Words from IPNA President

Dear members

So much has happened since the last Newsletter edition of January! I am delighted to inform you that IPNA now counts over 1400 members and that projects -fellowships and teaching courses- have never been so numerous!

In this special edition dedicated to the Iguacu Congress you will discover highlights of the state of the art program that is being prepared by the Scientific Committee. You will also read all about Iguacu, this welcoming and fascinating destination that is one of the world 7 wonders. An update on the Zika virus is also available for your information. So do not wait to register and take advantage of the Early Bird rates!

Also in this edition, find out who won the World Kidney Day contest, what will the IPNA tagline be and discover the Save Young Lives video about a fabulous conference that took place in Dakar.

So you see, IPNA Currents is all about you! Keep sending us your fabulous reports on your projects and initiatives; keep showing the world what a good job you are doing for the Pediatric Nephrology community! And don’t forget to engage in social media and share!

Happy reading and looking forward to welcoming you to Iguacu!

Warm regards

Pierre Cochat
Words from the Congress Co-Chairs

Brazil is a cultural melting pot. The core Portuguese culture was influenced by African, indigenous, non-Portuguese European and Asian cultures and traditions, derived from the many waves of immigrants, who were always welcome to this amazing country, and whose contributions influenced Brazil's language, cuisine, music, dance and religion.

In the name of the Organizing Committee of the 17th Congress of the International Pediatric Nephrology Association, IPNA 2016, we invite you to share with us the very best in pediatric nephrology, immersed in the atmosphere of one of the most beautiful and welcoming countries of the world!

Vera H. Koch – Brazil & Paulo Koch Nogueira – Brazil
Coordinators of IPNA 2016
Organizing Committee

Overview of the Scientific Programme

By Arvind Bagga, Chair of the Scientific Committee

The Meeting comprises pre-Congress CME sessions on 20-21 September followed by the IPNA Congress from 21 -24 September. Featuring more than 220 invited speakers from all over the world, the triennial Congress offers a strong scientific program aiming to update current knowledge and provide research directions through state-of-art lectures, plenary sessions, concurrent symposia, master classes and free communications.

Pre-Congress CME

The pre-Congress CMEs aim to update knowledge and skills in specific areas and shall be extremely useful for fellows-in-training and practicing pediatric nephrologists. Highlights of the CME session include workshops on critical care nephrology, renal pathology and nephrourology, each being held concurrently over 2-days. Collaboration with the American Society of Nephropathology and the International Children’s Continence Society helped us develop a strong scientific program. There will be a one-day CME on maintenance dialysis, and half-day sessions on hypertension and research methodology.

Rare diseases CME will address the diagnosis and current management of 6 disorders: hemolytic uremic syndrome, cystinosis, Fabry disease, cystic kidneys, Alport syndrome and primary hyperoxaluria.

IPNA Congress

The Congress that runs over 3 days includes four plenary lectures delivered by foremost experts in the specialty. The program is arranged in 4 tracks: (i) glomerular diseases, (ii) chronic kidney disease & renal replacement, (iii) inherited & structural diseases, and (iv) general nephrology. Twelve master classes will emphasize the diagnosis and practical management of common disorders of the kidneys and urinary tract. Each of the 36 concurrent symposia will include 3 invited talks and 2-3 oral communications on the topic. More than 600 free papers in more than 20 categories, either oral or poster presentation, are expected to be presented. Ample opportunity will be available for interaction with experts through poster walks and multiple lunch and dinner symposia.

Check the full Interactive Program here!

Scientific Committee:

Mignon MC CULLOCH, South Africa
Debbie LEWIS, Australia
Nelson ORTA SIBÚ, Venezuela
Lesley REES, UK
William SMOYER, USA
Highlights of the Pre- Congress programme:

**Critical Care Nephrology Workshop – 20–21 Sept 2016**

Over the past 2 decades the area of Pediatric Critical Care Nephrology has become a hot topic. This is in part due to advances in technology, aggressive management approaches to smaller infants and babies, expansion of interest in areas considered outside traditional Pediatric Nephrology as well as the understanding that the patients we take care of now were not alive 20 years ago. The complexity of patient care as well as a better understanding of disease processes has led to this exciting and ever expanding field.

At the IPNA conference we will be hosting a 2 day conference in this area with experts from throughout the world. Hot topics include: Use of Vaptans, Treatment of Malignant Hypertension, Advances in AKI identification and treatment as well as Inborn Errors of Metabolism. To meet the true needs of an international audience and the children they serve, ‘hands on’ workshops on Hemodialysis, Peritoneal Dialysis, SLED, Plasmapheresis as well as CRRT will allow the attendee to improve their skill set and advance their own understanding and expertise with these modalities.

Come enjoy the time, interact with your colleagues and help improve the care of your patients.

**Timothy Bunchman** - IPNA Council Member  
**Mignon McCulloch** - IPNA Council Member / AFPNA President

**Rare Diseases Workshop  
Fabry Disease 20 Sept 2016**

This session will provide a comprehensive overview of Fabry disease, with special emphasis on renal disease in children. Chaired by Dr Michael Mauer the session will include presentations by experts in the field including; Drs. Juan Manuel Politei who will discuss the clinical features, natural history and therapy in Fabry disease, Behzad Najafian who will discuss the structural basis of Fabry nephropathy including responses to treatment and Camilla Tondel who will present her views on management issues in children. The session will provide a comprehensive review of this rapidly evolving and fascinating field.

