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Scientific Meetings

3rd World Congress on

PUBLIC HEALTH & EPIDEMIOLOGY

04-05, August, 2025 | Tokyo, Japan

Venue: ANA Crowne Plaza Hotel Narita
68 Hori nouchi, Orasul Narita, Prefectura Chiba 286-0107, Japan

Scientific Program

Day 1

Scientific Program

August 04, 2025 | Tokyo, Japan

08:00–08:30: Registrations

08:30–09:00: Opening Ceremony

Meeting Hall: Orchid 1/2, 2nd Floor

Keynote Presentations

09:00–09:30

Title: A systematic review of Cancer spontaneous remission (CSR) and post-radiation abscopal responses (p-rAR)
Tim Oliver
Barts Cancer Institute, London

09:30–10:00

Title: Public Health and Sustainable Development: Promoting Transitions from Fossil Fuel Dependence
Michael Hendryx
Indiana University, USA

10:00–10:30

Title: Neurologic Complications of Vaccination
Rakesh Bhatia
S N Medical College, Agra, India

10:30–11:00

Title: Organized Transport systems improve outcomes in NICU
Deepa Hariharan
Sooriya Hospital, India

Group Photo | Coffee Break 11:00-11:20 @ Foyer

Session Introduction

Session Chair: Michael Hendryx, Indiana University, USA

Tracks

Public Health |Epidemiology | Globalization & Health | Community Health | Public Health Nursing | Epidemiology & Infection | Cancer Research and Clinical Oncology

Oral Presentations

11:20–11:40	**Title: Dietary Patterns, Physical Activity, and Health Challenges among Autistic Children Aged 3-17 years in the United Arab Emirates** **Sharifa AlBlooshi** Zayed University, College of Natural and Health Sciences, Dubai, UAE
11:40–12:00	**Title:Five Year Analysis of COVID-19 Cases in Admitted Pediatric Patients at a Tertiary Government Hospital in Bataan** **Jerry James B. Bungan** Bataan General Hospital And Medical Center, Philippines
12:00–12:20	**Title:Congenital Heart Disease - When and How should we intervene** **Abhijeet Singh** OMA hospital, Mother and Child Care, Kalyan, India
12:20–12:40	**Title:Congenital Pneumothorax - When should we not intervene?** **Hetal Singh** OMA hospital, Mother and Child Care, Kalyan, India
12:40–13:00	**Title: Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitor Initiation and Pancreatic Cancer** **Juhua Luo** Indiana University, USA

Lunch Break 13:00-13:40 @ Restaurant Cafe Ceres 1st floor

13:40–14:00	**Title: Sensitivity and Specificity of Barium Enema in the Radiological Diagnosis of Hirsch sprung Disease in Children in a Tertiary Pediatric Hospital** **Mahmuda Monowara** Shishu Children Hospital, Dhaka, Bangladesh
14:00–14:20	**Title: Trends in Short-term Outcomes of Very Low Birth Weight Infants from a Single Center in Shanghai from 2013 to 2023** **Laishuan Wang** Children's Hospital of Fudan, China
14:20–14:40	**Title:Role of Ultrasound in Pediatric Abdominal Imaging** **Mohammad Delwar Hossain** DRIIMS Interventional Radiology Hospital, Bangladesh
14:40–15:00	**Title: Decentralized Financing Via Mobile-Money To Boost Routine Immunization Coverage In Niger: Early Results From A Quasi-Experimental Pilot** **Fatou Fall Ndoye** Askaan Public Health Consulting, Dakar, Senegal

15:00–15:20	**Title: AWH Perinatal Mental Health Clinic: Healthy Moms, Healthy Babies, Healthy Society Project** **Jussara da Silva Brito** Hamad Medical Corporation, Doha-Qatar
15:20–15:40	**Title: Role of Radiological Imaging in the diagnosis of PUJ obstruction Pediatric age group** **Didarul Islam** IBN Sina Diagnostic and consultation center, Dhaka, Bangladesh
15:40–16:00	**Title: The Case For Symptomatology, Impairments, And A Healing Ecology** **Leighton J Reynolds** Treatment and tools for Trauma Los Angeles, California, USA
16:00–16:20	**Title: Efficacy of Homoeopathic medicines in the treatment of Long term effects of Post Kawasaki Disease _ A Case Report** **Amir Ashraf** Dr. Amir's Family Homoeopathy Clinic, India

Group Photo | Coffee Break 16:20-16:30 @ Foyer

Session Introduction

Session Co-Chair: Tim Oliver, Barts Cancer Institute, London

Tracks

Public Health | Neonatal Care Techniques
Pediatric Rehabilitation & Developmental Disorders
Pediatric Infectious Diseases | Pediatric Healthcare

16:30-18:00 Poster Presentations

P001	**Title: Validation of Thai-version Short Form of the Attitudes to Ageing Questionnaire** **Nattapat Khongsirisombat** Chulalongkorn University, Thailand

P002	**Title: Bubbling Through the Years: Safe and Effective Use of Bubble CPAP in the NICU** **Yvette Bautista** New York Presbyterian Morgan Stanley Children's Hospital Of New York, USA
P003	**Title: Two Novel Mutations Associated with Familial Chylomicronemia in a Neonate** **Girish Arora** Rainbow Hospital, India
P004	**Title: The Role of Kinesiotaping in Atlantoaxial Rotatory Syndrome Associated with Nemaline Myopathy: A Case Report** **Jee Hyun Suh** Seoul national university bundang hospital, south korea
P005	**Title: Healing Convergence: Uniting Panchakarma and Contemporary Cardiac Care** **Sanjay Kumar** Dayanand Ayurvedic College, India
P006	**Insight in neonatal sepsis: Comparing two different NICU setup in western part of India** **Abhay B. Mahindre** Noble hospital & Research Centre Pune, Maharashtra, India

Panel Discussion & Certificate Falicitation

Day –1 Ends

Day 2

Scientific Program

August 05, 2025 | Virtual

Virtual Mode Zoom Meeting
(GMT+1) Time in London, UK

Keynote Presentations

08:00–08:30

Title: The Invisible Burden: Tracing the Ripple Effects of Inflation on American Lives (2020-2024)
Amudha Ondiveerappan
Walden University, USA

08:30–09:00

Title: Occupational risk of head injuries among professional firefighters in Poland
Tomasz Kubiak
Poznan Medical Academy of Applied Sciences Mieszko, Poland

Oral Presentations

09:00–09:20

Title: NeuroIrepair and NeuroRemodeling on Acupuncture Therapy Children with Cerebral Palsy
Zhen-huan LIU
Guangzhou University of Chinese Medicine, China

09:20–09:40

Title: Depressive Disorders during Pregnancy and Newborn
Tatyana Itova
University of Ruse, Bulgaria

09:40–10:00

Title: Transforming Critical Care: The Impact of Point-of-Care Ultrasound (POCUS) in Pediatric Intensive Care Units (PICUs)
Kiran Kumar G
Continental Hospital, India

10:00–10:20

Title: Exploring the Lived Experiences of Informal Caregivers in Hyderabad, Pakistan: A Qualitative Study
Sughra Mangrio
Russells hall hospital, UK

10:20–10:40

Title: Procedural non pharmacological pain management in children
Mary Anbarasi Johnson
CMC Vellore, India

