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SOICH Members
National Conference & Exhibition 2017

SOICH and global child health were well represented at this year’s National Conference and Exhibition in Chicago. The SOICH H program was a great success with 216 attendees!

During the morning educational session, we heard about the history and great successes of the ICATCH Program from Dr. Donna Staton. We learned about the medical, cultural, and psychosocial management of seizures, nodding syndrome, and other neurologic disorders in limited resource settings from Dr. Alcy Torres and Dr. Grace Akello-Ayebare. In the afternoon session, Aaron Emmel of the AAP Department of Federal Affairs provided important updates from Washington and we learned from our Expert Panel (Dr. Kate Yun, Dr. Marsha Griffin, Dr. Julie Linton) the importance of advocacy and ways in which we can and should engage.

In addition to the SOICH H Program, there were many additional global health content, including plenary sessions by Dr. Donna Staton (From Afghanistan to Zambia: 10 Years of International Child Health) and Dr. Julie Linton (Children in Immigrant Families), as well as a workshop teaching Innovative Life-Saving Procedures in Low Resourced Settings (Dr. Tina Slusher and Dr. Yvonne Vaucher) and another session addressing best practices and strategies to advance health care quality for immigrant children (Dr. Julie Linton and Olanrawaju Falusi). And finally, we are proud to send warm congratulations to our own Cindy Howard (SOICH Executive Committee) for being awarded the prestigious AAP Education Award.
Dr. Donna Staton Selected as the 2017 Hillman Olness Awardee

SOICH is proud to announce that Dr. Donna Staton, MD MPH FAAP has been selected as the 2017 Hillman Olness Awardee. Established in 2011 in honor of Liz Hillman, the late Donald Hillman, and Karen Olness, the award recognizes a member of AAP/SOICH for his/her lifetime service and lasting contributions to global child health. As the founder and champion for the ICATCH and a longtime devotee to the health of children across the world, Dr. Staton embodies all that it means to be a champion of global child health. Since 1990, Dr. Staton has worked in a variety of settings in developing countries, including Haiti, Honduras, Comoros, Gabon, Chad, Sudan and Liberia. Recognizing the critical role of public health policy in global health, she earned an MPH at the Harvard School of Public Health in 2002, concentrating on global health (including disaster management and refugee health). Using this expertise, she has worked with the International Rescue Committee (IRC) at a refugee camp of 20,000 in Bahai, Chad, has traveled repeatedly to Monrovia, Liberia UMass to improve pediatric training, and was a founding member of the AAP Section on International Child Health (ICATCH). Dr. Staton has dedicated an amazing amount of effort to develop and nurture the thriving ICACTCH program, which has supported global child health work across the world. SOICH is proud to have Dr. Staton as a member of our section and could not be more proud to award her the 2017 Hilman Olness Award.
SOICH Announces Winners of Inaugural International Travel Awards

In 2017, SOICH developed a program to support two international SOICH members to attend the NCE and present their work. This annual award will support one trainee and one non-trainee from Low/Middle income countries, who has submitted abstracts to the NCE.

For the first year of this award, we are proud to announce our two winners. Ariane Nina Ndayikeje is a PhD student from Rwanda who presented her work at the SOICH H Program, entitled “Predictors of poor adherence among children and adolescents on ART for at least 1 year in Kigali Pediatric Centre of Excellence, Rwanda.”

Mrs. Kolyan Ky is a secondary midwife with 22 years of experience in health centers, referral hospitals, and with local and international NGOs in Cambodia. She presented her work, which is part of a funded ICATCH project, entitled, “Implementing Helping Babies Breathe (HBB) in Remote Fishing Villages, Cambodia.”

Congratulations to our Awardees. It was nice seeing you in Chicago!
SOICH Abstract Awards 2017

The abstract session included four excellent oral platform presentations and over 40 posters and pictures. Congratulations to Dr. Ariane Nina Ndayikeje, Dr. Kimberly Petko, and Dr. Allison Platt for being selected as the best oral, poster abstracts, and pictures respectively.

