

成人所為

Recommendations to Parents by the Hong Kong Paediatric Foundation

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Hon. Secretary, The Hong Kong Paediatric Foundation



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兒童安危
成人所為

The survey indicates that...

- Parents' knowledge of paediatric infectious diseases, such as URTI, is low.
- Their alertness of the fatal infectious diseases and subsequent complications such as meningitis, pneumonia and acute intestinal infection is also very low.
- In fact, most parents access the information of paediatric infectious diseases through the media. As a result, they are aware of the less **common** diseases such as SARS and Japanese encephalitis which are frequently covered; yet they are ignorant of the high risk paediatric infectious diseases such as meningitis, **gastroenteritis** and pneumonia which are less frequently covered.
- Parents are also less vigilant of the symptoms of the serious paediatric infectious diseases.



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The HKPF's point-of-view

- As parents are less vigilant of the serious paediatric infectious diseases, they might not be able to take the necessary precautionary step, and as a result, might indirectly put their child at risk.
- There are many serious diseases such as streptococcus pneumonia diseases (including meningitis, pneumonia and sepsis) which are infant killers!
- As symptoms of these life-threatening diseases are sometimes similar to those of cold or flu, parents might easily overlook them.
- Life-threatening diseases and their complications can deteriorate quickly and take the life of an infant in as short as 24 hours - parents should be cautious about it.



Recommendations from the HKPF

- There should be a comprehensive education program on life-threatening diseases such as meningitis, pneumonia and acute intestinal infections as well as their complications for parents.
- Parents should be vigilant of symptoms of serious paediatric infectious diseases such as lethargy, little red dots on the body, and baby below three months old has fever, all **may be** symptoms of meningitis.
- Seek help from doctor immediately should parents be suspicious of any symptoms.
- Take preventive measures such as maintaining a good personal hygiene (always wash hands and avoid making contact with infected children) and **consider** to receive vaccination in addition to the government **routine** vaccination schedule.



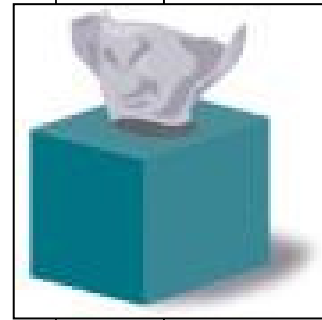
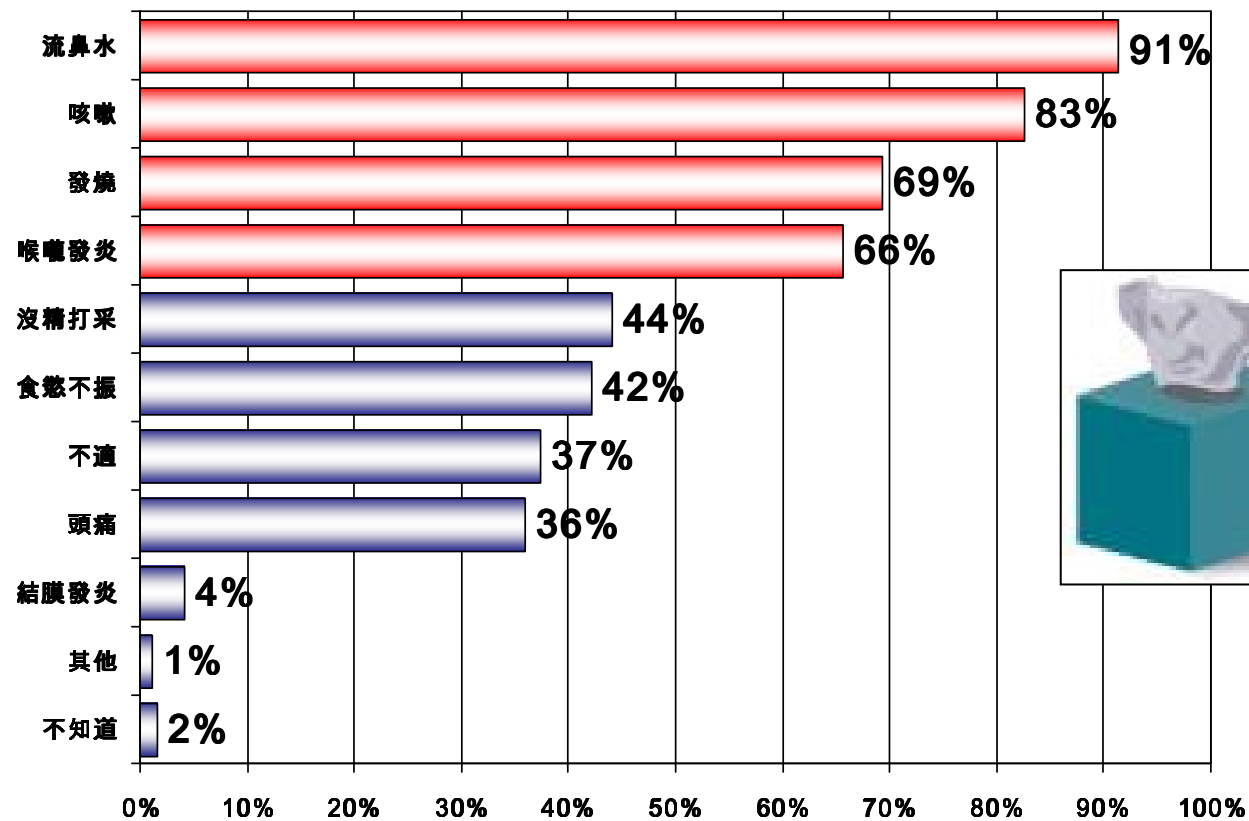
Upper Respiratory Track Infections (Cold/Flu) and Symptoms of the More Serious Infectious Diseases