10:40–11:00	**Title: Bubbling Through the Years: Safe and Effective Use of Bubble CPAP in the NICU** **Reema Kocherry** New York Presbyterian Morgan Stanley Children's Hospital Of New York, USA
11:00–11:20	**Title: Should We Test and Treat the Fever Triggers or the Fever that Creates the Immune System against the Fever Triggers?** **Yacob mathai Kunnathazhath** Marma Health Centre, India
11:20–11:40	**Title: Challenges Of Isoniazid Preventive Therapy Among Contacts Of Pulmonary Tuberculosis** **Ashish Sinha** Pt JNM Medical College Raipur, India
11:40–12:00	**Title: Decentralized Financing Via Mobile-Money To Boost Routine Immunization Coverage In Niger: Early Results From A Quasi-Experimental Pilot** **Fatou Fall Ndoye** Askaan Public Health Consulting, Dakar, Senegal
12:00–12:20	**Title: Psychometric properties of the Drug Use Disorders Identification Test (DUDIT) and prevalence of drug use among SA site-based construction workers** **Paul Bowen** University of Cape Town, South Africa
12:20–12:40	**Title: A Study on Quality Assurance Program and The Continuous Quality Improvement Process in MICU in Accordance with the Quality Indicators, in a Tertiary Care Teaching Hospital** **Tryphosa** Rajiv Gandhi University of Health Sciences, Karnataka, India
12:40–13:00	**Title: Assessing Vaccination and Cancer Screening Uptake in Immunosuppressed Dermatology Patients in the UK** **Thanos Emmanuel** Barts Health NHS Trust, UK
13:00–13:20	**Title:Sinusoidal Atrial Fibrillation (Yasser's Fibrillation) And Partial San Function In Covid-19 Pneumonia; A New Cardiovascular Discovery Change In Atrial Fibrillation Directory-Case Series** **Yasser Mohammed Hassanain Elsayed** Egyptian Ministry of Health, Egypt

Panel Discussion

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HYBRID EVENT

KEYNOTE PRESENTATIONS

DAY 1

Tim Oliver
Barts Cancer Institute, London UK

A systematic review of Cancer spontaneous remission (CSR) and post-radiation abscopal responses (p-rAR)

Introduction: Part of radiation's curative power is as a form of "cancer vaccine", by releasing antigenic molecules that contribute to rejection of metastases not within radiation field (p-r AR). Circulating-lymphocytes are sensitive to radiation, explaining why very-high-dose radiation (effective at killing cancer cells) need 30-35 fractions in 6-7 weeks and produces more lymphopenia than hypofractionation and worse long-term survival. Palliative radiation is investigating ultra-hypofractionation ie 1-3 fractions in one week rather than 20-25 in 4 weeks as pilot studies have shown increased p-r AR.

Method: This abstract updates two reported systematic CSR and p-r AR reviews, comparing report frequency over 45 years and top four tumour types. p-r AR series also reports on actuarial survival

Results: From 1970-2009, 31 confirmed CSR articles in 40 years (ie 0.78 papers per year). From 2010-2024, 50 confirmed CSR articles in 15 years (ie 3.3 papers per year. 32 lung cancer, 13 colorectal, 9 breast cancer, 29 cases of 8 other cancers).

Six systematic reviews of CSR were identified, 3 lung, 1 colon, 1 hepatoma, 1 early cervix cancer (n=1,481 CIN2, SR: 50.9%, CIN2/3 SR: 36.3%) First reported in 1969, p-r AR has increased from 14 literature reports in 29 years prior to 2010 (1 case in every 2 years) to 41 in 9 years up to 2019 (4.6 cases reported annually) and 17 cases reported in 2 years (2023-2024,8.5 cases a year).

The most recent p-r AR systematic reviewed 58 cases up to 2019. These take 2 months to demonstrate response, the most frequently tumours were Lung, Renal, Lymphoma and Melanoma. Actuarial disease control at 5yrs was 42% in this series.

Conclusion: There is an urgent need to undertake a randomised trial in patients requiring palliative radiation between standard of care 20-25 fractions in 4 weeks and 1-3 fractions in I week

Michael Hendryx

Department of Environmental and Occupational Health, School of Public Health Indiana University, ~~USA~~

Public Health and Sustainable Development: Promoting Transitions from Fossil Fuel Dependence

The move to renewable energy development and use is gaining global traction and will inevitably become standard practice in the coming years, and yet vulnerable communities around the world remain dependent on finite resource extraction for local economic activity. The presentation takes a public health perspective, using research conducted by the presenter to show how dependence on fossil fuel extraction economies creates not only environmental and economic problems but also public health disparities. The presentation will emphasize solutions, including real examples happening right now in fossil fuel communities around the world to take charge of their futures. A series of case studies provide examples of local efforts underway in these communities to create sustainable economic alternatives to fossil fuel dependence and thereby improve public health. The presentation describes theory-based and empirically grounded development priorities that are needed to make transitions achievable and long-lasting, including improvements in adolescent health and well-being, regenerative development, sustainable food systems, adult education, and community-based leadership. Finally, case studies and development priorities are integrated within a new rural development framework to guide other communities in their own transition efforts.

Key Words: sustainable development; community health; fossil fuels

Biography:

Michael Hendryx, PhD, is Emeritus Professor in the Department of Environmental and Occupational Health, School of Public Health, Indiana University Bloomington, USA. He has conducted public health research for over 35 years and has published more than 200 peer-reviewed journal papers. His research on public health consequences of fossil fuel extraction led to an appointment as a Fulbright Distinguished Chair at the University of Newcastle, Australia, and to a TEDMED talk that has been viewed more than 1.2 million times. He is the Editor and Contributor to the book Sustainable Development and Rural Public Health.

Rakesh Bhatia
Ex-Professor in Pediatrics, S N Medical College, Agra, India

Neurologic Complications of Vaccination

Vaccination has been considered as one of the most important public health advancements in the history of Medicine. But concerns about safety of vaccines have haunted us from the very beginning. Although serious neurologic complications are rare, they can create mass-hysteria, and can have devastating impact on vaccination programs.

Most common neurologic complications are headache, post-vaccination syncope, and febrile seizures. Most dreaded complications are: post-vaccination encephalomyelitis, ADEM, and GBS. Most serious neurologic complications are seen with rabies and yellow fever vaccines. Vaccines most frequently associated with significant neurologic complications are influenza (narcolepsy), and whole cell pertussis (HHE). Cerebral venous sinus thrombosis is a well-known complication of some Covid-19 vaccines. Although frequently highlighted in media, there is no evidence of an association between autism and MMR vaccine.

Biography:

Dr Rakesh Bhatia is a former Professor in Pediatrics at S N Medical College, Agra (India). He has more than 30 years of experience teaching undergraduate and postgraduate medical students. He is the President-elect of Academy of Pediatric Neurology (UP), and a former member of the Editorial Board of the Journal of Indian Academy of Clinical Medicine. He is a contributing author to many prestigious text books including Postgraduate Textbook of Pediatrics, IAP Textbook of Vaccines, Covid-19 Vaccines, and FAQs on Vaccines and Immunization. His areas of special interest are: Vaccinology, Pediatric Neurology, and Infectious Diseases.

Deepa Hariharan
Sooriya Hospital, India

Organized Transport systems improve outcomes in NICU

Transport is a vital component of NICU care. While 20% of neonates are born premature in India, and with birth asphyxia being a leading contributor to neonatal mortality, a strong transport system is crucial to improve NICU outcomes. Between 40% to 90% of infants admitted to level III NICUs are outborns.

The pioneering transport system in our level IV NICU includes 2 fully equipped mobile NICU in ambulances, 16 nurses and 4 senior neonatal fellows trained in transport and emergency care. With 196 referring hospitals, the distance to our NICU varied from 2km to 250km. Of the 7056 babies transported in 10 years, 231 were ELBW (<750g BW), 3565 were VLBW (<1.5kg BW). In 1987 cases, our transport team resuscitated the baby in the delivery room. Pre-transport stabilization included delivery room CPAP, early surfactant and umbilical venous catheterization. Blood gas analysis (portable) and telecommunication was used.

During transport, 59% of the infants received ventilator or CPAP support in the ambulance, there were 11 episodes of reintubation. Pneumothorax needing drainage was noted thrice. CPR was performed in 23 cases successfully. 7 babies were shifted on portable nitric oxide for severe PPHN diagnosed by functional ECHO. Prostaglandin for duct-dependent heart disease was given during transport in 32 cases, of whom 28 were diagnosed with congenital heart disease. Therapeutic hypothermia was started in 12 babies referred beyond 2 hours of age for birth asphyxia.