Oral Presentation Award - Ariane Ndayikeje

SOICHPix Award – Allison Platt

SOICHPix Award by Allison Platt
Floating Gardens for Health & Prosperity
An ICATCH Supported Initiative in Cambodia

Manuel Vides MD MS and Alcy Torres MD

Tonle Sap Lake in Cambodia, a unique ecosystem seasonally fed by reverse flow of water from the Tonle Sap River during monsoon season, is considered the largest lake of its kind in Southeast Asia.

The lake harbors a very special group of homes called "the floating villages." These communities face unique challenges, among them getting adequate nutrition, as their daily diet consists mainly of fish and rice. In addition, access to health care facilities for proper diagnosis and treatment even for common illnesses is difficult since this often involves a full day of travel away from the lake which is unaffordable for the vast majority of residents.

The Lake Clinic is a Cambodian NGO that has developed an innovative approach to support the health of this population. Since 2008, using floating clinics, they have been able to reach multiple communities and provide basic healthcare.
Lake Clinic staff have identified that a large percentage of the children on the lake suffer from significant malnutrition (up to 79% of children under five have moderate to severe stunting), a result of their restricted diet.

The goal of the Floating Gardens for Health & Prosperity project is to help reduce chronic malnutrition and improve the overall health of children in these communities. Savann Uk, a nurse from the community, is leading this unique education program for children and families, a key element of which involves teaching adult villagers how to build floating gardens in which to grow vegetables for family consumption; excess produce can be sold to increase household income. Dr. Leila Srour is a SOICH member pediatrician who helped Mr. Uk write and submit his proposal to ICATCH.

Mr. Uk teaches members of the floating communities about the benefits of such gardens and the importance of adding micronutrients to their daily diet. The Lake Clinic staff and the community have formed agricultural networks that empower local villagers to build and care for the floating gardens. ICATCH strongly encourages community involvement and program ownership, as this increases the likelihood of sustainability.

Water hyacinths pulled from the lake will decay and form the substrate in which vegetables will grow.
Dr. Srour writes:

“Thank you to ICATCH and the SOICH for supporting the project: Floating Gardens for Health and Prosperity on Tonlé Sap, Cambodia. Your support helps to fulfill Savann’s dream of improving nutrition for children living in floating villages. For me, a pediatrician with special interest in improving childhood nutrition, our partnership continues to grow. The floating gardens sustain, enhance and protect the fishermen and their families. MANY THANKS for improving the lives of the children on the Lake! ”

The ICATCH Grant Program is supported by YOUR SOICH membership dues, and by the very generous additional donations from SOICH members and others.

To learn more, or make a tax-deductible donation, please visit www.aap.org/icatch.

The ICATCH Team warmly thanks SOICH members and the larger AAP community that make these programs to improve child health possible. Together we can improve the care for children in a global way!
Member Spotlight

The Globally Practicing Pediatrician

Grace Deukmedjian MD

While working as a pediatric hospitalist, a colleague casually mentioned the UCSF HEAL Initiative, a two-year global health fellowship. It didn’t take long for me to make a drastic change and become a HEAL (Health, Equity, Action and Leadership) fellow, alternating between a US domestic site in rural America and an international site. The domestic site is underserved, emphasizing the struggle within our country around certain social determinants of health and the resulting health inequity. Health care providers from the developing country partner sites are also accepted into the fellowship, offering invaluable insight and gaining experience through training, underscoring the importance of providing professional development equitably across the globe to those qualified, rather than only those qualified from the US. This also creates a collaborative environment and a global family of health care professionals working closely together. Within HEAL, we explore questions related to global health, such as what exactly is global health, how best can we serve those in need and what might be the consequences of well-intentioned endeavors.

