2020 ASPAE Newsletter

African Society for Pediatric and Adolescent Endocrinology

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Dear Friends and Colleagues,

It is with great pleasure and humility I address you, no longer as the editor of our newsletter but as the president of our society. At the recently concluded meeting of the African Society of Paediatric and Adolescent Paediatric Endocrinology (ASPAE) that was held at the Sir Ketumile Masire University Hospital, Gaborone, Botswana on 12th of March 2020, I emerged as the new President of this great association. It is an assignment of huge responsibility however I take courage with the unflinching support you all vowed to give me to carry out my duties with utmost diligence.

We are in tough times as the world grapples with a pandemic brought about by the ravages of the elusive COVID 19. In response to this global health crises, ASPAE shall participate in various campaigns that can strengthen existing public health approach of reducing the transmission of COVID 19, and also advocate for the provision and accessibility of insulin including other essential medical supplies to our patients with type 1 diabetes and other endocrine disorders.

I profoundly appreciate the giant strides made by my predecessors headed by Dr Lucy Mungai, Prof Abiola Oduwole, Dr Renson Mukhwana and Dr Dipesalema Joel in ensuring the rapid growth of our association. In the previous tenure ASPAE launched her first ever Sub-Saharan school (summer School) and has since successfully hosted 3 summer schools. In the same vein we will continue to push ASPAE to greater heights by enlarging our membership strength. We hope to encourage more fellows to enrol into the PETCA/PETCWA fellowship programme in order to increase the number of paediatric endocrinologists across Africa. We also expect to see a doubling of peer review paper publications from our members in high impact journals. Through strengthening of our relationship with our sister societies- ESPE and ISPAD, our society will not only continue to survive but will thrive and eventually become self-sustaining.

Finally, I wish to congratulate the newly elected executive members of ASPAE made up of exceptionally competent paediatric endocrinologist from various parts of Africa, namely:

Beatrice Odongkara, [Uganda] the Vice President, Dr Paul Laigong, [Kenya] the Treasurer, Dr Kandi Muze, [Tanzania] the Secretary, Dr Abok Ibrahim Ishaya, [Nigeria] the Editor and Dr Dipesalema Joel, [Botswana] ex- officio member.

Together we shall work with one common goal, which is that the children in Africa with endocrine disorders may receive optimal care and to make a global impact in advancing the field of paediatric endocrinology.

Thank you and God Bless.
Dear friends and colleagues,

It is my pleasure to welcome you to the first edition of the 2020 ASPAE Newsletter.

I sincerely acknowledge the contributions, works and mentorship of my immediate predecessor Dr. Edna Majaliwa, she deserves an accolade for a well-done job.

The editorial responsibility is exciting and at the same time challenging, it is unarguably tasking because the editorial process requires diligence, commitment, patience and sustained efforts.

Although it is a huge responsibility, I accept it with joy, knowing so well that the prize of greatness is responsibility and the reward of hard work is more work.

The current excellent status of the ASPAE Newsletter has been the cumulative sweat and effort of all editors, past and present. These editors worked sacrificially and dedicated time to put up all our brilliantly articulated articles into a newsletter. “No one can whistle a symphony, it takes a whole orchestra to play it”. ASPAE members contributed articles and read the newsletter, it is indeed our collective effort.

This newsletter has witnessed remarkable growth since its inception, and provides information to the diverse membership of ASPAE and its affiliates. It has also been a tool that has positively influenced Pediatric endocrine practice in Africa. This must be sustained with the greatest sense of responsibility, quality and partnership. Looking forward, we aspire to be the best newsletter with a wide readership and authorship base spread across countries that represent ASPAE.

This edition will provide a highlight of the ASPAE 2020 Summer school, Annual Meeting held in Gaborone, Botswana. The profile of the new ASPAE executives, an update from PETCA and a short communication on COVID 19 will also be highlighted.

So far, many activities may have been suspended but we are hopeful that in the next six months activities will resume, we are hopeful for a brighter tomorrow.

Cheers.
COVID 19 is a global pandemic that has affected all continents including Africa. It affects all ages and gender, with mortality highest in extremes of age and in those with underlying chronic medical conditions especially the hypertensive and hyperglycemic related conditions. To date, no known curative treatment or licensed vaccines for COVID 19 exist, consequently, supportive care is the mainstay of management.