**Don’t forget that IPNA is now on social media (Facebook & Twitter)!**

Spread this news to your memberships and networks! Social media currently provides IPNA newsflashes including the latest updates on the IPNA congress.

IPNA looks forward to further expanding social media content and would love to interact with new social media users, and old users who have yet to move into this domain at a “professional” level.

This is an exciting time for IPNA and we hope we can have as many members sharing this with us especially in the lead up to the Iguazu Congress!

Share/Tweet/Re-tweet/Like/Comment and help create a global social media buzz for our organisation and congress!

**Amelia Le Page**  
Representing IPNA Social Media
Discovering Iguaçu

Foz do Iguaçu is the Brazilian city on the border of Iguaçu Falls. The city's population is approximately 265,000 inhabitants. The Iguaçu Falls are located on the border of Argentina and Brazil and consist of approximately 257 individual falls over 2.7 km (1.7 mi) and were chosen as one of the "New Natural Seven Wonders of the World."[5]

Foz do Iguaçu is part of a tri-national region, bordering the Argentine city of Puerto Iguazú and the Paraguayan city of Ciudad del Este. The city's economy is based on tourism, with emphasis on trade and services.

According to data from the Brazilian Tourist Institute (Embratur) Foz do Iguaçu was considered the 2nd most visited leisure destination by foreign tourists after Rio de Janeiro.

Foz do Iguaçu is home of the Itaipu dam, the world's largest hydroelectric plant in power generation. With 20 generator units and 14,000 MW of installed capacity, it provides approximately 17% of the energy consumed in Brazil and 75% of consumption in Paraguay.[3]

The climate of Foz do Iguaçu is sub-tropical, with two distinctive seasons; one humid and hot in the summer and another, dry and cold, in the winter. The city's annual average temperature is 23.8 °C (74.8 °F), but can be as high as 40 °C (104 °F) in the summer (highest) or as low as -5 °C (23 °F) in the winter (lowest).

The city has about 100 hotels and inns. Its main attractions are:

- Iguaçu Falls, which has a flow capacity equal to three times that of Niagara Falls. Part of the falls are on the Brazilian side. Others are on the Argentine side. "Devil's Throat" ("Garganta do Diabo" in Portuguese) is the tallest of the falls, which is 97 m (318 ft) high;
- Parque Nacional do Iguaçu (Iguaçu National Park), in both Brazil and Argentina, where the falls are. It is protected by the IBAMA;
- Itaipu Dam, the first-largest generator of hydro-electric power in the world, in the Parana river, between Brazil and Paraguay;
- The Triânce Fronteira (Triple Frontier) location where Brazil, Argentina and Paraguay meet.

- The Bird’s Park (Parque das Aves), which features a collection of wild birds, and the "Bosque Guaraní" the city's zoo.

The Iguaçu Falls, Brasil

For more information on Foz de Iguaçu, visit http://www.visitefoz.com.br/

Accommodation & Tours

Mello Faro Turismo is the official travel agency for IPNA 2016. All information is available on:

About the ZIKA Virus…

Zika virus (ZIKV) is an emerging mosquito borne virus of the family Flaviviridae. It is transmitted by aedes mosquitoes, as are dengue and chikungunya viruses.

Originally, from Africa, the first documented outbreak in Asia occurred on Yap Island, Micronesia, in 2007 followed by a large epidemic in French Polynesia in 2013–14. The first evidence of the emergence ZIKV in the Americas was found in northeast Brazil in May, 2015 and then spread to many countries in Latin America and the Caribbean. The Centers for Disease Control and Prevention (CDC) currently lists the following countries as areas of active virus transmission: Barbados, Bolivia, Brazil, Colombia, Puerto Rico, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Saint Martin, Suriname, US Virgin Islands, Venezuela, American Samoa, Samoa, Tonga, and Cape Verde.

Most cases of Zika virus infection are mild and self-limited. The incubation period is probably 3-12 days. Owing to the mild nature of the disease; more than 80% of Zika virus infection cases likely go unnoticed.

The spectrum of Zika virus disease overlaps with other arboviral infections, but maculopapular rash typically predominates. Other common symptoms of Zika virus infection include fever, arthralgia (involving the small joints of the hands and feet), retroocular headache, and conjunctivitis. Symptoms last from 2 to 7 days.

Signs and symptoms of ZIKV infection are nonspecific and mimic other infections. Among them, dengue virus infection is the most serious and may be life-threatening. Other etiologies include chikungunya virus, yellow fever virus, parvovirus, enterovirus, Ross River virus, malaria and rickettsia.

In rare cases, serious complications associated with ZIKV have been reported, including Guillain-Barré syndrome. In addition, concern is emerging over congenital malformations due to transplacental transmission of Zika virus, including microcephaly and various ophthalmologic abnormalities.

The diagnosis of ZIKV infection is based on detection and isolation of Zika virus RNA from serum using reverse-transcriptase polymerase chain reaction (RT-PCR) predominantly during the initial week of illness. Zika virus was detected in the urine more than 10 days after the onset of illness.

After the initial week of illness, serological testing for virus-specific immunoglobin M (IgM) and neutralizing antibodies against Zika virus infection can be performed using enzyme-linked immunosorbent assay (ELISA). The utility of this test is limited owing to cross-reactivity with dengue and yellow fever. Diagnostic testing for Zika virus disease is not commercially available. Certain laboratories such as the CDC Arbovirus Diagnostic Laboratory and a few health/local departments perform these diagnostic tests.