I work with IHS (Indian Health Service) as an inpatient and outpatient pediatrician at Tsehootsooi Medical Center deep in Navajo Nation. Much of Navajo Nation does not have the amenities that we often assume most Americans have, living without electricity, potable water, heat, or indoor plumbing. They chop their own wood to prepare their wood stove during winter or pay for wood when the nights get bitterly cold. I ask patients with severe constipation if they use an outhouse, believing it may be contributing to their medical condition; almost invariably the answer is yes. Today, this is a land and a people neglected still. They require more physicians, nurses, social workers and mental health providers. In a community grappling with alcoholism and abuse, minimal resources exist to address these issues, often deeply affecting the youth. It is here I am reminded of the disparity that exists within our own borders, often resembling a developing nation.

Internationally, I work with Possible, a for-impact, non-profit, public-private partnership in Nepal that collaborates directly with Nepalis and the Nepal government, delivering free, high-quality health care. Possible supports hospitals, health posts, and community health worker programs at two sites. Community health workers are paid employees, all medical staff are Nepali, program design is guided by its impact and measurable outcomes, and Possible has piloted the first electronic medical record (EMR) in Nepal – testaments to Possible’s innovation and flexibility. As a HEAL fellow, I focus on
sustainable interventions, like medical education, quality improvement and systems development, rather than simply being an additional clinical provider for a discrete period of time. Our work is always done alongside Nepali colleagues, including a still underutilized nursing workforce, ranging from NRP training to standardizing treatment of COPD and other non-communicable diseases, as well as developing newborn protocols in order to decrease infant mortality.

As physicians, we bear witness to much, which is a privilege and responsibility not to be taken lightly. It is the very thing motivating us to improve systems and work towards equity. In our day-to-day lives, it behooves us to foster increased mindfulness to what we bear witness to, and then take it a step further by sharing and educating others while questioning our current systems that create inequity. As a witness, it becomes your duty to share the story, because that is where change begins. As pediatricians, we need to ensure that our patients are healthy through direct care and also appreciate the social determinants of health that may adversely affect their ability to live a healthy and full life. If I did nothing else, bearing witness and telling a story is an important outcome, possibly the first actionable step towards bringing about change.

Internationally, we have yet to define a standard paradigm in which to "practice global health," much of that being due to the complex nature of the work. Each country has its own set of values and culture that drive behavior, not to mention the socio-politico-economic landscape that influences health care, often with the poorest being the most impacted. My work has provided perspective and has created a staunch proponent of thoughtful interventions that seek to decrease mortality and increase quality of life through improving systems, access and education with a country's own people.

I feel there is a new generation of health care providers laying the foundation for a deeper understanding of social determinants of health and global health, reflecting on appropriate roles for global health providers, possible consequences of our actions, and the critical need for cultural humility. There is plenty of work to be done and there are plenty of us to participate in this movement towards health equity through conscientious action.

Grace Deukmedjian is a general pediatrician and currently a HEAL fellow through 2018.

www.Healininitiative.org
www.IHS.gov
www.Possiblehealth.org
Interesting Case

Vertebral Osteomyelitis Case

Mattia Chason MD

The following patient was seen on the inpatient ward of the Children’s Hospital in Lima, Perú.

History: a 13-year old male patient with a history of HIV admitted with disabling mid-lumbar pain x3 months after radiographic imaging studies obtained as an outpatient showed evidence of pathology

Pt was initially hospitalized 2 months PTA after presenting with 3 weeks of intermittent fevers (as high as 40C, responsive to anti-pyretics) and bilateral lower lumbar back pain with restriction in movement. Partial infectious work up at that time was unremarkable with the exception of an Abd US which showed hepatosplenomegaly with presence of focal nodular lesions. Lumbar spine X-ray was normal and received analgesics with improvement in sx. Pt was discharged home after his fevers defervesed and he was instructed to obtain an Abd CT with contrast and a spine MRI to further characterize the etiology of his hepatosplenic lesions and lower back pain.