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Parents' mostly aware symptoms of URTI (flu/cold): Running nose、coughing、fever

Q: What do you know about the symptoms of upper respiratory track infection (flu/cold)?



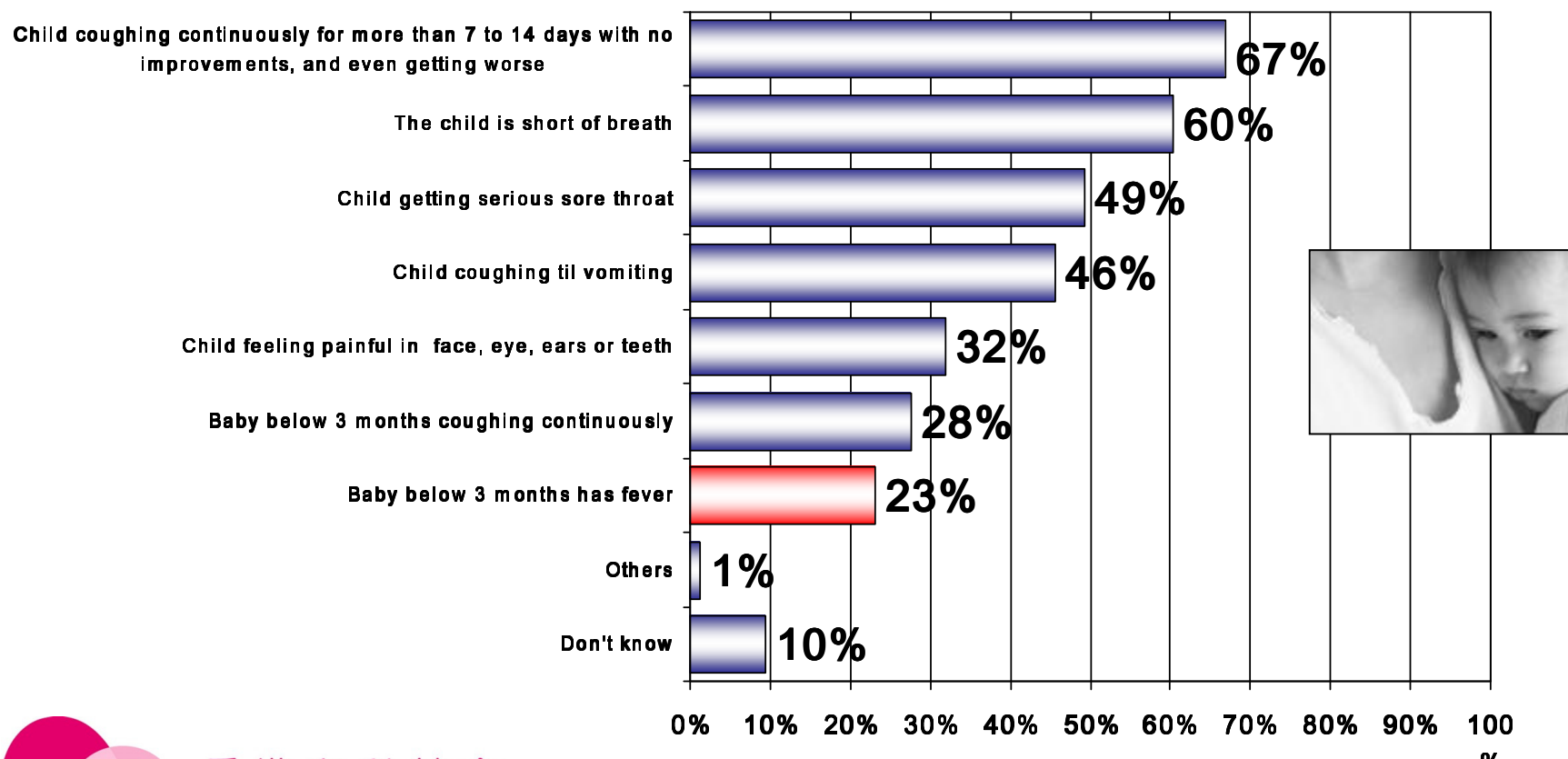
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Successful sample: 2,261 (multiple responses)

Close to 70% parents consider the following symptoms suggesting diseases other than flu/cold:

Coughing continuously for over 7-14 days, short of breath

Q: Which of the following symptoms are signs of diseases other than URTI (flu/cold)?