Zika virus (ZIKV) infection is usually mild and self-limited, there are no specific treatment options for it. Supportive care with rest and adequate fluid hydration is advised. Symptoms such as fever and pain can be controlled with acetaminophen. Use of nonsteroidal anti-inflammatory drugs (NSAIDs) in patients with unconfirmed Zika virus infection should be avoided since the use of such drugs in dengue fever is associated with hemorrhagic risk.
ZIKV infection can be acquired through mosquito bites, from mother to child during pregnancy, through sexual contact and by blood transfusion. Like chikungunya and dengue, there is no vaccine to prevent or medicine to treat Zika. Travelers can protect themselves from this disease by taking steps to prevent mosquito bites, using the following steps recommended by the CDC:

1. **Wear insect repellent:** When used as directed, insect repellent is the BEST way to protect yourself from mosquito bites—even children and pregnant women should protect themselves. Higher percentages of active ingredient provide longer lasting protection.

   **Apply DEET after sunscreen**
   - **DEET:** Products containing DEET include Cutter, OFF!, SkinTastic.
   - **Picaridin** (also known as KBR 3023, Bayrepep, and icaridin): Products containing picaridin include Cutter Advanced, Skin So Soft Bug Guard Plus, and Autan outside the United States).
   - **Oil of lemon eucalyptus** (OLE) or **PMD:** Repel contains OLE.
   - **IR3535:** Products containing IR3535 include Skin So Soft Bug Guard Plus Expedition and SkinSmart.

2. **Cover up:** When weather permits, wear long-sleeved shirts and pants.

3. **Keep mosquitoes outside:** Use air conditioning or make sure that you repair and use window/door screens

   Until more is known, and out of an abundance of caution, CDC recommends special precautions for pregnant women and women trying to become pregnant:

   Pregnant women in any trimester should consider postponing travel to the areas where Zika virus transmission is ongoing. Pregnant women who do travel to one of these areas should talk to their doctor or other healthcare provider first and strictly follow steps to avoid mosquito bites during the trip. Men returning from affected areas are advised to avoid unprotected sex with female partners of childbearing potential for 28 days and, for six months, if they have probable or confirmed infection

   Up to January 30, 4,783 suspected cases of microcephaly were registered in Brazil since May 2015. Of the 4,783 suspected cases reported, 709 were discarded, 3,670 are under investigation and 404 were confirmed as actual cases of microcephaly and/or other disorders of the central nervous system related to viral or bacterial infections. Of these 404 babies, only 17 (or 0.04%) were proven to be infected by zika virus - without excluding the possibility of the mother having had other infections such as syphilis or cytomegalovirus, which can also be responsible for malformations. Since February 18, following WHO recommendations, the definition of microcephaly used in Brazil has been revised to lower values, which will preclude overdiagnosis in the future.

   The figure shows, up to the first week of March 2016, on the left side, the number of suspected cases of microcephaly in Brazil, and on the right side, the confirmed cases (Ministry of Health of Brazil – portal saude.gov.br). As can be seen, most
confirmed cases are in the Northeastern part of the country (red dots).
During the same period, only 1 case of ZKV infection has been confirmed in the city of Sao Paulo and no cases have been diagnosed in Iguacu.

References
Enfissi A, Codrington J Rouset D Zika virus genome from the Americas Lancet 2016; 387: 227


IMPORTANT ANNOUNCEMENT
After a thorough analysis of the Zika virus situation in Latin America, the IPNA Council has made the decision to maintain the site of the IPNA2016 Congress in Iguacu, Brazil.
To date, no cases of Zika infection have been identified in Iguacu and it is predicted that, with the onset of winter in the southern hemisphere, the risk of acquiring the infection elsewhere in Brazil will be drastically reduced. For information about the congress, please visit: www.ipna2016.com
The IPNA Council is looking forward to welcoming you to Iguacu, Brazil, from 20-24 September 2016!
On behalf of the IPNA Council
17th Congress of the International Pediatric Nephrology Association

September 20-24, 2016

See you in

Iguazu, Brazil

WWW.IPNA2016.COM

Iguazu Waterfalls, one of the World7wonders of Nature

INTERNATIONAL PEDIATRIC NEPHROLOGY ASSOCIATION

Chairs of the Organizing Committee
Vera Koch & Paulo Koch Nogueira - Brazil

Chair of the Scientific Committee
Arvind Bagga - India
World Kidney Day Contest:
And the Winner is…

World Kidney Day Program
Held in Ginnoruwa, Uva Province in Sri Lanka

Organized by
Centre for Education, Research & Training on Kidney Diseases, University of Peradeniya, and Girandurukotte District Hospital, Sri Lanka.
Sponsored by
International Pediatric Nephrology Association (IPNA)

By Prof Asiri Abeyagunawardena

Overview

The prevalence of chronic kidney disease (CKD) is rising globally and is mainly attributed to an epidemic of diabetes mellitus. In Sri Lanka, the prevalence of CKD has been increasing over a period of 15-20 years in certain parts of the island. However, the disease is found to be different, in that, it is not associated with the known risk factors such as diabetes, hypertension or chronic glomerulonephritis. Hence, the disease is known as Chronic Kidney Disease of uncertain aetiology (CKDu). CKDu is more prevalent among the males with age range of 40-60 years who are mainly farmers. The research conducted from 2001 reveal that the prevalence of the CKDu vary from 4-15% and appears to be confined to specific geographical areas in the dry zone of Sri Lanka. Environmental factors such as heavy metals, fertilizer, and agrochemicals have been repeatedly blamed without much scientific data. There is however substantial historical data to suggest that the CKDu in these areas may have been present even many decades ago. It is possible that problem surfaced only with improved medical services. As the current screening programmes are only targeting the middle aged population a programme was planned to screen children in order to ascertain whether children who are not generally associated with farming are affected with CKDu.
Objective of the program
Based on the World Kidney Day theme of the year 2016; Kidney disease and children, it was decided to conduct a CKDu surveillance study among pediatric population. No such surveillance program has been done so far to screen children living in high prevalence area for CKDu.

