



CME FOUNDATION OF INDIA



Pedia Meet

EVENT REPORT

Pedia Meet

The "Pedia Meet" was held on September 28th and 29th, 2024, at The Cliff Resort & Spa, Panchgani. Organized by the CME Foundation of India (CMEFI), the conclave featured sessions led by renowned experts Dr. Pramod Jog and Dr. Sanjay Mankar.

The Pedia Meet focused on the changing landscape of pediatric infectious diseases with the theme "Then & Now," as well as the approach to community-acquired pneumonia in children. The agenda included comprehensive lectures on interesting cases in pediatric infectious diseases.

The primary goal of the Pedia Meet was to equip healthcare professionals with the latest knowledge and practical approaches to improve patient outcomes. This report summarizes the key discussions and insights shared during the conclave, highlighting advancements and practical strategies in the field.

Date: 28th & 29th September, 2024

Venue: The Cliff Resort & Spa, Panchgani

Total Participants: 42

Agenda

Date: 28th September, 2024

Time: 6:00 p.m. to 8:00 p.m.

Topics	Speakers	Timings
Lecture: Changing landscape of pediatric infectious diseases: Then & Now Q & A	Speaker: Dr. Pramod Jog	6:00 p.m. to 6:40 p.m.
Real World: Approach to Community Acquired Pneumonia in Children	Moderator: Dr. Pramod Jog	6:40 p.m. to 7:20 p.m.
Lecture: Interesting Cases in Pediatric Infectious Diseases Q & A	Speaker: Dr. Sanjay Mankar	7:20 p.m. to 8:00 p.m.

Summary of Conclave

- CMEFI welcomed the participants and introduced Dr. Pramod Jog and Dr. Sanjay Mankar.
- **Changing Landscape of Pediatric Infectious Diseases: Then & Now - Dr. Pramod Jog**

Dr. Pramod Jog explained several key topics related to pediatric infectious diseases, particularly antimicrobials and antimicrobial resistance (AMR). He elaborated on the rising prevalence of AMR in common infections such as strep throat, pneumonia, and skin infections, stressing the urgent need for updated treatment protocols. Dr. Jog further discussed the increasing threat posed by multi-drug-resistant organisms, including Enteric-MDR, XDR, MRSA, and DRSP, and emphasized the importance of antimicrobial stewardship to prevent the escalation of resistant strains.

Additionally, Dr. Jog gave a comprehensive overview of emerging viral infections such as HIV/AIDS, COVID-19, influenza, and RSV, illustrating how these infections have significantly impacted pediatric populations. He highlighted a surge in post-COVID infections like HFMD, adenovirus, measles, RSV, dengue, and chikungunya, noting the broader epidemiological shifts caused by the pandemic. Dr. Jog also explained how the post-COVID landscape has markedly shifted from bacterial to viral infections, necessitating new approaches to diagnosis and treatment.

Furthermore, Dr. Jog emphasized the importance of advances in rapid diagnostic tools for the early and more precise identification of infections, which is crucial for improving patient outcomes. He also underscored the role of public health interventions, including increased vaccination awareness, using ORS and SMS reminders, and promoting proper cough etiquette as vital measures for controlling infectious diseases. Special consideration was given to immunocompromised pediatric populations, with Dr. Jog explaining the necessity for tailored interventions to manage infections in these vulnerable groups.

Dr. Jog also addressed the impact of globalization, travel, and climate change on the spread of pediatric infections, stressing the need for global preparedness and collaboration. He identified ongoing challenges, such as AMR, vaccine hesitancy, and misinformation, and urged immediate attention to these critical issues. Additionally, Dr. Jog highlighted areas requiring further research, including the use of vancomycin for MSSA, which he noted as being less effective than cloxacillin. He also discussed emerging evidence on the role of microbiota and dysbiosis in conditions like asthma, pointing to new directions in managing pediatric infections.