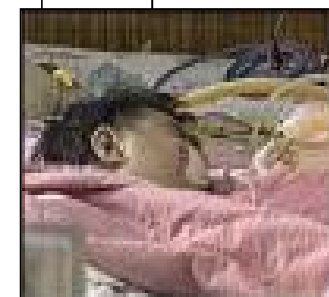
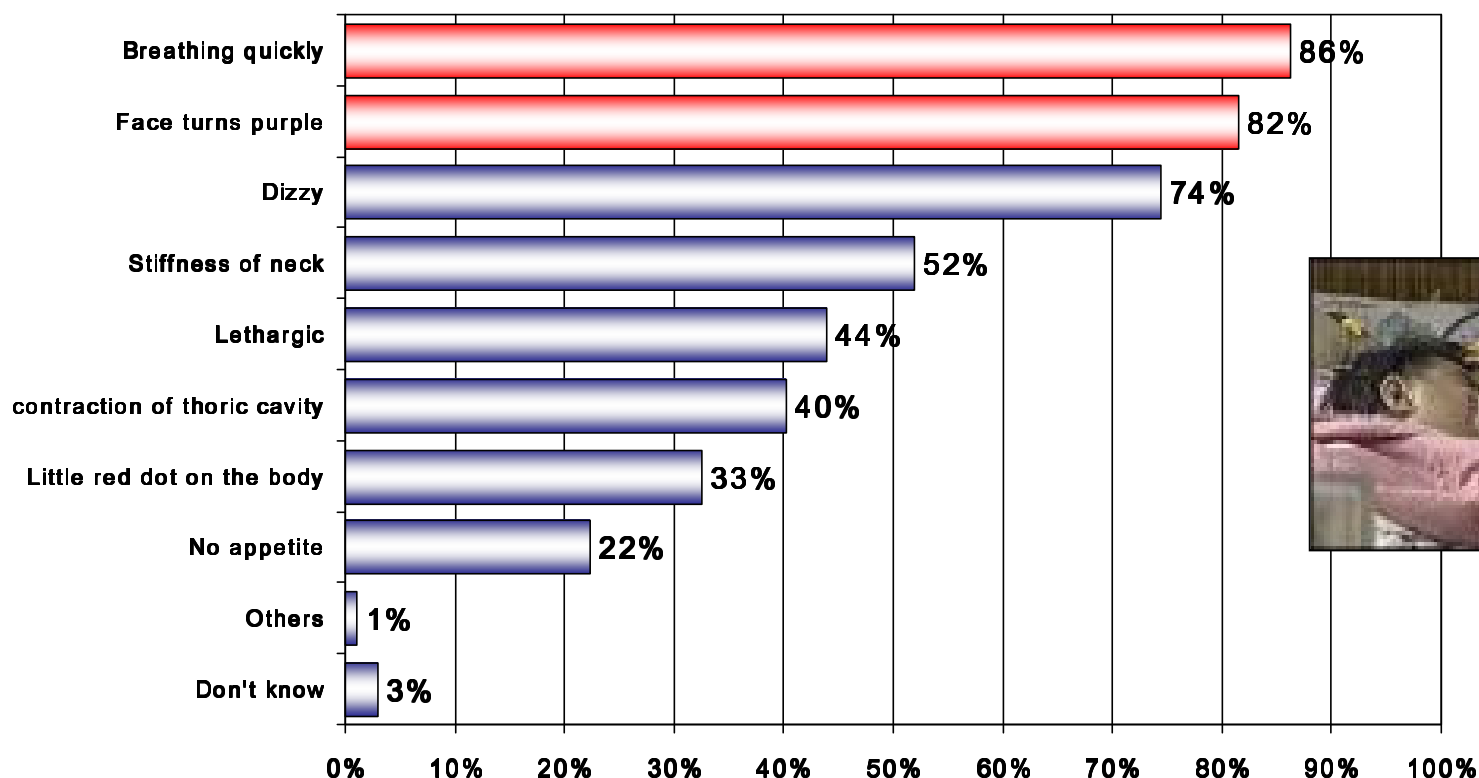
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Successful sample: 2,234 (multiple responses)

70% or above parents consider the condition of their child is serious:

breathing quickly、face turns purple、dizzy

Q: Which of the following symptoms are signs of serious situations of children?



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Successful sample: 2,257 (multiple responses)

Pediatric Infectious Diseases



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Respiratory infections - viruses

- A majority of respiratory infections in children have a viral etiology.
- The common viruses are:
 - Rhinovirus
 - Influenza A & B
 - Respiratory syncytial virus (RSV),
 - Parainfluenza 1-4
 - Adenovirus

Dr. S. Chiu, The Education Bulletin of the Hong Kong Paediatric Society, Vol. 10 No.2, March 2003



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Infant killer - (*Streptococcus pneumoniae*)

- Very common and can be found anywhere.
- *S. pneumoniae* affects children and adults, especially those who are <2 years old, >65 years old and high risk patients (such as immunity impaired patients).
- High carriage rate in children.
- 15% of children will contract the disease within 1 month after infected with the new serotype.