The main objectives of this program are to,

- Conduct a CKDu surveillance study on children attending Ginnoruwa School located in Uva province.
- Conduct a screening program of adults living in Ginnoruwa area to cover total population.
- Assessment of hereditary nature of CKDu at Ginnoruwa
- Assessment of agrochemical usage of people living in Ginnoruwa.
- Collection of geo-environmental samples to investigate the cause in a tubulo-interstitial renal disease.
- Conduct an art exhibition of children living in Girandurukotte area to see what they think about kidney disease

*Figure 1: Distribution of Chronic Kidney Disease with uncertain etiology in Sri Lanka*
Program location

Giradurukotte in Uva province is one of the CKDu prevalent regions in dry zone of Sri Lanka. Ginnoruwa is a part of Giradurukote is found to be a high CKDu prevalence area with 25% families affected with CKDu. Ginnoruwa is geographically a strategic location with high and low prevalence CKDu endemic regions situated side by side. Most of the patients at Ginnoruwa are paddy farmers with low socioeconomic background and followed up in Girandurukotte District Hospital. To include paediatric cases, Ginnoruwa School was been selected as the program location. Two hundred and fifty students attend this school from a population of 1400.

Getting to know the village

One of the earliest interventions was to engage the villagers in telling us (outsiders) about their village. How could they clearly depict and explain their village situation to us? This investigation (referred to as social mapping), was facilitated by a trained external resource person. Over 75 villagers participated in this exercise engaging in animated discussion and pictorial depiction of the village on the ground. At the end of the exercise lasting about two hours, these villagers had prepared a beautiful map of their village indicating access roads, physical features such as the village tank, forest reservations, rocky out crops, location of paddy fields, irrigation and drainage canals, location of all houses in the village(classified into CKDu and non CKDu households); sources of drinking water- domestic wells, wells in use and those abandoned, community wells, river; location of the village school, temple, community center, rice mill etc. Three volunteers (all A-level students) were next assigned the task of copying the village map just prepared on to a large sheet of paper for subsequent display and further discussion the next day.

Participants were next divided into two groups and made to engage in two different exercises. One group discussed and documented the impact of CKDu on patients, their families and the community. They also investigated CKDu households and gender differences among patients as well as categorizing patients into several age groups. The second group prepared a ‘seasonal chart’ depicting seasonal variations in rainfall in the region, ground water level in domestic wells at various times of the year, seasonal fluctuations in water quality as determined by taste; the agricultural calendar, cropping patterns, fertilizer and pesticide use, out migration of labour and major economic activities of the people.

The next morning was spent in presenting the results of the first day’s investigations to a plenary session consisting of representatives from virtually every household in the village and special invitees (Agricultural Extension worker, farmer organization representatives, school teachers etc.) were invited to participate in this discussion and encouraged to probe and clarify issues arising from the presentations.

Social mapping
Learning from Ginnoruwa

What we learned from this single participatory rural appraisal exercise surpassed all what we had learned, both in content and accuracy, through review of secondary data originating from several government departments. It also clearly demonstrated the hidden potential and analytical skills of simple rural people. Above all, our interest in learning from the villagers themselves about their situation, cemented a warm friendship between villagers and us. “You are the only people interested in listening to us”, commented one village elder.

We compared information pertaining to number of CKDu patients generated from our participatory village appraisal with hospital records, and found that number of people affected by the disease, or those who had died from the disease exceeded official statistics- some patients had stopped visiting the local clinic seeking treatment in Mahiyangana or Badulla. A few had lost their clinic card, and stopped visiting clinics thereafter. Likewise, we recognized the urgent necessity to investigate seasonal variations in water quality of domestic wells because the villagers had clearly told us that their tongues had detected a difference in the taste of water between the dry and the wet seasons. Failure to heed such information appears to have resulted in the fact that despite two decades of CKDu research, no serious scientific effort appears to have been made to investigate and document seasonal fluctuations in water quality in specific locations to date. Information on pesticide use and farming practices proved to be more realistic and accurate than information extracted through the structured questioner method (a standard technique adopted by many a researcher). This was so because only experienced farmers participated in the exercise, and their responses were scrutinized by fellow farmers and external resource persons. Such ‘triangulation’ of information facilitated accurate data collection.

We learned that Ginnoruwa G.N. division consisted of four villagers- Badulupura, Ginnoruwa, Sarabhoomiya and Serupitiya. The distribution of CKDu patients varied significantly from one village to the other. In the village of Badulupura, almost 30 per cent of households had at least one CKDu patient. In Ginnoruwa village, this number was approximately 7 per cent, while Serupitiya and Sarabhoomiya had only 3 and 2 percent households affected by the disease. These were highly significant discoveries unrecognized in “official statistics”.