Dr. Jog emphasized the importance of developing vaccines for RSV, dengue, and chikungunya as essential for pandemic preparedness. He advocated for advancements in diagnostics and the adoption of personalized medicine approaches to improve patient care. Finally, Dr. Jog reviewed key lessons from the COVID-19 pandemic, calling for enhanced strategies to better prepare for future global health crises.

- **Real World: Approach to Community Acquired Pneumonia in Children - Dr. Pramod Jog**

A real-world survey was conducted involving doctors to gather their perspectives on various aspects of the approach to community acquired pneumonia in children and its clinical applications. The results of the survey were presented and discussed by Dr. Pramod Jog, leading to an insightful discussion on the topic. This report summarizes the key points from the discussion and the findings of the survey.

Key Findings and Discussion:

- **Prevalence of Community-Acquired Pneumonia:** It was determined that out of every 10 children with respiratory tract infections (RTIs), 2 children are likely to have community-acquired pneumonia. This underscores the significance of CAP as a prevalent condition in pediatric practice.
- **Viral vs. Bacterial Infections:** The survey revealed that approximately 3 out of 10 children with RTIs have pneumonia caused by viral infections, while bacterial infections account for a similar proportion, indicating that both etiologies are prevalent and should be considered during diagnosis.
- **Common Pathogens:** The most common pathogens identified include *Streptococcus pneumoniae*, *Staphylococcus aureus*, and Gram-negative rods, which are crucial for guiding empirical treatment decisions.
- **Presenting Symptoms:** Cough with tachypnea and retractions were identified as the most common presenting symptoms, alongside fever, which helps in early recognition of CAP.
- **Respiratory Rate Thresholds:** Doctors reported that specific respiratory rate thresholds are critical for identifying CAP, with guidelines suggesting thresholds based on the child's age. This structured approach aids in systematic evaluation.
- **Importance of Pulse Oximetry:** A majority agreed that performing pulse oximetry in the prehospital evaluation of suspected pneumonia is essential for the timely detection of hypoxemia.
- **Signs for Respiratory Support:** The survey highlighted that signs such as grunting, nasal flaring, and severe tachypnea should prompt immediate respiratory support, indicating a proactive approach to management.
- **Extra Humidification:** There was divided opinion regarding the usefulness of extra humidification of inspired air, with some suggesting it may improve outcomes in specific cases.
- **Empirical Antibiotic Treatment:** Most doctors acknowledged that treating children diagnosed with CAP empirically with antibiotics is appropriate, reflecting a consensus on the need for prompt intervention.
- **Preferred Antibiotics:** High-dose amoxicillin was favored for uncomplicated CAP, while for hospitalized children, the choice of antibiotics often varied based on local resistance rates. The inclusion of macrolides for atypical infections was also noted.
- **Recommended Approaches:** Doctors concurred on the need for chest radiography in cases of pneumonia to check for complications like effusion or empyema. The combination of vancomycin and second- or third-generation cephalosporins was recommended for antibiotic therapy, especially in areas with high resistance.
- **Difficult Cases and ESBL Pathogens:** A significant number of doctors reported encountering challenging cases of CAP potentially caused by ESBL-producing pathogens, reflecting the evolving landscape of bacterial resistance.
- **Symptom Resolution vs. Radiographic Findings:** Following successful therapy, it was noted that symptoms tend to resolve much sooner than the radiographic infiltrates, highlighting the importance of clinical monitoring.
- **Influenza Vaccine Recommendation:** Finally, the majority recommended the influenza vaccine for children aged 6 months and older to help prevent pneumonia, emphasizing the importance of vaccination in pediatric care.

The survey results provide valuable insights into the current practices and challenges faced by healthcare providers in managing community-acquired pneumonia in children. The findings emphasize the need for ongoing education and adaptation of treatment protocols to address emerging pathogens and resistance patterns effectively. Continued collaboration and knowledge sharing among healthcare professionals will enhance patient outcomes in this vital area of pediatric health.