On admission, the incidence of hypothermia was 11/ 7056. SpO2 <90% was noted in 371/ 7056 babies. Emergency escalation of cardiorespiratory treatment within 30 minutes of admission was needed in 187/ 7056 babies (2.6%).

Our experience shows that investing in neonatal transport with adequate training of personnel and fully equipped mobile NICU improves NICU outcomes

Biography:

After fellowship in Neonatology at Children's Hospital of Philadelphia, securing 99.5th percentile in Neonatal-Perinatal Certifying examination of American Board of Pediatrics, Dr Deepa Hariharan returned to India, and did pioneering work to improve NICU care in India. She designed the first state-of-the-art mobile NICU of South India in 2004, a landmark in neonatal transport in India. This was inaugurated by international cricket legend Sachin Tendulkar. Dr Hariharan was also the first person to introduce high-frequency ventilator in 2006 in India. She has trained doctors across India in these technologies. The first person to introduce the concept of cardiovascular NICU in India, she led her team to set a world record in introducing a permanent pacemaker in a baby weighing 900g. She recently conducted a workshop on neonatal transport with National Neonatology Forum of India and Oxford University UK.

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HYBRID EVENT

SPEAKER PRESENTATIONS
DAY 1

Sharifa AlBlooshi
Zayed University, College of Natural and Health Sciences, Dubai, UAE

Dietary Patterns, Physical Activity, and Health Challenges among Autistic Children Aged 3–17 years in the United Arab Emirates

Autism Spectrum Disorder (ASD) affects a significant number of children worldwide. However, its prevalence and impact remain underexplored in the United Arab Emirates (UAE).

This study aims to investigate the eating habits, physical activity levels, and health challenges of autistic children in the UAE.

A cross-sectional study used a structured questionnaire to collect data from private autism and special needs centers.

Results: Commonalities between the participants included having mild autism (46.7%), the onset of symptoms around the age of three (41.7%), and attending an autism center (82.3%). The majority had a normal BMI (44.7%), although a significant proportion (80%) were selective eaters, with 22% not consuming any vegetables. A factor significantly correlated with BMI was the effect of feeling upset on eating habits (p=0.019), with 28.3% of participants over-eating and 48.3% under-eating when feeling upset. Gastrointestinal issues (24.3%) and sleep disturbances (45.9%) were also reported, though these did not significantly affect BMI, but they still present other health concerns. Regarding nutritional deficiencies, 40% of participants were reported to have no deficiencies. In comparison, 31.7% reported that they did not know whether their child had deficiencies or not, and 28.3% indicated that their child did have weaknesses. Additionally, only 40% of the children were reported to be receiving vitamin and mineral supplements. Additionally, we found that the majority of participants engaged in physical activity chose swimming (37%).

Nutritional deficiencies are prevalent among autistic children, highlighting the need for further research in this area. Key topics for future investigation include food selectivity, sleep disturbances, gastrointestinal issues, emotional eating, and nutrient deficiencies. Since swimming is known to benefit motor skills and emotional regulation, we recommend continued encouragement of swimming as an effective activity for autistic children.

Biography:

Dr. Sharifa Alblooshi is an Assistant Public Health and Nutrition Professor at Zayed University, UAE. She received her Ph.D. in Public Health from UAE University, College of Medicine and Health Sciences in 2017. She has around 20 years of leadership experience and 6 years of academic experience in public health and nutrition in the UAE. Her research areas are in Public Health and Nutrition: Vitamin D, Physical Activity, Diabetes Mellitus, Obesity, and Women's and Children's Health. She is a member of the Emirates Society for Public Health, the American Society for Nutrition (ASN), and the Royal Society for Public Health (RSPH) - UK.

Jerry James B. Bungan
Bataan General Hospital And Medical Center, Philippines

Five Year Analysis of COVID-19 Cases in Admitted Pediatric Patients at a Tertiary Government Hospital in Bataan

This is retrospective research on the demographic description of COVID-19 cases aged 0 to 18 years old confined at the Department of Pediatrics in a Tertiary Government Hospital in Bataan from February 28, 2020, to February 28, 2025. Medical Records were assessed, and data were described using percentages. The objectives of the paper are: To find out the profile of COVID-19 cases validated by RT-PCR test in Pediatric patients of a tertiary government hospital in Bataan from Feb. 2020 to Feb. 2025, To describe, analyze, and compare the statistical characteristics of these patients as to age, sex, residence, clinical manifestations and severity, and to describe the outcome of these patients. There were 892 patients included in the study. Majority of the patients were aged 11 to 18 years old (Adolescent) with slight female predominance. Most of the patients came from Balangao City, Mariveles and Lemay. The frequent clinical manifestations were fever, cough and colds, and labor pains (teenage pregnancies). Majority of the patients were discharged improved. The case fatality rate was low at 4.1%. The author recommends continued testing and longer-term investigations.

Biography:

Dr. Jerry James Bungan finished his medical degree in Manila Central University, Philippines. He had his pediatric residency training in Capitol Medical Center, and is presently the Chairman of Department of Pediatrics in Bataan General Hospital and Medical Center, a tertiary government hospital in Central Luzon. He has seven published researches locally and internationally.

Abhijeet Singh
OMA hospital, Mother and Child Care, Kalyan, India

Congenital Heart Disease - When and How should we intervene

Primigravida, 36.1wk, hypothyroidism, IUGR delivered a female child through elective LSCS - no interval growth for 3weeks, liquour was meconium stained. Baby cried immediate after birth and no resuscitating was required, APGAR 8/10 and 9/10 at 1 and 5 min. birth weight 2.300kg.

Post-delivery baby developed mild respiratory distress, saturation were around 85-88% on room air, hence shifted to NICU. In NICU basic investigation send and started on Oxygen support by nasal prongs, saturation gradually improved along with reduction in distress. Started on prophylactic antibiotic and IV fluids.

Next day Baby started developing severe odema below umbilicus and in bilateral lower limbs. 2d echo done showed severe right ventricular hypertrophy along with PFO with left to right shunt. With no PAH.

Baby clinically stable, rest of blood investigation came normal. No diuretic was given. Baby continued care in NICU. Gradually odema reduced.

Repeat 2Decho showed significant improvement in right ventricular hypertrophy, tiny PFO with left to right shunt.

Baby clinically and hemodynamically stable. Maintaining saturation on room air. Shifted out of NICU At 1mth baby is now recovered completely and gaining weight well 3.62 kg. On Breast feeding with normal growth.

Conclusion: Odema in NICU is detrimental and common cause for it is fluid overload. Although baby developed odema, no diuretic was given. As it would have detrimental to cardiac condition. And hence was managed conservatively. Isolated Congenital Right ventricular hypertrophy is not so common in neonates, this baby developed this in late infancy due to perinatal asphyxia, and hence there was lag in growth along with IUGR. When and what to treat in NICU as important question while dealing with congenital problems. sometime requiring unconventional approach to treat a case.

Biography:

Dr Abhijeet Singh has completed her MBBS from Terna Medical College in Mumbai and then post graduate, DCH from Bhatia Hospital Mumbai and then DNB pediatric form Fortis Hospital in MUMBAI. He has presented in various National level conference and has more than 8 National paper and 4 international papers in his name. He has won Young Investigator Award in ESPGHAN 2018 for his presentation along with Dr Vinit Samdani and Dr Hetal Singh. He is currently Joint director of OMA Hospital, Mother and Child Care.

Hetal Singh
OMA hospital, Mother and Child Care, Kalyan, India

Congenital Pneumothorax - When should we not intervene?

Case series of congenital Pneumothorax which were managed at merit of case depending upon the clinical condition.