Further in-depth probing of Badulupura revealed that most (over 50 % CKDu households), were located on either side of one road in the village!

Map of Badulupura and Sarabhoomiya. Red dots indicate CKDu households
The principal difference between Badulupura (the high prevalence village) and Sarabhoomiya (low prevalence village) was one of topography. The high prevalence area is located on the upper slopes of the rolling landscape, while the least affected areas are in the flat land-closest to the paddy fields. Was there a difference in water quality as manifested by “kivula” (hardness) in Badulupura and Sarabhoomiya wells? we enquired. “Yes, Kivula is more pronounced in Badulupura, besides that, many people in Sarabhoomiya drink river water (from the Mahaweli Ganga located in close proximity to their houses) were the villagers’ response. We promptly tested the electrical conductivity (EC) of well water in the two locations, and sure enough many Badulupura wells registered 2-3 times higher values (250-400 micros) than Sarabhoomiya (120-250micros). River water varied from 110 to 170 micros. EC is a measure of dissolved salts in the water.

Paediatric surveillance study and adult screening for CKDu

Altogether 1000 individuals (249 children and 751) were invited for the program. Urine containers were given in advance to bring a urine sample in the morning. Urine samples of both children and adults tested for proteins dipstick method. Additionally urine was tested for microalbumin in all children. Blood samples were taken from both adults and children for measurement of serum creatinine levels. Blood pressure was measured in all participants by trained individuals.

Resource Team

8 medical officers including one paediatric nephrologist and one paediatricain
26 nursing officers
20 Agriculture Faculty - Undergraduates + supervisors(epidemiological survey and water sampling)
10 Vet Faculty - Undergraduates + supervisors( Genetic mapping)
21 hospital workers from the local hospital
Approximately 20 voluntary workers from the village
Total – approximately 100

Traditional opening ceremony
Core Research Team

Selecting the winners

Waiting for the screening to begin
Award winning performances
Art competition in progress
Award winning performances
Lecture to Educate on CKD

Results

Totally, 593 cases participated in the screening program. There were 239 pediatric cases. Interestingly there 13 children with significant proteinuria and one had high serum creatinine. The final clinical and laboratory data are being analyzed at the moment. Another 130 participated in the art competition. All the children who participated in the art competition were rewarded with gifts in appreciation. There were about 100 people including the villagers from different institutions pledged their help in organizing the event a successful one. Over hundred well water samples were obtained for analysis. Farming practices and social practices were obtained from all families.

Outcome

The villagers were delighted that there were some who really cares for them. We were fortunate to have an educated farmer who was able to bridge the gap between us. The children were overwhelmed by the gifts we provided as prizes and enjoyed the even too. Definitely with preliminary results we have it is evident that we have got an direction to investigate in to CKDu. The entire research team is grateful for the IPNA for grant provided.
**Zoom: More activities during the World Kidney Day**

**Staying in the same region of the globe, here are projects from China**

**Chinese Society of Pediatric Nephrology (CSPN) has organized a series of activities on WKD in China.**

By Zhong Xuhui, from China

At first, we translated the slogan “Kidney Disease & Children. Act Early to Prevent It!” into Chinese. Trying to express it in very popular words to make it easy for the public to understand it. Then, we design a poster for WKD and send it to all the pediatric nephrologists.

Since the theme of this WKD 2016 is closely related to children, pediatric nephrologists all over the country take joint action, including lectures on popular science, free clinic, social media campaigns, etc. Multidisciplinary experts from pediatric nephrology, nephrology and urology were involved in the activities.

At present, we have received reports from 60 medical centers from 40 cities in China. Totally, more than 7,000 parents and children were involved in the activities.

**Other activities in Shanghai**

**Puppet Charity Show & LifeSpring Foundation 6th Anniversary in Shanghai**

The Activities of Children’s Hospital of Fudan University during 2016 11th WKD

*9th Mar*  Press Conference & Popular Science Lecture (Shanghai Medical Association)

*10th Mar*  Volunteer Medical Consultation for Pediatric Kidney Disease in 4 Children’s Specialized Hospitals in Shanghai - Children’s Hospital of Fudan University - Children’s Hospital of Shanghai - Jin Mao Hospital - Shanghai Children’s Medical Center

*11th Mar*  Shanghai Kidney Development and Pediatric Kidney Disease Research Center Unveiling Ceremony & Forum on Kidney Development and Pediatric Kidney Disease (Children’s Hospital of Fudan University)

*12th Mar*  Puppet Charity Show “Monkey Soldier White-Skeleton Demon” (Shanghai Puppet Theatre)

*16th Mar*  Health Education of Pediatric Kidney Disease on the Radio (Shanghai Broadcasting Station)
More activities during the World Kidney Day
From the African region…

REPORT OF WORLD KIDNEY DAYS IN IVORY COAST, IN ABIDJAN AND IN YAMOUSSOUKRO

The peculiarity of this day in the Ivory Coast this year was focused on kidney disease in children. Indeed, the project that Professor Adonis Koffy Laurence, director of the Pediatric Nephrology Unit, had submitted to the INPNA (International Nephrology Pediatric Association) for obtaining financial support to organize the world kidney day around the child in Ivory Coast was the only one selected among several projects submitted by developing countries. So the theme for this Ivorian day was, « all concerned, including children ».