- **Interesting Cases in Pediatric Infectious Diseases - Dr. Sanjay Mankar**

Dr. Sanjay Mankar presented a series of interesting pediatric infectious disease cases.

Case 1: A 2-year-old boy with progressive lower limb weakness, bowel and bladder dysfunction, and malnutrition. MRI revealed a spinal tuberculoma, which was treated successfully with anti-tubercular therapy, though residual dysfunction remained.

Case 2: Involved a 7-year-old girl with suspected drug-resistant tuberculosis, who showed no improvement on anti-TB treatment. Further tests revealed Crohn's disease, which required a different treatment approach.

Case 3: Third case was a 4-year-old girl admitted with status epilepticus, headaches, and vomiting, with signs suggesting possible zoonotic or parasitic infection. These cases highlighted the complexity of pediatric infections and the need for precise diagnosis and treatment.

Case 4: A 7-year-old boy developed a worsening leg abscess after a thorn prick. Despite an I&D and initial antibiotic treatment with Ceftriaxone and Vancomycin, he remained febrile and poorly appeared. Upon referral, he underwent debridement and was started on Piperacillin-Tazobactam and Vancomycin, but cultures remained negative.

Case 5: A newborn male presented with a high fever, feeding refusal, and seizure. His lab results indicated elevated white blood cells, normal urine, mild CRP elevation, and lymphocytic predominance in CSF, suggesting meningitis.

Case 6: A 2-year-old child had fever and altered consciousness, requiring intubation. Vesicular lesions appeared the following day, indicating a possible viral infection.

Case 7: A 14-year-old boy had enlarging warty lesions on his thumb, weight loss, and negative sputum tests. A skin biopsy confirmed Tuberculosis Verrucosa Cutis despite negative cultures.

Case 8: A 2-month-old infant presented with a five-day fever and feeding refusal, having been fed diluted unpasteurized milk. This raised concerns about potential bacterial infections.

- Different cases were explained to the participants, and the entire case discussion focused on the complications and management of pediatric conditions. The participants actively engaged in a dynamic and interactive session. The delegates thoroughly enjoyed the opportunity to contribute to the discussion and share their insights on various aspects of pediatric complications and their management.
- Participants were keen to share their experience and knowledge and they also provided their critiques and recommendations on the conclave.

At the end of the event, the CME Foundation of India extended, its sincere gratitude to the attending delegates and acknowledged Aristo Pharmaceuticals Pvt. Ltd., the academic industry partners for their valuable support and contribution to the success of this conclave.

Snapshots of Pedia Meet

Welcome to the Pedia Meet



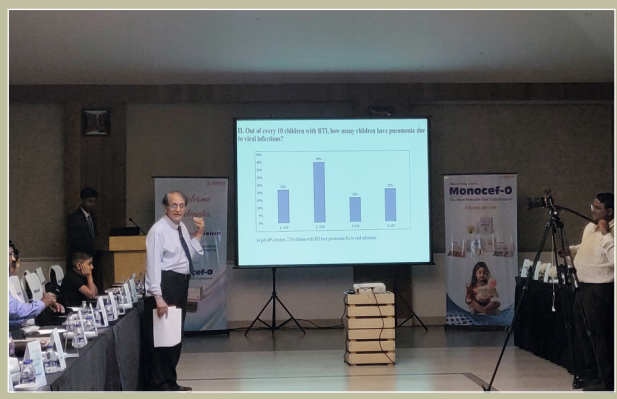
Registration Counter



Lecture on Changing Landscape of Pediatric Infectious Diseases: Then & Now



Discussion on Approach to Community Acquired Pneumonia in Children



Lecture on Interesting Cases in Pediatric Infectious Diseases



Empowering Attendees with a Scientifically Enriching and Joyful Conclave Experience



Branding Opportunity