Case 1: New born primi, 37 wk., full term, born of NVD, no instrumentation no vacuum . BT wt 2.8kg, developed distress immediately after birth in form of Tachypnea and distress. Thought of TTN Gradually distress increased but saturation were maintained on room air, chest x-ray showed left sided pneumothorax. Baby maintained spo2 well on room air. Planned for intervention but deferred. Baby closed monitored, gradually distress reduced. Repeat chest x-ray after 18hrs showed significant improvement. Distress settled, x-ray on 3rd day showed complete resolution of pneumothorax.

Case 2: Primi, FT, Female, NVD, BCIAB, thick meconium stained liquor. No instrumentation or Bag and mask done in delivery. baby developed distress started on oxygen support by NP. Shifted to NICU, chest x-ray done showed right side pneumothorax. Surgeon reference given, continued on conservative management. Baby x-ray after 12 hrs showed regression of pneumothorax, baby weaned off from oxygen support after 48 hrs, maintained spo2 well on room air with no distress.

Case 3: Mother developed varicella 2-3 days before delivery. G2P1L1 ft delivered male child 3kg though NVD. Thick meconium stained liquor, Respiratory distress at birth, started on oxygen support, shifted to NICU, chest Xray done showed Spontaneous RT sided Pneumothorax with effusion. SPO2 maintained distress increased, baby shifted on HHFNC. ICD was put i/v/o distress. Gush of serosangious fluid came. Baby kept on ICD for couple of days, pneumothorax regressed. Baby given IvIg (400mg/day for 5 days), baby clinically improved.

Conclusion: Most cases of spontaneous pneumothorax can be managed conservatively with supplemental oxygen and close monitoring, only few require surgical intervention

Biography:

Dr Hetal Singh has completed her MBBS from Terna Medical College in Mumbai and then post graduate, DNB pediatric form Masina Hospital in MUMBAI. She has presented in various National level conference and has more than 5 National paper and 3 international papers in her name. She is currently Joint director of OMA Hospital, Mother and Child Care.

Juhua Luo
Department of Epidemiology and Biostatistics, School of Public Health, Indiana University, Bloomington, IN

Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitor Initiation and Pancreatic Cancer Prognosis

INTRODUCTION: Emerging findings from laboratory studies indicate that sodium-glucose cotransporter 2 inhibitors (SGLT2i), a relatively new class of antidiabetic drugs, may offer therapeutic benefits in cancer treatment. Pancreatic cancer is a devastating disease with a 5-year survival rate of only around 12%. The aim of this study was to test the hypothesis that initiation of SGLT2i may improve pancreatic cancer prognosis.

METHODS: We conducted a study using the National Surveillance, Epidemiology, and End Results (SEER) and Medicare linked data in the United States to assess the impact of initiating SGLT2i on the survival of patients diagnosed with pancreatic cancer. The study included 6373 individuals aged 66 years or older, newly diagnosed with pancreatic cancer between 2014 and 2017, and with pre-existing type 2 diabetes. Participants were followed until the end of 2019. Data regarding the initiation of SGLT2i were obtained from the Medicare Part D file. Among the study sample, 309 (5%) used SGLT2i. Propensity score matching was used to control for potential confounding.

RESULTS: SGLT2i was marginally associated with lower mortality among patients with pancreatic cancer and type 2 diabetes (HR=0.85, 95% CI=0.71-1.01). The association was more pronounced with duration of drug use more than one year (HR=0.67, 95% CI=0.49-0.90). By using Dipeptidyl peptidase 4 inhibitors (DPP4i) as an active comparator in a sensitivity analysis, SGLT2i initiation was not significant overall but longer duration of SGLT2i use remained significant (HR=0.79, 95%CI=0.63-0.98).

CONCLUSION: Our large study utilizing SEER-Medicare linked data suggests that SGLT2i use is linked to improved overall survival among pancreatic cancer patients with pre-existing type 2 diabetes when compared to those not using SGLT2i or to those using DPP4i. Further research is needed to validate these findings and explore the potential mechanisms underlying this association.

Key words: Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitor, diabetes drugs, pancreatic cancer, prognosis

Mahmuda Monowara
Shishu children hospital, Bangladesh

Sensitivity and Specificity of Barium Enema in the Radiological Diagnosis of Hirschsprung Disease in Children in a Tertiary Pediatric Hospital

Hirschsprung disease (HSCR) is a congenital disorder characterized by the absence of ganglion cells in the distal bowel, leading to functional obstruction. Although rectal biopsy is the gold standard, barium enema remains a widely used diagnostic tool in pediatric radiology, particularly in resource-constrained settings. This study aimed to assess the sensitivity, specificity, and diagnostic performance of barium enema findings in diagnosing HSCR using histopathology as the reference standard.

Methods: This cross-sectional observational study was conducted at the Department of Radiology and Imaging, Bangladesh Shishu Hospital & Institute, Dhaka, Bangladesh, from January 2021 to December 2024. A total of 150 children with suspected HSCR underwent barium enema, followed by confirmatory rectal biopsies. The radiological features, including the transitional zone, rectosigmoid index (RSI) <1, and 24-hour retention films, were analyzed. Statistical analyses were performed using SPSS v25.0.

Results: Among the 150 participants, 73.3% were male and 44.7% were less than one month old. Clinically, constipation (80.7%), abdominal distension (78.7%), and delayed meconium passage (76.7%) were the most common symptoms. The 24-hour retention film showed the highest sensitivity (92.5%) and specificity (91.4%), followed by the transitional zone (87.3%, 90.1%), and RSI <1 (75.9%, 88.7%). Diagnostic accuracy was highest in children aged 1–12 months and in patients with short-segment disease.

Conclusion: Barium enema, particularly the 24-hour delayed film, demonstrates high diagnostic accuracy and remains a suitable noninvasive tool for evaluating HSCR in children in resource-limited settings.

Biography:

Dr.Mahmuda Monowara Is a specialist in Radiology and imaging .She completed her MBBS from Armed forces medical college, Dhaka Bangladesh in 2005, M.Phil. in Radiology and imaging from Dhaka University (Medical faculty) in the year 2010.She has 15 publications in different national and international journals. Working at Bangladesh Shishu (children) hospital (only tertiary children hospital of Bangladesh) from 2011 to till date.

Laishuan Wang
Children's Hospital of Fudan, China

Trends in Short-term Outcomes of Very Low Birth Weight Infants from a Single Center in Shanghai from 2013 to 2023

Background: Very low birth weight infants (VLBWI) are vulnerable to serious complications. We aim to describe the short-term outcomes of VLBWI in a single center during 2013–2023, providing the basis for clinical disease management.

Methods: A retrospective study of VLBWI admitted to a tertiary neonatal intensive care unit (NICU) between 1 January 2013 and 31 December 2023 was conducted to analyze trends of mortality and major morbidities over the 11-year period. Infants were divided into two subgroups according to birth weight (BW):<1,000 and 1,000–1,500 g. Major morbidities were defined as bronchopulmonary dysplasia (BPD), late onset sepsis (LOS), intraventricular hemorrhage (IVH) ≥grade 3, necrotizing enter colitis (NEC) ≥stage 2, retinopathy of prematurity (ROP) ≥stage 3 or needed treatment, and periventricular leukomalacia (PVL).

Results: A total of 2,475 VLBWI were enrolled from 2013 to 2023. Analysis showed that the overall trend of mortality, LOS, NEC, IVH and PVL decreased, but BPD and ROP increased during the 11 years. Except for ROP, which exhibited a consistent increasing trend, other outcomes have a significant inflection point. Mortality, LOS, NEC, IVH and PVL kept steady initially, but decreased quickly around 2017. BPD was stable from 2013 to 2016, after which it increased dramatically. Most trends in the two subgroups by BW were similar to the patterns in the overall infants.

Conclusions: Mortality and most morbidity in VLBWI decreased from 2013 to 2023, with the exception of BPD and ROP. Continuous research and quality improvement (QI) efforts should be made to further improve the outcomes of VLBWI, especially for BPD and ROP.

