organization that is not a private foundation.

One of the HPA’s major activities is to further the professional education of its members. Continuing education courses, annual scientific meetings, seminars, publications.

The HPA currently has 11 sections which represents specialized areas of paediatrics.

The HPA publishes *Paediatrics* (Gyermekgyógyászat, in Hungarian), every 2 months. This is a scientific journal. Education for Paediatrician (Gyermekorvos képzés in Hungarian), its continuing education journal. It also publishes manuals on such topics as infectious diseases and school health. In its public education efforts, the HPA produces patient education brochures written by HPA members.

The HPA has a website [www.gyermekorvostarsasag.hu](http://www.gyermekorvostarsasag.hu) where there is information for parents, doctors, nurses and certainly for members. There is monthly electronic newsletter to all registered members. The HPA gives grants for scientists, mostly for youngsters.

Laszlo Szabo
President of HPA
**News from the paediatric family all over the world**

**Europe:** EU study warns type 1 diabetes in children to double by 2020. Type 1 diabetes will continue to rear its ugly head in Europe as the number of cases in children less than five years of age will double by 2020, new EU-funded research shows. The findings, published online in The Lancet journal, also indicate that children older than five will not escape unscathed from this trend. The results are part of the EURODIAB (‘Epidemiology, aetiology and public health aspects of diabetes mellitus’) Study Group, a collaboration supported in part by the EU’s Framework Programmes.

‘The emergence of type 2 diabetes in children and adolescents has received much attention, but this issue should not be allowed to overshadow the rapid rise in type 1 diabetes in this age group,’ the authors of the study write. ‘Although in a few countries most cases in children will be type 2 diabetes, in most European countries type 1 is, and will probably remain, the predominant form of this disease.’

Current data indicates that while type 1 diabetes represents 1 out of 10 general diabetes cases, children with type 1 outnumber those diagnosed with type 2 diabetes. For this study, the researchers evaluated diabetes data from 20 centres in 17 EU Member States. From 1989 to 2003, the Member States registered 29,311 cases of type 1 diabetes.

According to the researchers, the overall increase in the incidence of type 1 diabetes was almost 4% each year. A breakdown shows that the year-on-year increase was 5.4% for the age group from 0 to 4 years, 4.3% for the age group from 5 to 9 years, and 2.9% for those aged between 10 and 14. Also, the researchers estimated that some 15,000 new cases emerged in Europe in 2005: 24% for the age group between 0 and 4 years; 37% for those aged between 5 and 9 years; and 34% for those between the ages of 10 and 14.

By 2020, the number of new cases will probably reach 24,400. According to the researchers, Europe will record a whopping 70% rise in the number of children under the age of 15 with type 1 diabetes (from 94,000 to 160,000).

**UK:** Obesity risk for kids increases when moms-to-be diet. Researchers from the University of Nottingham in the UK have found that children whose mothers dieted excessively during their pregnancies may be at risk for health problems later in life. The results are part of EARNEST (‘The early nutrition programming project’), which is funded under the ‘Food Quality and Safety’ Priority of the Sixth Framework Programme (FP6) to the tune of EUR 13.4 million. The findings were published in the Journal of the Federation of American Societies of Experimental Biology.
The researchers found that these children face an increased risk of obesity, and that they experience the negative effects of obesity sooner rather than later. Their findings are based on a study of lambs whose mothers were on a restricted diet during their pregnancy and who were later permitted to gain weight. The lambs had a reduced capacity to store fat compared to fat lambs whose mothers were not on a restricted diet. According to the researchers, the lambs with reduced fat capacity will deposit fat in other organs including the heart. The EARNEST consortium, coordinated by the University of Munich in Germany, is represented by a multi-disciplinary team of scientists from 38 institutions in 16 European countries including the Institute of Physiology in the Czech Republic, the University of Pecs in Hungary, the Institute of Public Health in Norway, France’s National Centre for Scientific Research (CNRS), NUMICO in Germany, Sweden’s Biovitrum and Ashwell Associates in the UK.

UNICEF: Malaria control is a major global development priority and is critical for achieving the Millennium Development Goals in Africa. The theme of this year’s World Malaria Day is “Counting malaria out”, and there are now just less than 500 days remaining until 31 December 2010, the Secretary-General’s deadline for all endemic countries to achieve universal coverage with essential malaria control interventions.

The report on ‘Malaria and Children, Progress in Intervention Coverage’ indicates major signs of progress across Africa in the fight against malaria, particularly the increase in distribution of insecticide-treated nets (ITNs). However, as the report also highlights the disease still causes an estimated 1 million deaths each year, most of these children in Africa.

USA: Appendicitis is recognized as the most common cause of emergency surgery in children, with the majority of appendicitis cases occurring between the ages of 6 and 20 years. Being often difficult to accurately detect in children, the suspicion of the condition leads to the performance of unnecessary surgeries on about 30 percent of the children who undergo them. In addition, 30 to 45 percent of patients suffer an appendix rupture before a diagnosis is made.

With a new technological breakthrough, researchers from the Proteomics Center at Children’s Hospital in Boston have developed a urine test that can detect “biomarkers” indicating appendicitis in children. The promise shown by this new test could lead to improved diagnosis, possibly even replace the use of CT scans, and eliminate the exposure of children to radiation. The details of the research were recently published in the journal Annals of Emergency Medicine.
Calendar of events

September 2009
42nd Annual Scientific Meeting ESPN 2009
UK, Birmingham, 2-5 September 2009

105. Jahrestagung der DGKJ
GERMANY, Mannheim, 3-6 September 2009

EPNS Congress 2009
UK, Harrogate, 30 September-3 October 2009

32nd UMEMPS Congress
CROATIA, Dubrovnik, 30 September-3 October 2009

Annual Meeting 2009 of ESSOP
SLOVENIA, Maribor, 30 September-3 October 2009

October 2009
47. Jahrestagung der ÖGKJ
AUSTRIA, Graz, 1-3 October 2009

National Congress of Croatian Paediatric Society
CROATIA, 6-9 October 2009

50th Annual Meeting of ESPR
GERMANY, Hamburg, 9-12 October 2009

XXII Congreso Nacional de Neonatologia y Medicina Perinatal de la Sociedad Espanola de Neonatologia (SEN)
SPAIN, Valencia, 14-16 October 2009

10o Congresso Nacional de Pediatria
PORTUGAL, Troia, 15-17 October 2009

November 2009
NVK – Kongres 2009
NETHERLANDS, Veldhoven, 4-6 November 2009

Pediatric Days
FINLAND, Turku, 5-6 November 2009

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

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

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

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

Note: This information is based on web-search and input from National Associations. If you wish to publish your event, please forward related information to epa-unepsa@candc-group.com
## List of Member Countries

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

Visit [www.epa-unepsa.org](http://www.epa-unepsa.org) for contact information for each member organisation.
EPA/UNEPSA wishes to acknowledge the following partner.

CONTRIBUTOR

[Logo]

EPA/UNEPSA Newsletter
Newsletter of the European Paediatric Association [EPA/UNEPSA]
Editor: Manuel Moya

EPA/UNEPSA Council
President
Andreas Konstantopoulos
Secretary General
David Branski
Vice President & President of 4th EuroPaediatrics
Alexander Baranov
Vice President
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EPA/UNEPSA website: www.epa-unepsa.org
EPA/UNEPSA Account Manager: Nassia Papazoglou
Contact information: epa-unepsa@candc-group.com

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