Children and adolescents with diabetes and endocrine diseases are at higher risk of poorer outcomes if their underlying endocrine condition is not properly managed during the illness. The public health strategies to prevent the spread of COVID 19 have limited access especially for patients needing lifelong routine medications such as insulin and hydrocortisone.

To respond to this pandemic, and to ensure optimal care of children and adolescents with an endocrine disorder, including diabetes, the African Society of Pediatric and Adolescent Endocrinology (ASPAE) makes the following recommendations.

A. Protect children and adolescent against COVID 19

Children and adolescents, their caregivers inclusive should follow recommended guidelines for reducing the risk of COVID 19.

1. Practice frequent handwashing with soap and water or alcohol-based hand sanitizers.
2. Clean frequently with soap and water or alcohol-based sanitizers touched surfaces such as tables, chairs, door-knobs, switches and children play materials.
3. Practice social distancing for the purposes of reducing contact with other people.
4. Children aged two years and above should wear face clothes, covering their nose and mouth once they are in the community.
5. Optimize hydration and nutrition for an enhanced or improved immune system.

B. Suspected case of COVID 19

1. Suspect COVID 19, if a child or an adolescent with diabetes or an endocrine disorder, present with symptoms of fever, and/or cough, and/or difficulty in breathing, and if the onset of these symptoms occurred within 14 days history of travel to high risk community or contact with a confirmed case of COVID 19.
2. Report or refer a suspected case, to a COVID 19 Response Medical Team.
3. A suspected COVID 19, in a patient with diabetes or adrenal insufficiency, requires the sick day protocol to be activated.
4. The sick day protocol in Type 1 diabetes includes increased frequency of monitoring blood glucose and ketones. Insulin SHOULD NEVER be stopped rather, adjust it accordingly to ensure good glycemic control. If the patient has abdominal pain or vomiting diabetes ketoacidosis (DKA) should be ruled out. For more information check the ISPAD guidelines. (https://cdn.ymaws.com/www.ispad.org/resource/resmgr/consensus_guidelines_2018_/13.sick_day_management_in_ch.pdf) 6. The sick day protocol in Adrenal insufficiency (Addison disease, Congenital adrenal hyperplasia or chronic steroid use) involves doubling or tripling the maintenance hydrocortisone dose. Intravenous route is preferred for patients that present with vomiting.
5. Agranulocytosis is a rare complication of antithyroid drug used for Pediatric Grave’s disease. Agranulocytosis may present like COVID 19, a thorough evaluation is therefore needed.

C. Confirmed case of COVID 19

1. Till date, no confirmed case of COVID 19 in a child or adolescent with diabetes or any endocrine disorder in Africa has been reported.
D. **lockdown in Africa and limited access to physical consultation.**
   1. Access to specialist care can be maintained through phone or video calls or telemedicine where available.
   2. Patients that must be seen in the hospital must adhere strictly to the general preventive strategies of COVID 19. (See section A)

E. **Access to medication and other tools used for treatment**
   1. During the lockdown period, caregivers of children and adolescents with diabetes and other endocrine problems should be given a list of their regular supplies.
   2. They should be encouraged to obtain, procure and appropriately store supplies or medication, with two-weeks of extra supplies, in a manner that discourages panic buying.

F **Social life of children and adolescents with diabetes and other endocrine problems**
   1. Children and adolescents should be encouraged to learn while at home until schools re-open, and sustain friendship through phone calls and other media.
   2. Physical activities should be integrated into their daily lives with strict screen time regulations by caregivers.

G **ASPAE members can get involve.**
   1. ASPAE members can provide leadership and Policy frame work. This should focus on reduction of direct and indirect effects of COVID 19.
   2. ASPAE members can participate in various campaigns that can strengthen existing public health approach of reducing the transmission of COVID 19.
   3. Members can advocate for the provision of essential medicines crucial for optimal care of their patients such as insulin and other essential medical supplies and ensure accessibility of these supplies
   4. Telephone or email addresses/contacts for virtual consultation and guidance should be provided by members.