Biography:

Dr. Laishuan Wang has completed his PhD at the age of 29 years from Fudan University and has been continually serve as a staff neonatologist in neonatal medical center of Children's Hospital of Fudan (CHOF) University since 2003. He is the vice director of NICU of CHOF. He has published more than 50 papers in reputed journals and has been serving as an editorial board member of 3 Chinese professional perinatal/neonatal journals.

Mohammad Delwar Hossain
DRIIMS Interventional Radiology Hospital, Bangladesh

Role of ultrasound in pediatric abdominal imaging

Ultrasound is non-invasive mode of imaging. It does not require any preparation for child & can be done in bed side. Other methods of imaging like CT & MRI is difficult to perform where it requires sedation. Most important advantage of ultrasound is that it is real time, and the movement or crying of child does not significantly affect the ultrasound scanning. As it is real time, it can easily differentiate parietal from intra-abdominal masses, presence or absence of peristalsis can be can be detected by ultrasound in case of bowel lesion like intussusception, infantile hypertrophic pyloric stenosis. Cystic & solid lesion can be easily differentiated by ultrasound without contrast. Ultrasound acts not only as diagnostic purpose but it acts as an important guide for interventional procedures. Following are the common causes of pediatric abdominal masses which can be easily diagnosed by ultrasound.

Renal mass :(Wilms' tumor, Cystic disease of kidneys, congenital hydronephrosis) Suprarenal mass: Neuroblastoma.

Hepatic mass: Hepatoblastoma.

Nodal mass: Lymphoma.

Pelvic mass Sarcoma botroides.

Bowel mass: Intussusception.

Biography:

Professor Dr. Mohammad Delwar Hossain is a specialist in Radiology & Imaging with special interest on Interventional Radiology. He completed MBBS in 1984, DMRD from IPGMR (Now BSMMU) and FCPS (Radiology & Imaging) from BCPS. He has ten publications & more than hundreds of presentations in different national and international conferences of various countries; ICR in New Delhi, India (1998); IAEA conference in Hanoi, Vietnam (2015); SIGT conference in New Delhi, India (2015); APCIO conference in New Delhi, India (2017); CSIR conference in Zhengzhou, China (2017). He organized an international conference in collaboration with IAEA in Dhaka (2016).

Jussara da Silva Brito

Clinical Nurse Specialist in Public Health, Msc. In Science, Hamad Medical Corporation, Doha-Qatar

AWH Perinatal Mental Health Clinic: "Healthy Moms, Healthy Babies, Healthy Society Project

Overview: Perinatal mood and anxiety disorders (PMADs) represent the most prevalent pregnancy complications, significantly impacting both mothers and their children (Lancaster, 2010). The COVID-19 pandemic has exacerbated these issues, revealing heightened psychological distress among pregnant and postpartum women (Iyengar, 2021). In response, Al Wakra Hospital launched a Wellbeing Clinic in July 2020, aiming to create an Integrated Perinatal Mental Health Care system. This initiative incorporates a multidisciplinary team of healthcare professionals, including physicians, consultants, nurses, and Clinical Nurse Specialists. The clinic operates weekly, offering 11 slots of 45 minutes each for screening, diagnosis, and management of PMADs, aligning with Qatar's national health strategy for improved maternal and child health.

The initiative is part of the national health agenda, highlighted as a key priority in the Qatar National Health Strategy 2018-2020 (MOPH, 2018). Strong internal support from hospital leadership facilitated the establishment of universal screening pathways during prenatal and postnatal visits. Despite a temporary disruption due to the hospital's redeployment as a COVID- 19 facility, services resumed in July 2021, introducing online screening methods and enhanced assessment tools.

Results: From August 2020 to December 2024, 5,012 women were screened, with 4,554 triaged for anxiety and depression. Most participants were from various nationalities, primarily India (25%) and Egypt (15%). Findings revealed that 27.5% of women screened exhibited anxiety, while 27.3% showed signs of depression. Triage assessments indicated that 15.9% had severe depression and 13.3% had significant anxiety levels. Notably, many women received referrals for psychiatric care for the first time.

Conclusion: Implementing universal PMAD screening in perinatal care is crucial for identifying at-risk women and may serve as a model for enhancing mental health services in Qatar. Ongoing efforts are needed to improve service quality, including data evaluation and targeted training for healthcare professionals. AWH is committed to advancing these initiatives.

Md. Didarul Islam

Ibn Sina Diagnostic and consultation centre, Dhaka, Bangladesh

Role of Radiological Imaging in the diagnosis of PUJ obstruction in Pediatric age group

Ultrasonography, CT scan & MRI plays an important role in the diagnosis of PUJ obstruction in pediatric age group. Among all Ultrasound is the best modality for imaging, because it has no radiation hazards, no effects on movement during scanning, less costly, can be done in bed side.

Some times to differentiate it from functional obstruction we need diuretic renogram study.

Non dilated ureters cannot be visualized by ultrasonography, in that case CT urogram & MRI is helpful.

There is typical pattern of dilatation of pelvi-caliceal systems of kidney in PUJ obstruction where pelvis is disproportionately more dilated than caliceal systems & conical in shape without dilatation of ureter. On the other hand hydronephrotic kidney other than PUJ obstruction produce proportionate dilatation of pelvicaliceal system. On the basis of this findings in imaging we can differentiate PUJ obstruction from other cause of obstruction.

Biography:

Dr. Md. Didarul Islam obtained his MBBS degree from Dhaka university in 1990, MD (Radiology and Imaging) from Dhaka university in 2006. Worked as Radiologist in National institute of ophthalmology and hospital, Dhaka. Worked as assistant professor (Radiology & imaging), Shaheed Suhrawardy Medical college.He engaged with teaching of post graduate medical students of different discipline of medical science. He was promoted to associate professor and retired from government job in 2024. Now working as a consultant radiologist in IBN Sina Diagnostic and consultation centre, Dhaka. He has five publications in National & international journal.

Leighton J Reynolds

Department of Epidemiology and Biostatistics, School of Public Health, Indiana University, Bloomington, IN

The Case For Symptomatology, Impairments, And A Healing Ecology

This presentation/article presents a case for thinking about medicine from a very different perspective. Instead of the standard modern approach to medical problems, reductionist, fragmented, and drug-based treatment, the case is presented for working with symptomatology, impairments, and a healing ecology under the umbrella of Complexity Science. To begin with, we need to understand symptomatology in a wider context, understanding how any injury, illness, disease is pervasive within the individual's mind/brain/body/social context and environment. Illness, injury, and disease are never isolated, fragmented events, they pervade the individual's life and relationships. Secondly, rather than only spending time on diagnosis (which is important), clinicians must also focus on the impairments our patients are struggling with resulting from their injury, illness, or disease. Finally, we need to create a healing ecology for each of our patients. That is, a holding environment, a matrix, within which our patients can concentrate on healing. This includes the importance of the doctor-patient relationship, and the environmental context within which our patients are living their lives. We need to spend more time with our patients functioning as an organizing agent as they work through their struggle to gain their health back. Throughout the presentation/article, a case study is presented that illustrates the clinical use of this perspective. And again, this is all done under the umbrella of Complexity Science.

Keywords: Chronic Stress Injury, Illness, and Disease Symptomatology Medical Impairments Healing Ecology Neuro-Psychoanalysis Complexity Science

Amir Ashraf
Efficacy of Homoeopathic medicines in the treatment of Long term effects of Post Kawasaki Disease _ A Case Report

Exploratory study of Pneumonia: case study with Homoeopathic Respiratory Medicines

An acute respiratory illness associated with recently developed radiological pulmonary shadowing which may be segmental, lobar or multi lobar or inflammation in the lung characterized by accumulation of secretions and inflammatory cells in alveoli.