On Dec 14, 2015 pt had both radiographic studies with the following results: Hepatomegaly (16.5 cm) with multiple poorly defined hyperdense lesions. Splenomegaly (11.3cm) with multiple hypodense lesions. T7, T11 and L1 vertebral bodies and intervertebral discs T10-T11 and T11-12 with evidence of inflammatory process. T11 vertebra with pathologic fracture. Conus medullaris unaffected.

On ROS, he’s had intermittent diffuse headaches but no vision changes, hearing loss, runny nose, cough, sore throat, neck pain, chest pain, SOB, palpitations, diarrhea, constipation, dysuria, hematuria, arthralgia, myalgia, or rash. He did have some occasional epigastric pain but his most bothersome pain was in the lower lumbar region which prevented him from flexing his back and touching his feet. He denied any urinary or bowel incontinence, lower extremity weakness or decrease in sensation. No night time awakening due to back pain. No report of weight loss, decreased appetite, loss of energy or increasing pallor. He reported being compliant with his ART meds without missing a dose.

PMH/PSH: Pt was diagnosed with AIDS (CD4 count: 25, HIV viral load 51,225) at age 11 after he was hospitalized with esophageal candidiasis, CMV chorioretinitis, persistant diarrhea 2/2 to giardiasis and atrophic gastritis 2/2 to H. pylori. He was hospitalized for 5 months and started on antiretroviral therapy with AZT+ 3TC+ EFV. He was followed as an outpatient every 3-6 months and was responding well to treatment with improving CD 4 counts and viral loads. In 09/2015, he had his 2nd hospital admission after presenting with Herpes Zoster and an inner thigh abscess. His CD4 count and viral load had surprisingly worsened (CD4: 289 and viral load 8872). His ART therapy was thus switched to AZT+ 3TC+ Lopinavir/Ritonavir during that admission. His 3rd admission occurred in 12/2015 as mentioned in the HPI. His CD4 count at that time was 324 and viral load 112 suggesting that the new ART therapy was having good effect.

Of note, the mode of HIV transmission is unclear (no prior history of blood transfusions, reportedly negative maternal HIV test at birth) but it is presumed to be vertical given that both biological mom and dad are HIV positive. Their diagnosis retrospectively after the patient was diagnosed with AIDS at age 11.

Allergies/Medications/Vaccinations: Pt developed a diffuse erythematos and papular rash during one of his hospitalizations. Unclear which medicine he reacted to. His home medications include Zidovudine
300mg q12hr, Lamivudine 150mg q12hr, Lopinavir/Ritonavir 40 mg q12hr. Pt is reportedly fully immunized.

Epidemiology: Born and lives in Lima District of Lurigancho in the Lima region of Perú. House made out of brick with running water and sewage. Drinks tap water only. Uses a fridge at home. Had cats in his house in the past with which he played a lot. No current animals at home. No animals present outside the house. Does occasionally walk barefoot outside. No history of fresh-water exposure in lakes, ponds or rivers. Grandparent died of tuberculosis several years ago, around the time he was born. No TB contact since. Mom and dad with HIV. Older sister is healthy.

Physical Examination:

Weight: 43kg (weight for age 20th percentile) Height 147cm (height for age <5th percentile).
T: 36.3C, HR 82, RR 18, Sat 98% on room air

General appearance: Alert and oriented in no acute distress. HEENT: Normocephalic, EOMI, clear tympanic membranes, no nasal discharge, no pharyngeal erythema or tonsilar enlargement. No lymphadenopathy. Neck was supple, non tender with normal ROM. Lungs: Clear to auscultation bilaterally with no wheezing/rhonchi/rales. Heart: Regular rate of rhythm no murmur. Abdomen: soft, non-tender, non-distended. No organomegaly. MSK: Normal range of motion in all extremeties and back with no joint swelling, redness or warmth. No spinal or paraspinal tenderness throughout his entire back. Neuro: cranial nerves intact I-XII, normal strength and sensation throughout, normal reflexes, no dysdiadokinesis and normal ambulation. Skin: Scattered flesh colored umbilicated papules in his left inguinal ares and lower abdomen.