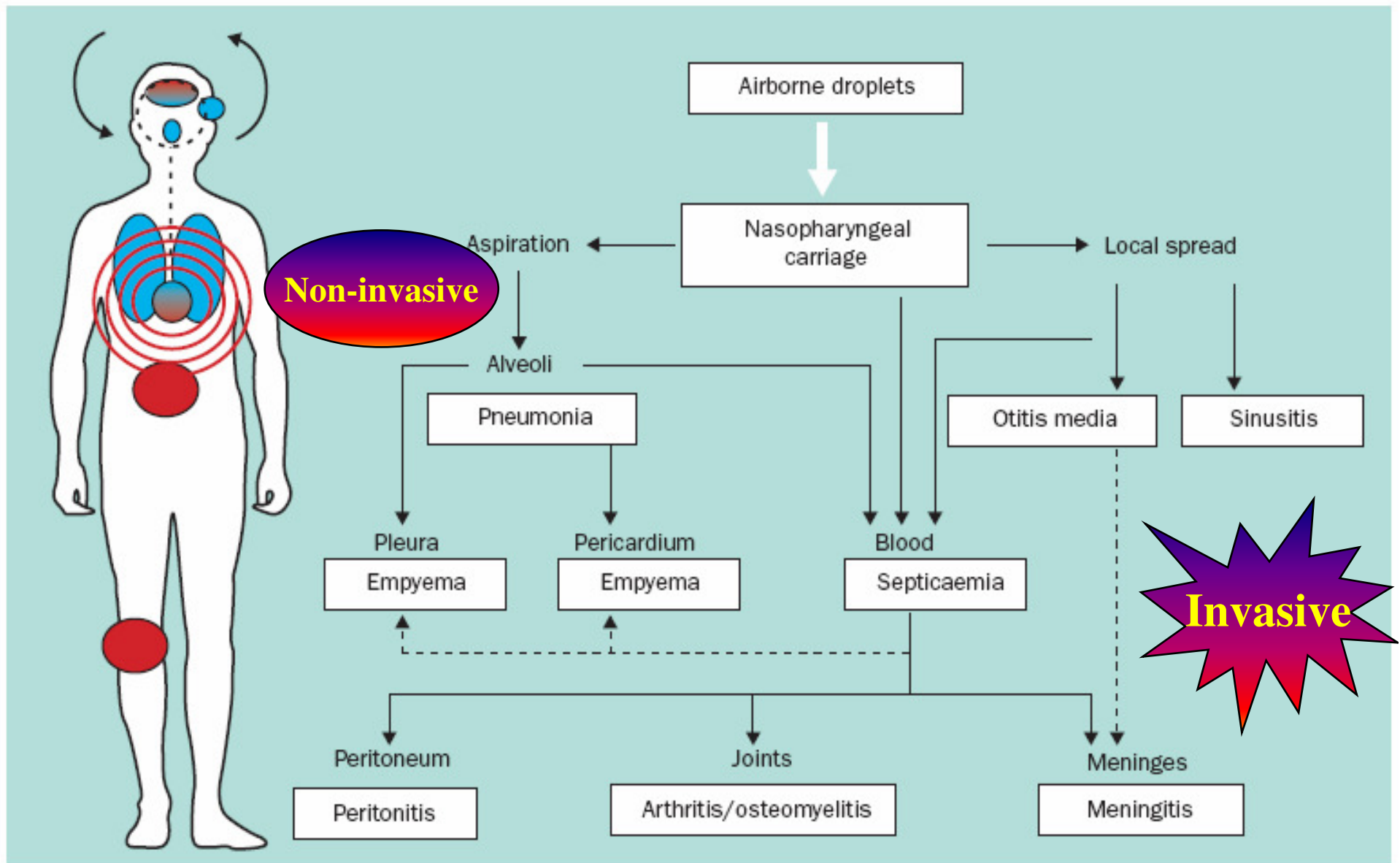


Figure 1. Pathogenic route for *S. pneumoniae* infection. Redrawn from reference 2. Organs infected through the airborne and haematogenic routes are depicted in blue and red, respectively.