Pneumonia remains common cause of death. Globally ranked sixth. Pneumonia classified in two clinically, anatomically, and causes like bacterial which is the most common cause and viral pneumonia. Classified into four stages, congestion, red heaptization, grey hepatization and resolution. The common symptoms are high grade fever, cough which is productive, pleuritic chest pain and breathlessness.

Homoeopathy is an alternative system of medicine discovered by German physician Samuel Hahnemann in 1796. It has been used by several people for various health conditions globally for more than last 200 years. In India, homoeopathy is considered as a major system of alternative medicine. Homoeopathy is found effective in various medical conditions including Pneumonia.

Recent Presentations

Presented a series of cases titled "Exploratory study of diabetic foot: case study with Homoeopathic surgical Medicines" at 2nd world congress on Public health and healthcare management held during November 20-21 2024 in Rome

Presented a Research paper titled "Effectiveness of Homoeopathic medicine Merc Sol 30c for the management of Neonatal hyperbilirubinemia" at International conference on traditional and alternative medicine held during 2nd June 2024, Kuala Lumpur

Presented a Research paper titled "Effectiveness of Homoeopathic medicine arnica montana 30c in coronary artery disease" at International conference on traditional and alternative medicine held during 30th May 2024, Jakarta.

Presented a case study titled "Effectiveness of Homoeopathic Medicine in Management for Bronchogenic Carcinoma" at 4th International Conference on Integrative Oncology, held during 8th and 9th Feb 2023, Kochi.

Presented a series of cases titled "Role of Homoeopathy in appendicitis: case study in depth with Alvarado score" at international research, education and

Biography:

Dr Amir Ashraf has completed the Bachelor of Homoeopathic Medicine and Surgery from the Rajiv Gandhi University of Health Science, Bangalore in 2013 and completed the Internship Training programme for one year at the father Muller Homoeopathic Medical College and Hospital, Mangalore. He joined in the department of homoeopathy in Ashirvad Hospital, Kannur on 6th October 2014, Started Own hospital in 2019 June 17th "Dr Amir's Family Homoeopathy hospital. He completed his PG diploma in Reproductive health in 2018 under Apollo hospital Chennai and medvarsity. He is a visiting consultant in RM Homoeopathic Multispecialty clinic, Aihms Multispecialty Homeopathic clinic across Kerala, India.

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POSTER PRESENTATIONS
DAY 1

Nattapat Khongsirisombat
Chulalongkorn University, Bangkok, Thailand

Validation of Thai-version Short Form of the Attitudes to Ageing Questionnaire

The Short Form of the Attitudes to Ageing Questionnaire (AAQ-SF) was developed to provide a brief and efficient assessment of attitudes towards ageing in older individuals, minimizing the time, and avoiding energy depletion during its administration. However, the AAQ- SF has not yet been translated into Thai language with psychometric validation. This study aims to validate the psychometric properties of Thai version of the AAQ-SF to establish a reliable tool for assessing attitudes towards ageing in Thai context. The study included 224 Thai community- dwelling older people aged 60 and over. Participants completed the Thai AAQ-SF, a 12-item questionnaire that measures three dimensions: psychological growth (PG), psychosocial loss (PL), and physical change (PC). The AAQ-SF was translated into Thai using a straightforward forward and back translation procedure. Psychometric testing comprised confirmatory factor analysis (CFA), internal consistency reliability (assessed using Cronbach's alpha), and test-retest reliability (assessed using the intraclass correlation coefficient, ICC). The results confirmed a three-factor structure corresponding to the original AAQ subscales. The CFA indicated excellent model fit. Internal consistency was high across all subscales, with Cronbach's alpha value of 0.764 for PG, 0.704 for PL, and 0.760 for PC). Test-retest reliability showed excellent stability with an ICC of0.91. The Thai AAQ-SF is a valid and reliable tool for assessing attitudes towards ageing among older Thai individuals. This tool can assist in identifying areas where support is necessary and inform interventions to promote positive attitudes towards ageing, contributing to the well-being of the older population in Thailand. Future research should expand testing to diverse regions to ensure broad applicability.

Keywords: ageing, perception, attitudes, older people, reliability, validity

Biography:

Nattapat Khongsirisombat is a PhD candidate in the Dental Public Health Program at the Faculty of Dentistry, Chulalongkorn University, Bangkok, Thailand. Nattapat holds a Master of Science in Geriatric Dentistry from the Faculty of Dentistry, Mahidol University. With a keen interest in the oral health of geriatric and special care patients, dental public health, ageing health, and quality of life, Nattapat aims to contribute to evidence-based strategies that enhance oral healthcare for ageing populations and individuals with special needs.

Yvette Bautista

New York Presbyterian Morgan Stanley Children's Hospital Of New York, USA

Bubbling Through the Years: Safe and Effective Use of Bubble CPAP in the NICU

Bubble CPAP (Continuous Positive Airway Pressure) is a gentle, noninvasive respiratory support system used to manage newborns with respiratory distress, provides

Continuous pressure that helps prevents DE recruitment of alveoli, increasing the lungs' functional residual capacity, and thus decreasing the work of breathing. CPAP is an effective therapy for most babies with RDS and have respiratory drive. It enhances production of surfactant and

Conserves existing surfactant. It is less expensive than exogenous surfactant and less invasive than mechanical ventilation. It is gentle ventilation that supports neonates own breathing, It does not require intubation which can have complications particularly to tiny babies.

The oscillation of BCPAP has a high frequency ventilation effect. It increases trans pulmonary pressure and FRC, prevents alveolar collapse and improves lung compliance: increases airway diameter, splints the airway and stabilizes chest wall: stimulates lung growth and conserves surfactant.

Nurses play a pivotal role in making BCAP effective at Morgan Stanley Children Hospital of New York. Most of us are trained by Dr. Wing himself. There are important principles of application needed to ensure utmost efficacy. This includes choosing appropriate size prong, ensuring proper seal, developmentally appropriate positioning, frequent system check and monitoring for complications.

Keywords: CPAP, Bubble, PEEP, Positive End Expiratory Pressure, RDS

Biography:

Yvette Bautista has completed her Master's Degree in Nursing at Columbia University NY, NY. She is a Clinical Nurse III in Neonatal ICU at Morgan Stanley Children's Hospital of New York, one of the leading levels IV NICU in the nation.

Girish Arora

Consultant and Head, Neonatology, Rainbow Hospital, India

Two Novel Mutations Associated with Familial Chylomicronemia in a Neonate

We report a 12-day-old male infant who presented with respiratory distress, hepatosplenomegaly, and lipemia retinalis. Laboratory analysis showed extremely viscous, milky blood samples with marked hypertriglyceridemia (4425 mg/dL) and hypercholesterolemia (705 mg/dL), indicating familial chylomicronemia syndrome (FCS). Initial sepsis workup was negative. Genetic analysis revealed a novel homozygous missense mutation in the lipoprotein lipase (LPL) gene and a heterozygous missense variant in the sterol regulatory element-binding transcription factor 2 (SREBF2) gene. The infant's condition improved after switching to a medium-chain triglyceride-based formula, with normalization of lipid levels within two weeks. Familial testing showed the father had hypertriglyceridemia, suggesting a paternal origin for the lipid abnormalities.

This case highlights the importance of considering non-infectious etiologies, such as metabolic and genetic disorders, in neonates presenting with respiratory distress and systemic inflammation without infectious evidence. Early identification and dietary management were crucial in reversing symptoms and preventing complications. This report also adds to the genetic landscape of FCS, describing a previously unreported LPL mutation with potential implications for lipid metabolism and genetic counseling.