During the two days, the activities included:

- Information, education and training on the first day, March 26 at the University of Abidjan Felix Houphouët Boigny.
- The second day was devoted to the implementation of screening for kidney disease through the use of urine testing strips and blood pressure taken both adults and children in two cities of the country.

100 people participated in the first session.
In the adult session, 58 participants were recorded, most of whom were paediatricians, pediatric doctors in training or pediatric surgery.

CONCERNING CHILD SESSION

38 participants most of whom were pediatricians or pediatric doctors in training.

We noted a strong presence of the authorities of the Ministry of Health and university officials, but also the population. This could be explained by the Communication on the event.

3 sites have been screened in Abidjan

2 sites in the city of Yamoussoukro, located about 200 km from Abidjan

20 health workers were selected for each adult site including 2 doctors and 16 agents for each pediatric site with 1 paediatrician. A total of 88 persons mobilized for the 5 sites. The Paediatric DE3 and the Nephrology ones were involved in the implementation of screening activities.
The Abidjan screening activity has involved **565 adults** and **692 children** and helped noted among children:
- 22 cases of hypertension classified limits depending on the size only in secondary school students to which a remote control has been requested
- 37 cases of proteinuria between one and three crosses explaining the request of proteinuria of the 24 Hours
- cases of leukocyturia without nitrituria mainly in primary school kids to whom a cytobacteriological Review form were given.
- 13 cases of hematuria

240 adults were seen in Yamoussoukro and 380 students aged 5 – 17 years for which it was noted at the dipstick:
- 49 cases of proteinuria
- 03 cases of leukocyturia and 08 cases of nitrituria having been immediately a request for cytobacteriological urine review.

### I/ The recommendations made at the end of the first day

#### 1.1 Recommendations to the population

**The lifestyle**

Regular attendance at health centers by women and children

#### 1.2 Recommendations to health providers

#### 1.3 The recommendations to health authorities

- Provide Pediatric sphygmomanometers in health centers and especially in maternal and infantile protection center and in pediatric unit of University Hospital.
- To provide urine strips.
- Organize renal disease screening campaigns more often.
- Organize awareness campaign among the population.
- Provide the Pediatric Nephrology Unit of the University Hospital of Yopougon materials and pediatric hemodialysis kits.
- Grant the children the state subsidy of Ivory Coast for the realization of hemodialysis as that of adults.


Staying in Africa: Saving Young Lives Project

A partnership to deliver care of Acute Kidney injury in the developing world

CME program in Dakar: the First International African Dialysis Conference: over 350 attendees; SYL sponsored 7 individuals from 6 West African countries to discuss the challenges, successes, and initiatives they have undertaken to expand PD in their countries. The program was exciting, interactive, and informative. ISPD, in conjunction with ISN and IPNA, endorsed and sponsored the conference. The expanding use of PD in West Africa to treat AKI, as well as for ESRD (in centers such as Senegal), was indeed encouraging to learn about. Over 200 patients with AKI have been treated with PD in Africa as part of the SYL program with mortality rates of about 30%

Watch the video here:
http://www.theisn.org/initiatives/saving-young-lives-project

IPNA Tag Line contest:

The IPNA tagline contest has been very successful and we received 53 excellent proposals!
Finally the Council selected “IPNA – Great care for little kidneys. Everywhere”, and the winner is Tomasz Jarmoliski from Poland. We all acknowledge Tomasz and also thank all other IPNA members who sent suggestions; IPNA will offer him a free registration at the IPNA congress in Iguazu.

« Thank you! It was indeed the message of a year (and probably also of a decade)! I am very surprised and happy. Working in a little hospital as "part-time nephrologist" hadn't suspected to have any chances in the contest. But: trying to do my best in providing nephrological service for children here in Lubuskie Province, where I'm the only pediatric nephrologist, I understand the ideas of IPNA very well. Didn't intend to go to Iguazu (no pharma companies visit me here in Międzyrzecz with sponsoring offers) but it has changed, of course. Will do all possible efforts to go to IPNA Congress. To create a tagline for my Association is a great, great honour. So to see it first time during the outstanding meeting will be very exciting. Once again many thanks!

See you in Brasil! »

And this is what the IPNA logo will look like with the new tag line...
IPNA Currents continues its Pediatric Nephrology World Tour with two reports from Asia and Europe…

Pediatric Nephrology in Singapore

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Singapore is a small island state with a 5.5 million-strong population packed densely into 718 square kilometers of land, and is a regional hub for medical consultation and research. There are two major centers for Paediatric Nephrology in Singapore. The first is the Shaw-NKF-NUH Children’s Kidney Centre of the KTP-National University Children’s Medical Institute at the National University Hospital. This center is the tertiary referral center for the region for pediatric nephrology, and is the only end-stage care (dialysis and transplant) center in the country. The second is at the KK Women and Children’s Hospital, which has general nephrology and critical care nephrology capabilities.

Pediatric nephrology training in Singapore occurs after the 3-year general pediatrics residency program, and has been approved as a dually accredited program in both General Pediatrics and Pediatric Nephrology for a further 4 years. There are to date, 10 trained pediatric nephrologists in government institutions and 7 in the private sector in Singapore. The Singapore Renal Registry captures the data on end-stage renal care for all patients in Singapore, including pediatric patients.