Laboratory Examination and Consults requested:

- CBC: WBC 4.690(42%N,47%L,7%M,4%E), Hg 12.1 g/dL, Hct: 35%, Platelets: 311,000.
- CRP 0.03 mg/dL, ESR 45
- Electrolytes: Na 141, K4.2, Chloride 104, Bun 30, Creatinine 0.5, Ca2+ 10.1, Phos 6.1, Mg 2.2
- Live function panel: ALT 22, AST 24, Alk Phos 562, TBili 0.4, Ind Bili 0.28, Total protein 7.4, Alb 4.4, Globulin 2.9
- PT 13, PTT 35.6, Thrombin time 19.7, Fibrinogen 241
- Uric Acid 5.1, LDH 342
- Lipid panel: Total cholesterol 207, Triglycerides 343
- CPK 57 U/L, CK-MB 17 U/L
- Adenosine Deaminase 19.8 (H) from serum
- Blood cx neg x1
- PPD test was negative
- AFB negative negative x1 sputum, negative x1 urine

Serologic tests sent during this admission:

- Typhoid, Paratyphoid and Brucella agglutination tests all negative
- IgG Bartonella + 1:3200
Consults requested during admission:

- Dermatology, Neurology, Neurosurgery, Trauma Surgeons, Pulmonology, Gastroenterology

Hospital Course:

Pt was admitted and empirically started on Doxycycline and Azithromycin given history of contacts with cats in the setting of multiple hepatosplenic abscesses. His Batronella Henselae IgG level later came back as positive 1:3200 confirming initial suspicion. His MRI findings of osteomyelitis, however, where concerning for a separate infectious process such as Pott’s disease. Given his immunosuppressed state with no antecedent of back trauma, anti-tuberculosis treatment was added. Pt remained afebrile with a normal physical exam throughout. He tolerated treatment for both Batronella Henselae and Tuberculosis well. Upon review of medical literature, several cases of vertebral osteomyelitis per Bartonella have been described. Discussion about obtaining a vertebral biopsy to confirm diagnosis was discussed but the risks of the procedures outweighed the benefits. Pt was discharged home with instruction to wear a back brace several hours per day.
Global Child Health Literature Highlights

Matthew Stutz MD & Brian Lonquich MD


In an attempt to capitalize on the >6500 GeneXpert machines that have been procured in India alone between 2010 and 2016, the authors sought to validate the Xpert HIV-1 Viral Load. While the study was trouble with supply chain and quality control issues, they demonstrated POC viral load testing that correlated highly with current reference standard using an already established testing platform.


Speaking to the lessons learned from the H1N1, Ebola, SARS, and Zika, the authors of this comment piece urge the strengthening "two planks of preparedness:" 1. Public health capacity via domestic resources 2. Accelerating R&D of vaccines, drugs, and diagnostics for outbreak control and to strengthen response system via CEPI and PEF funding by the WHO and World Bank.

Reinhart K et al. Recognizing Sepsis as a Global Health Priority- A WHO Resolution. NEJM. 377;5 2017

This NEJM perspective announces the WHO's new resolution on improving the prevention, diagnosis, and management of sepsis. Current estimates of sepsis amount to 30 million episodes and 6 million deaths per year, but no data is available from low and middle-income countries (where 87% of the world's population lives), prompting a focus on detection, treatment, and antimicrobial stewardship that is practical in the developing world.


TB is responsible for 10-20% of total deaths in children under the age of 15 in endemic countries. Clinical signs can be more difficult to detect in children, especially those with SAM, and sputa are unavailable <7yo. This study evaluates the role of WHO criteria in diagnosing TB in SAM, and compared these clinical criteria to gold standard culture and GeneXpert, where the WHO criteria were found to have poor sensitivity (40%) but good specificity (84%).