S. pneumoniae: global disease burden each year

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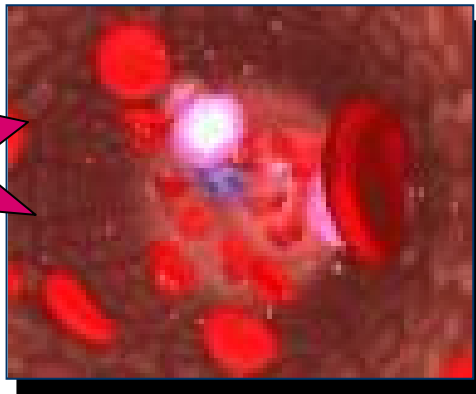
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May lead to
DEATH
within 24
hours

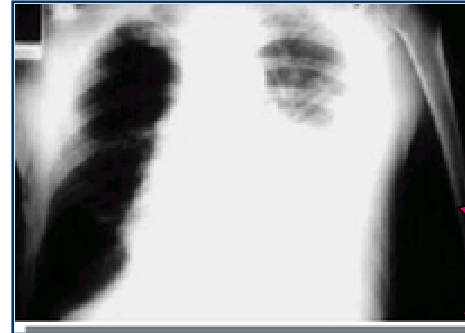


Meningitis
32,500 CASES
3-60% MORTALITY

May lead
to **DEATH**



Bacteremia / Sepsis
637,000 CASES
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Pneumonia
1.2 Million DEATHS

May lead
to **DEATH**

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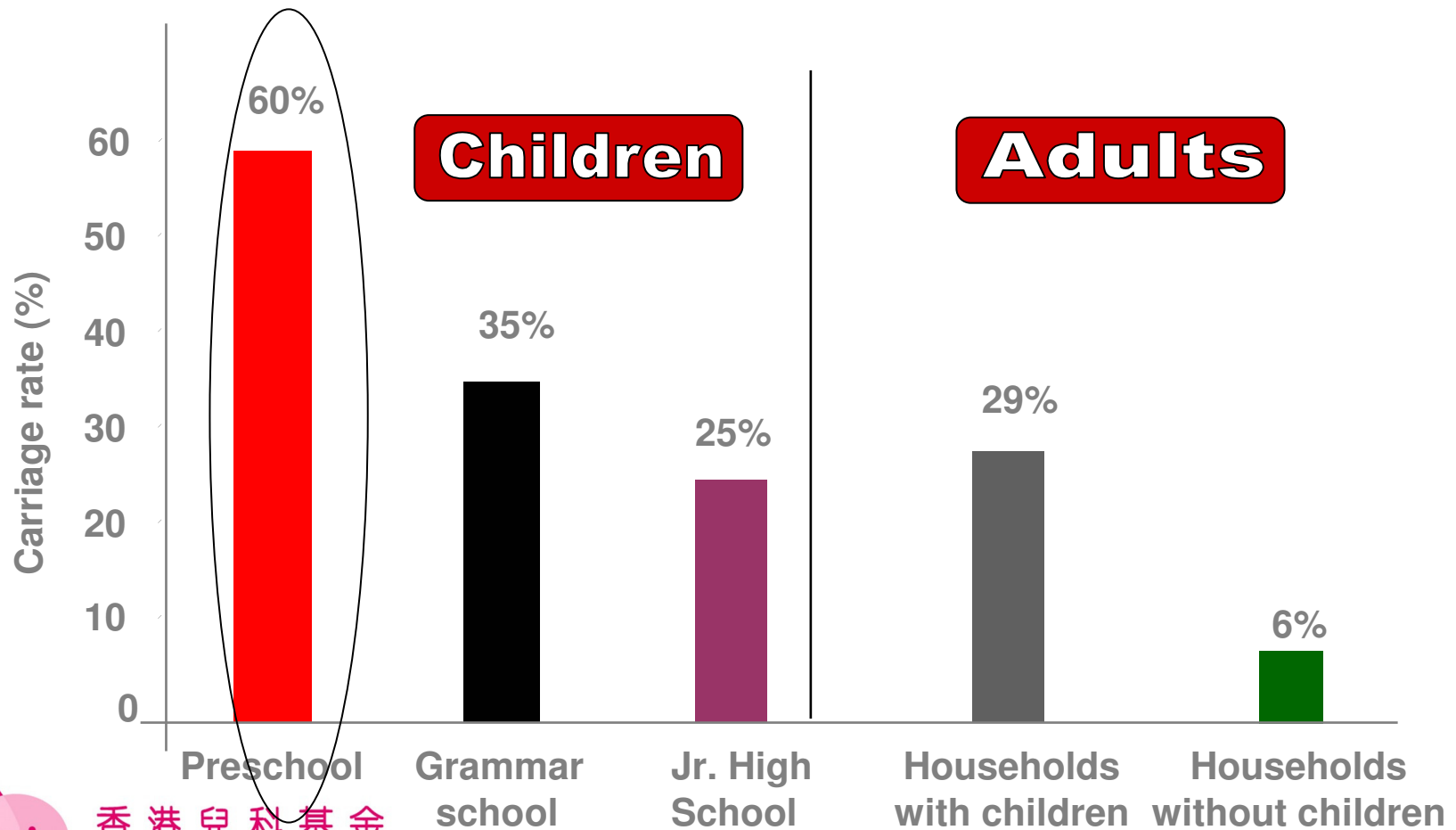
May lead to
**Profound
Hear Loss**