Paralleling the city state itself, which celebrates its 50th jubilee year of independence this year, the Paediatric Nephrology program in Singapore has undergone a rapid evolution, transforming from “Third World to First”. Before 1988, almost all children with end-stage kidney disease did not survive as there was no established dialysis facility for children. In the early days, the pioneering effort to start a chronic renal replacement program was helped by contributions from numerous well-wishers and donors. The fledgling team envisaged that home-based automated pediatric dialysis would be the modality of choice for school-going children with working parents. During the first 10 years of the program, dialysis was performed in the adult dialysis unit. The first specialist pediatric dialysis nurse was recruited in 1998. This resulted in a significant improvement in the outcomes of the dialysis program, in particular the infection-related outcomes (1).

The first pediatric renal transplant was started in Singapore in 1989 – this was a 2 year old with focal and segmental glomerulosclerosis, and this child is now 30 years old, with excellent graft function, and contributing back to the community as a healthcare professional. Our long-term patient survival results have been excellent with a cumulative survival of 86% at 15 years (2).

In 2002, through the generous donation from the Shaw Foundation and the National Kidney Foundation (NKF), the Shaw-NKF-NUH Children’s Kidney Center (CKC) was set up as a comprehensive one-stop center for the treatment of children with kidney diseases, including acute dialysis for critically ill children. Today, the Center sees 2,000-3,000 children with kidney disease annually.

In the early days of the pediatric nephrology program, acute dialysis in the pediatric intensive care was exclusively peritoneal dialysis (3). In
1995, the first infant was started on continuous arteriovenous hemofiltration, and subsequently the continuous venovenous hemofiltration (CVVHF) program was initiated, initially using innovations to the hemodialysis blood pumps, and subsequently with the commercially available CVVHF machines. Today, the Singapore Pediatric Renal Replacement Program has handled a total of 68 transplants and has managed 143 patients on peritoneal and hemodialysis. The predominant dialysis modality is automated peritoneal dialysis taking into consideration the educational needs of the children and the working parents. The key goal of the CKC remains to enable young patients to live normal lives, despite their illness. Hence, the Program has developed a strong psycho-social rehabilitation arm, which organizes support groups, workshops and a kidney camp that children have come to look forward to annually. In fact, in 2015 we celebrated the 16th anniversary of the Kidney Camp. In 2007, the BELIEF program was launched to help CKC graduates obtain internships to help them in their career aspirations.

South-East Asia still comprises many emerging economies, and healthcare technology similarly trails behind. The Singapore Pediatric Renal Replacement Program has sought to translate its experience in rapid evolution to similar progress for the region. Since 2001, it has welcomed at least 40 fellows and observers from 15 countries in the region. In 2003, the IPNA-Baxter Fellowship was launched as a partnership between IPNA and Baxter Healthcare (Asia) Pte Ltd to fund a doctor annually from Asia for training in pediatric nephrology in Singapore. More recently, another collaboration for fellowship training has been set up with Fresenius Medical Care in 2015, the IPNA-Fresenius Fellowship. A total of 32 fellows have been trained for at least one year at our center, 17 of whom have arrived under IPNA auspices, and 10 under the joint IPNA-Baxter programme. Many of them have gone home to be pioneers, founding pediatric dialysis or transplant programs in their home countries. This “train-and-export” strategy has thus proven to be a great force-multiplier and leveller for the region. Since 2015, the Singapore program has also begun to reach out physically beyond its shores by participating in the International Society of Nephrology’s (ISN) sister unit program. Yangon Children’s Hospital in Myanmar is the first hospital which has partnered with Singapore to develop its pediatric dialysis unit and pediatric nephrology programme, helmed by several alumni of the IPNA fellowship program. Singapore has also established a regional education program targeted at pediatric nephrologists and pediatricians or adult physicians caring for children with kidney disease in Asia. This three-day intensive Primer Course in Pediatric Nephrology for Asia involves modules on major topics in pediatric nephrology, ranging from basic science to evidence-based reviews. The format of the course consists of lectures with an audience response system to facilitate interactions between the faculty and audience. The course is followed by a one-day hands-on dialysis workshop with 10 workstations involving challenging problems in the various modalities of dialysis. The Primer Course is conducted every 3 years, the first being in 2012, and the second in 2015, and is supported by IPNA, the Singapore Society of Nephrology and the National University of Singapore. With this active network of pediatric nephrologists trained around Asia, an Asian
collaborative study in the genetics of renal disease, the DRAGoN study (Deciphering diversities: Renal Asian Genetics Network) has been initiated in 2015, with a focus on primary focal segmental glomerulosclerosis, to determine the genetic and ethnic differences amongst the Asian population.

In conclusion, the Singapore program hopes to continue its longstanding partnership with IPNA to develop pediatric nephrology not only in the country but also in the region.

References:

An Overview of Pediatric Nephrology in Germany

By Dieter Haffner, Germany

The German National Health System
The majority of the German population (82 million) is insured by the compulsory health insurance, their contributions are mainly geared to the level of income of the insured person. Under certain conditions, family members are co-insured without paying contributions. Approximately 10% of the population have private health insurance. The healthcare costs (€234 billion) are about 10.6 of GDP. For every 1000 people there are 3.5 doctors and 9.8 nurses. Around 4.4 million people (10% of employees) are employed in the healthcare industry.