Biography:

Girish Arora, DNB Pediatrics, is the Head of the Department of Pediatrics at Rainbow Hospital, specializing in neonatal care and complex genetic disorders. He completed his fellowship in Neonatology at AIMS and has published extensively, with a particular focus on novel mutations, including familial Chylomicronemia in neonates and the incidence of thrombocytopenia in newborns. Dr. Arora has presented his work at national conferences, contributing valuable insights to the field of neonatal genetics. Actively involved in research, he is committed to advancing diagnostic and therapeutic approaches in neonatology to improve patient outcomes with special focus on resource limited settings

Jee Hyun Suh, MD, PhD

Seoul national university bundang hospital, Korea

The Role of Kinesiotaping in Atlantoaxial Rotatory Syndrome Associated with Nemaline Myopathy: A Case Report

Background: Atlantoaxial rotatory subluxation (AARS) is a rare condition characterized by acute torticollis, often following minor trauma. Conservative treatment shows high success rates, but surgical intervention may be necessary when conservative methods fail. Nemaline myopathy (NM) is a rare neuromuscular disorder characterized by muscle weakness and hypotonia. Although no cases of AARS in NM patients have been previously reported, underlying laxity and muscle weakness may increase risk and complicate management.

Case Presentation: We report a case of an 8-year-old female diagnosed with NM who developed AARS following a posterior pharyngeal flap procedure. Initial conservative management with Gardner-Wells–style tongs traction and Miami brace failed to maintain reduction due to underlying hypotonia and ligamentous laxity. Kinesiotaping at sternocleidomastoid muscles was applied as an adjunctive therapy to facilitate muscle stabilization. Following Kinesiotaping, the patient showed sustained improvement, allowing for the removal of traction and successful transition to Kinesiotaping combined with a Miami brace.

Conclusion: This case suggests that Kinesiotaping may serve as a useful adjunct to conservative treatment in patients with AARS who have underlying muscle weakness and hypotonia. By providing support and promoting muscle facilitation, Kinesiotaping may enhance stability and reduce recurrence after reduction.

Biography:

Jee Hyun Suh earned her MD degree from Ewha Woman's University in 2011 and obtained her PhD in Rehabilitation Medicine from the same institution in 2019. She is currently serving as an Assistant Professor in the Division of Pediatric Rehabilitation at Seoul National University Bundang Hospital. Dr. Suh has authored over 30 peer-reviewed publications.

Sanjay Kumar
Department of Panchakarma, Mehr Chand DAV Hospital, Dayanand Ayurvedic College, Jalandhar

Healing Convergence: Uniting Panchakarma and Contemporary Cardiac Care

The 15th Annual Scientific Meeting of the Japanese Society of Transcatheter Heart Valve Therapies (JTVT2025), to be held on August 1–2, 2025, at Pacifico Yokohama, focuses on "Reconsidering the Heart Team"—a theme deeply aligned with multidisciplinary collaboration and patient-centered well-being. As a dedicated Panchakarma therapist, I believe attending this conference will offer valuable exposure to current developments in cardiovascular care and enable exploration of integrative models that combine traditional and modern healing systems.

Panchakarma therapies such as Abhyanga (therapeutic oil massage), Swedana (herbal steam therapy), and Shirodhara (forehead oil flow) have demonstrated efficacy in enhancing circulation, reducing systemic inflammation, relieving stress, and addressing risk factors like hypertension and elevated cholesterol. These therapies align with holistic cardiovascular management and could complement modern transcatheter techniques by promoting recovery, emotional balance, and lifestyle-based prevention.

I am particularly interested in understanding how Ayurvedic principles can be synergistically combined with state-of-the-art imaging, valve repair, and rehabilitation protocols. JTVT2025 presents an ideal platform to initiate dialogue on integrative care and contribute to a broader vision of heart health—one that honors the well-being of the whole person, not just the condition.

Abhay B. Mahindre
Noble hospital & Research Centre Pune, Maharashtra, India

Insight in neonatal sepsis: Comparing two different NICU setup in western part of India

Introduction: Neonatal sepsis is the most common cause of neonatal morbidity and mortality in India. Incidence of culture positive sepsis varies from 6% to 20% in different NICU set up in India.

Aims & Objective:

1. To study the incidence of culture positive sepsis in two different hospitals in western part of India: Charitable teaching hospital NICU and Tertiary level III referring hospital NICU.
2. To find the most common organism in neonatal sepsis
3. To find mortality related to neonatal sepsis in NICU.

Methods: Retrospective observational study for 1 year from 1st January 2024 to 31st December 2024. All the blood culture positive neonatal sepsis cases from two different institutes were analysed.

Results: During the study period, 75 neonatal sepsis cases were diagnosed, among them 32 from tertiary level III referring NICU and 43 from charitable teaching hospital NICU. Incidence of culture positive sepsis is 6.08% at tertiary level III referring hospital NICU while is 8.28% charitable teaching hospital NICU. Gram-positive sepsis is more common in both the institute compared to gram-negative sepsis. Incidence of early onset sepsis is more common in charitable teaching institute while late onset sepsis is more common in tertiary level III referring hospital NICU. The culture sensitivity pattern varies in both the NICU. Neonatal mortality rate due to sepsis is comparable in both the institute.

Conclusions: In the practice of modern neonatal care, culture positive neonatal sepsis remains the major concern in all NICU. Multidrug organisms are emerging at both the places. By practicing antibiotic stewardship individualised to the institute, infants can be protected from future multidrug resistance organisms.

Keywords: Antibiotic stewardship, Neonate, Sepsis, Sensitivity

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VIRTUAL KEYNOTE PRESENTATIONS

DAY 2

Amudha Ondiveerappan
Walden University, Chicago

The Invisible Burden: Tracing the Ripple Effects of Inflation on American Lives (2020–2024)

Over the past four years, Americans have experienced a compounding crisis rooted in inflation—impacting not only economic stability but also behavioral and physical health. This study investigates how inflation from 2020 to 2024 has affected households across income levels, with disproportionate effects on vulnerable populations, including the elderly, single parents, minority communities, and those in rural or underserved areas. Drawing from national economic datasets, public health surveillance systems, and qualitative community interviews, the presentation examines inflation's cascading impact on healthcare access, housing security, nutrition, behavioral health, and chronic disease management.

As both a physician and behavioral science specialist, I explore how financial strain correlates with rising anxiety, depression, and reduced treatment adherence in internal medicine patients. Inflation's hidden costs—rising medication copays, skipped preventive visits, and food insecurity—contribute to a concerning decline in community health. Case studies highlight adaptive behaviors such as reliance on gig economies, social assistance, and migration from urban to rural areas.

This session frames inflation not just as an economic event but as a public health emergency. It proposes equity-centered interventions to mitigate future socioeconomic shocks, including mobile healthcare models, financial literacy outreach, and cross-sector policy advocacy. The aim is to promote resilience and reduce avoidable health disparities by integrating public health, behavioral science, and economic reform.

Keywords: Inflation, Behavioral Health, Internal Medicine, Health Equity, U.S. Economy

Biography:

Dr. Amudha Ondiveerappan, MD, MPH, is a physician and public health professional with over 8 years of experience in epidemiology, internal medicine, and behavioral science. She is the founder of ShuddhiCheck AI, a data-driven health equity platform addressing mental health and socioeconomic disparities. Her work spans infectious disease surveillance, chronic disease prevention, and policy advocacy across global settings, including the Chicago Department of Public Health and U.S. public health systems. A graduate of Walden University's MPH program, Dr. Ondiveerappan is dedicated to pioneering integrative health solutions that serve vulnerable communities and promote long-term public health resilience.

Tomasz Kubiak
Poznan Medical Academy of Applied Sciences Mieszko I, Poznan, Poland

Occupational risk of head injuries among professional firefighters in Poland

Serving in the fire brigade requires officers to have great psychophysical endurance and the ability to work under time pressure and in changing weather conditions. The health hazards of the firefighter profession are included in the International Occupational Hazard Characteristics Card and in the Occupational Risk Assessment Cards. The classification of threats includes factors: psychophysical, traumatic, harmful and burdensome. The aim of the Occupational Health and Safety service in the fire brigade is broadly understood prevention (initial and periodic training, supervision over the use of personal protective equipment, analysis and identification of threats, analysis and registration of accidents occurring in the service) [1-3].