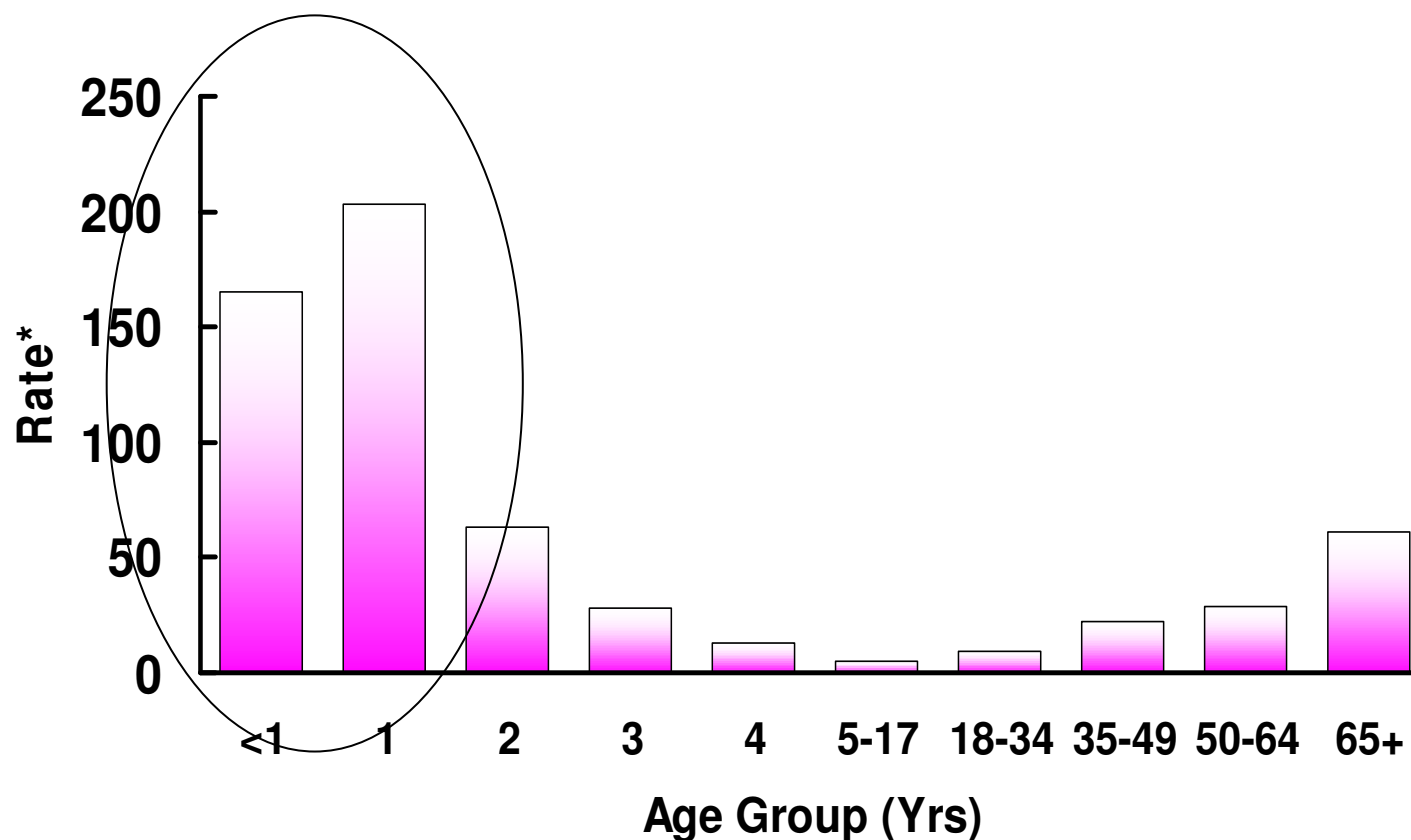
Otitis Media
140 Million CASES



S. pneumoniae nasopharyngeal (NP) carriage rates



Invasive pneumococcal disease 1998 (by Age)



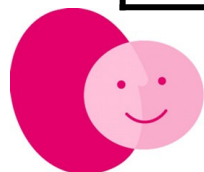
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Rate per 100,000 population
Source: Active Bacterial Core Surveillance/EIP Network

How about Young Children in Hong Kong?

- In Hong Kong, the prevalence of nasopharyngeal carriage of *Streptococcus pneumoniae* is 19.4% (393 of 1978 children in 79 day care centers with age between 2-6 years from 1999 to 2000, study by Dr. Susan Chiu et al).
- Carriage of *S. pneumoniae* was more common at a younger age.

Age	Carriage rate (%)
2-6	19.4
2-3	28.8
4	32.6
5	20.1
6	15.2



To prevent paediatric infectious diseases, parents should maintain a high level of personal hygiene (such as always wash hands and avoid making contact with the infected children). In addition, parents should allow their children to receive vaccination in addition to the government vaccination schedule, such as *S. pneumonia* vaccine and flu vaccine.



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Recommended childhood immunizations, United States, 2005

FIGURE. Recommended childhood and adolescent immunization schedule,¹ by vaccine and age — United States, 2005

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4–6 yrs	11–12 yrs	13–18 yrs
Hepatitis B ²	HepB #1	only if mother HBsAg (-)	HepB #2		HepB #3				HepB series			
Diphtheria, tetanus, pertussis ³			DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴	Hib						