History of the Development of Pediatric Nephrology in Germany
Since the early 1970s, pediatric nephrology has been established as a special field of pediatrics in Germany. Nineteen clinical centers for the care of children and adolescents with renal disease were established, mainly in university hospitals and often related to similar institutions in other European countries and in North America. In 17/19 centers dialysis and outpatient care are provided by the charity association „Kuratorium für Dialyse und Nierentransplantation – KfH“ in cooperation with the university hospitals. The relatively low incidence of pediatric patients with renal disease led to the challenge to resolve diagnostic and therapeutic problems by initiating cooperative clinical studies, which initially mostly concerned nephrotic syndrome and renal insufficiency. In 1976 the German-speaking Society of Pediatric Nephrology (APN; since 2008, GPN) was founded in the Federal Republic of Germany. In 1991 it was combined with a similar society existing in eastern Germany. The main activities of the GPN concern the performance of cooperative clinical studies, the organization of renal replacement programs and the establishment of clinical guidelines and postgraduate courses. Two main meetings are held each year, one being exclusively devoted to the discussion of cooperative studies. In addition,
several joint meetings with other societies for Pediatric Nephrology, i.e. with the French Society for Pediatric Nephrology in Strasbourg, Dutch Society for Pediatric Nephrology in Amsterdam, and Working Group for Pediatric Nephrology of the Czech Pediatric Society in Prague, were held in recent years. The GPN has strong relationship to the adult nephrology community in Germany. The president of the GPN is one of the board members of the German Society of Nephrology (DGFN). The GPN is regularly involved in the organization and program development of the DGFN meeting. Currently the GPN has 320 active members and 13 working groups, dedicated to special topics, e.g. transplantation, dialysis, hypertension, Lupus nephritis, renal genetics, experimental nephrology, neonatology/intensive, and psychosocial care of children with CKD. The working groups primary focus on research projects. In addition, they established more than 40 SOPs and guidelines for the management of children with renal diseases during the last 10 years.

Pediatric Nephrology Training in Germany

Pediatric trainees enter sub-specialty Training in Pediatric Nephrology through regional medical associations. In general, training in Paediatrics and Adolescent Medicine takes a period of 5 years. Specialised training in Paediatric Nephrology is completed over a further period of a 3 years. Of which, up to 12 months can be carried out as part of the physician training in Paediatric and Adolescent Medicine in some centres. Trainees undergo a comprehensive curriculum, including diagnosis and treatment of congenital, hereditary and acquired kidney diseases, renal replacement therapy (dialysis, transplantation) and diagnostic procedures, e. g. renal ultrasound and biopsy. They have to attend local and nationally certified educational meetings. The GPN holds an annual training course in Pediatric Nephrology, which is regularly attended by approx. 40 trainees in Pediatric Nephrology.

Registries

Several registries have been established by the GPN working groups. QiN-Kid, a German registry for children on dialysis treatment was started in 1999. This registry is also a measure for quality control of medical care in children requiring dialysis treatment. In 2015, 111 children on peritoneal dialysis and 80 on hemodialysis were treated in Germany. Transplanted patients are followed-up in the In CERTAIN Registry, where approx. 120 pediatric transplant recipients from Germany are enrolled every year. This registry also includes patients from of other European countries with a total number of 1200 children. The Lupus nephritis registry and the registry on Henoch Schönlein nephritis currently include 150 and 200 patients, respectively. In addition, registries for patients with Wilms tumor suppressor gene 1 (WT1) mutations, those with renal oligo- and anhydramnios, and with nephropathic cystinosis were started in recent years. Finally, the BMBMF funded registry on cystic kidney diseases (NEOCYST) was started in 2016.

Research

All 19 pediatric nephrology centers within Germany participate in research and contribute to the collaborative GPN studies. The GPN study group meets 2 times per year. One major research topic is Nephrotic Syndrome. The GPN performed several prospective randomized clinical studies on this topic. Currently, the prospective randomized INTENT study
investigates the efficacy and safety of treatment with mycophenolate mofetil versus standard treatment with prednisone for initial manifestation of idiopathic Nephrotic Syndrome. Several substudies including predictors for response to steroid therapy (PRESTINS) and on pharmacokinetics go along with this multicenter trial. In the EARLY PRO-TECT Alport trial the efficacy of an early treatment with ACE-inhibitors for prevention of progressive renal failure in children with Alport syndrome is investigated. The DFG funded DiaSport trial is a prospective study assessing the benefit of a physical training program for improved global health and quality of life in pediatric dialysis patients in Germany. Within the TRANSNephro trial (funded by the KfH Foundation for Preventive Medicine) the usefulness of case management and smartphone apps for improved transition from adolescent transplant recipients into adult medicine and long-term patient and transplant outcome is addressed. The BMBF funded NEOCYST consortium was established in 2016, which investigates the pathophysiology and therapeutic measures for children with cystic kidney disease. In addition, all centers contribute to the ESPN/ERA-EDTA registry and many centers are part of the ESCAPE consortium and contribute to the IPPN, IPHN, and PODONET registry. It is through collaborative work such as this that the GPN hopes to achieve its stated aim of ensuring every patient is offered the opportunity to participate in research and to receive best medical treatment.

References:

1. A detailed record of the first 40 years of the APN/GPN was written by Karl Schärer and is available on the GPN website: http://www.gp-nephrologie.de
Announcement

9th Annual International Pediatric Fellows Conference

January 30th to 31st, 2017 in association with the 19th Renal Research Institute International Conference (Feb 1st – 3rd, 2017) at the Caesar's Palace, Las Vegas, NV

Travel scholarship for fellows who submit an abstract by Sep. 15, 2016

1) Original research
2) Illustrative case series
3) Case report with contribution to patient care or research directions
4) Continuous quality assurance project

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