**RESOURCES**
2. Owen Dye. Covid-19: Africa records over 10,000 cases as lockdowns take hold. BMJ 2020;369:m1439. Available @ https://www.bmj.com/content/369/bmj.m1439.long
The Sir Ketumile Masire Teaching Hospital hosted the 11th annual meeting of ASAPE in Gaborone, Botswana. The theme of this year’s conference was translating research in paediatric endocrinology into better care. The theme was put into action prior to the conference at the summer school and the diabetes workshop that ran parallel. At the summer school, paediatric endocrinologists and fellows met to discuss clinically challenging cases as well as discuss the latest changes to current practice. In one of the discussions regarding DSD and the law in Africa, the take away from the Kenyan perspective was that countries without laws regarding DSD must make guidelines of practice before the law dictates who they should practice. Day two of the summer school focused primarily on diabetes and by the afternoon, the two parallel sessions converged for a presentation on diabetic ketoacidosis and hyperosmolar state by Professor Wolfsdorf. The diabetes camp had brought together physicians, nurses, patient educators and other allied health professionals to discuss pertinent issues regarding caring for children with diabetes. The workshop was interactive and had hands on training such as insulin administration and carb counting, to name a few.

At the opening of the conference, the Vice Chancellor of the University of Botswana (UB), Professor David Norris commended ASAPE for its effort to improve lives of children through research and evidence-based medicine. He mentioned that the University prides itself in collaborating with multisectoral stakeholders to engage in research that positively impacts the lives of members of the community. He mentioned that the theme resonates with the university’s mission and values. Professor Norris said that research that only ends in publications is not of much value, but rather research must address and solve societal challenges. A representative on behalf of the Minister of Health and Wellness officially opened the conference with a warm Botswana welcome. He highlighted that children are the future and so investing in their health is investing in the future. He said that we must all strive to eliminate preventable mortality associated with diabetes and other endocrine disorders and that the level of care must go beyond just survival.

The conference boasted a healthy list of professionals from all over the world. The topics discussed ranged from understanding the perspectives of training to current best practices with regard to various endocrine disorders. The presenters engaged in panel discussions and the audience kept the questions rolling. Despite travel restrictions that resulted in some delegates not attending, the presenters imparted their knowledge through the use of video conferencing. Outside the conference hall, the delegates engaged presenters in conversation about the future of paediatric endocrinology as well as viewing posters of research conducted. The poster walk gave inspiration and guidance to paediatric residents and aspiring paediatric endocrinologists. Overall, the conference equipped delegates with knowledge to put in practice and positively impact the lives of children.

Dr. Kebonye Motseosi

Dr. Joyce Mbogo
PICTURE HIGHLIGHT
OF THE
2020 Sub-Saharan Summer School
Gaborone, Botswana
PEDiatric ENDOCRINOLOGY TRAINING CENTER IN AFRICA (PETCA)

Three fellows Dr. Menbere Khassey an Ethiopian and two Nigerians, Drs. Owa Abidemi and Effiong Joshua have been successfully training since January 2020, however, the impact of COVID-19 had led to the modification of the PETCA training program in Nairobi, Kenya. The COVID-19 Pandemic led to the suspension of the plans for travel and teaching by international tutors, and to the stop of the Kenyatta National Hospital and the Aga Khan University Hospital Clinics in Nairobi, Kenya. However, PETCA opted to have online classes with the Kenyan tutors using Gertrude’s children hospital zoom platform. Fellows in training still attend to patients in the endocrinology and diabetes clinics at Gertrude’s Children’s Hospital dress with appropriate protective wear, alot of time is therefore dedicated by the fellows to work on their research project.

PETCA has made tremendous impact and achieve success. A Total of 34 fellows graduated from the first phase of the programme, with another 20 having graduated for the 2nd phase so far. Bringing the current total to 62 graduates.

*From Left:* Dr. Owa Abidemi, Ms. Olivia Achieng, Dr. Debbie Mathew, Dr. Menbere Khassey, Ms. Truphena Otinyo, Dr. Joshua Okon

Ms. Olivia Achieng / Dr. Thomas Ngwiri
CONGRATULATORY MESSAGES

- Dr. Iroro Yarhere

ASPAE congratulates Dr. Iroro Yarhere on his recent election as the assistant secretary General of the Pediatric Association of Nigeria (PAN). We wish him a successful tenure.