Inactivated poliovirus			IPV	IPV	IPV				IPV			
Measles, mumps, rubella ⁵						MMR #1			MMR #2		MMR #2	
Varicella ⁶						Varicella			Varicella			
Pneumococcal ⁷			PCV	PCV	PCV	PCV			PCV	PPV		
Influenza ⁸					Influenza (yearly)				Influenza (yearly)			
Hepatitis A ⁹									Hepatitis A series			

--- Vaccines below red line are for selected populations ---

Range of recommended ages
 Catch-up immunization
 Preadolescent assessment



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Do join us next week!

Parents' Knowledge & Behaviour of Paediatric Infectious Diseases

Part 2

**《Hong Kong Parents'
Usage of Antibiotic and
Knowledge of Drug Resistance》**



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A Preview

A snapshot of the survey findings:

- There is a high level of misconception that antibiotic is an answer to all infectious diseases. It indeed puts the child at risk!
- There is a high level of misconception of how the antibiotic works and a low knowledge of its side effects, which would aggravate the suffering of the child!
- The impact of antibiotic drug resistance is alarming - a lot of parents are not aware of it!



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Come and join our press conference on next Monday

Join us next week and continue to provide important information of antibiotic usage and awareness of drug resistance issue to parents!

Date :	August 8, 2005
Time :	2:30pm - 3:30pm
Venue:	Lecture Hall, The Federation of Medical Societies of Hong Kong, 4/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong



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