Rescue and firefighting activities are dynamic, unpredictable, diverse, carried out on many levels and areas: at heights, in the fire zone, chemical hazard zone and many others. The risk from firefighters' intervention is based on the Risc Score index, which includes three parameters: possible effects of the threat (S), exposure to the threat (E) and probability of the event occurring (P). As research shows, the risk of firefighter injury is related not only to interventions, but also to exercises, training, sports, repair and maintenance of equipment [4-7].

Objective: Analysis of head and facial injuries related to firefighters' service in 2021-2023

Material and methods

Research design and setting

The analysis was carried out on the basis of reports on the accident rate of the fire brigade prepared by the Occupational Safety and Health Office at the State Fire Service Headquarters. Data collected from all over Poland. The reports include quantitative data: the total number of accidents, the number of injured firefighters, age categories of the injured, circumstances of the event, body injuries (area), classification of accidents into individual and collective, events that match the purpose of the analysis were selected. Electronic databases of reports were searched using keywords relating to the location of the head and facial region and including anatomical names: head, face, eye, ear, teeth, jaw, mandible, eyelid, temple, occiput, skull.

Conclusions: Head injuries in firefighter practice are a threat more often associated with duties other than interventions, which may be related to procedures and securing the head with personal protective equipment. Sports activities cause many head injuries, which should be taken into account in a firefighter's risk assessment. Despite head protection in firefighting (balaclava), burns may occur as a result of radiation

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VIRTUAL ORAL PRESENTATIONS

DAY 2

Zhenhuan LIU
Nanhai Maternity and Children Hospital Affiliated to Guangzhou University of Chinese Medicine CHINA

Neuroimaging by Evaluation Nerve renovate and Neuroplasticity of Acupuncture in Children with Cerebral Palsy

Objective: To investigate the effect of and Acupuncture on brain plasticity and motor development in children with cerebral palsy. Investigate effect on mechanism of apoptosis of brain nerve cells, regulating the expression of neurotropic factors, promoting the remodeling of nerve synaptic structure and motor development in young rats with cerebral palsy.Two:To evaluate the effect and mechanism of acupuncture on cerebral palsy. Three: The nerve repair effect of acupuncture on cerebral palsy. Methods: In this study, 146 cases of brain injury and 1078 cases of cerebral palsy were included by randomized controlled study with ICF Gross motor function measure, Peabody fine motor function, Gesell, muscle tension, joint activity, activity of daily living trans cranial Doppler, skull B ultrasound, Brain Nuclear Magnetic Resonance Imaging MRI, Positron Emission Tomography SPECT, Diffusion tensor tractography evaluation method.

Results: the recovery rate of extracellular space (92.3%) was significantly higher than that of the control group (70.8%) (P <0.05), Trans cranial Doppler, TCD total efficiency (79.3%) was significantly higher than that in the control group (51.8%) (P <0.05). Acupuncture to promoting the development of neurological and cognitive movement under 6 months children, effectively reduce the neurological sequelae. The total effective rate of the children with cerebral palsy was 87% in the acupuncture group, which was significantly higher than that of the control group (P <0.01). The total effective rate of Brain MRI was 59.55% in the acupuncture group and 13.25% higher than that in the control group (P <0.01). The total effective rate was 91.3% in the 1 year follow-up group, which was significantly higher than that in the control group (P <0.01). The FA value of white matter fiber bundle was significantly higher than that of acupuncture at 60 times (P <0.05). The recovery rate of ultrasonous brain injury (86.7%) in acupuncture group was significantly higher than that in control group (64.4%) (P <0.05).The recovery rate of brain SPECT in acupuncture group was 96.4%, which was significantly higher than that in the control group (P <0.01).

Conclusion: Acupuncture rehabilitation not only promote the development of white matter and gray matter in children with cerebral palsy, but also promote the brain function of children with cerebral palsy remodeling and compensation, and promote social adaptation, language and other cognitive function development, children with cerebral palsy movement and Fine motor function development and recovery, improve the children's self-care ability.

Key Words: Cerebral palsy; Acupuncture; Nerve repair; remodeling; motor function

Biography:

Zhenhuan LIU professor of pediatrics, Pediatric acupuncturist Ph.D.tutor.He has been engaged in pediatric clinical and child rehabilitation for 40 years. Led the rehabilitation team to treat more than 40,000 cases of children with intellectual disability, cerebral palsy and autism from China and more than 20 countries, More than 26800 children's

deformity returned to school and society and became self-sufficient. The rehabilitation effect ranks the international

Advanced level. Vice-chairman of Rehabilitation professional committee children with cerebral palsy, World Federation of Chinese Medicine Societies. Visiting Professor of Chinese University of Hong Kong in recent 10 years. .He is most famous pediatric neurological and rehabilitation specialists in integrated traditional Chinese and Western medicine in China. He has edited 10 books. He has published 268 papers in international and Chinese medical journals.

Tatyana Itova
University of Ruse, Bulgaria

Depressive Disorders During Pregnancy and Newborn

Depressive disorders during pregnancy affect approximately 10–20% of expectant mothers and constitute a significant risk factor for both maternal well-being and fetal development. Untreated antenatal depression is associated with adverse outcomes including preterm birth, low birth weight, impaired placental perfusion, increased risk of suicidal ideation or behavior, and impaired maternal-infant bonding postpartum. Conversely, pharmacologic treatment—particularly with antipsychotics and antidepressants (notably selective serotonin reuptake inhibitors, SSRIs)—may result in adverse drug-related neonatal effects.

Psychotropic medications readily cross the placental barrier and may induce neonatal adaptation syndrome (NAS), clinically presenting with respiratory depression, muscular hypertonia, tremors, lethargy, feeding intolerance, and neonatal jaundice. These symptoms are frequently indistinguishable from neonatal withdrawal syndrome and typically emerge within 48 to 72 hours postpartum. The severity of clinical manifestations correlates with the type, dosage, and combination of psychotropic agents administered during gestation. Combination therapy with both antipsychotics and SSRIs is associated with more pronounced neonatal complications, including the need for supplemental oxygen, parenteral nutrition, and in some cases, pharmacologic intervention with phenobarbital.

While intrauterine exposure to psychotropic medications does not invariably result in long-term developmental impairment, close monitoring of neurodevelopmental milestones is warranted. Clinical decisions regarding pharmacotherapy during pregnancy must be individualized, based on a thorough risk-benefit assessment that weighs the teratogenic and neonatal risks of pharmacologic exposure against the potential consequences of untreated maternal psychiatric illness.

Keywords: Depression, Pregnancy, Neonatal Adaptation Syndrome, Psychopharmacology, Antipsychotics, Neonatal Outcomes

Biography:

Dr. Tatyana Itova is a pediatrician and neonatologist with clinical and academic qualifications obtained from the Medical University of Varna, Bulgaria. She holds a PhD in Pediatrics from the Medical University of Pleven. Dr. Itova currently heads the Department of Neonatology at Medical Ruse University Hospital and teaches at Angel Kanchev University of Ruse. Her professional and research interests include the monitoring of high-risk newborns, early neurodevelopment, neuromonitoring, assessment of neurocognitive progress, and ultrasound imaging of the central nervous system.

Kiran Kumar G
Continental Hospital, India

Transforming Critical Care: The Impact of Point-of-Care Ultrasound (POCUS) in Pediatric Intensive Care Units (PICUs)

Point-of-Care Ultrasound (POCUS) has revolutionized bedside diagnostics and clinical decision-making in Pediatric Intensive Care Units (PICUs), offering a real-time, radiation-free, and repeatable modality for critically ill children. In recent years, POCUS has become an indispensable extension of the pediatric intensives' clinical examination, aiding in the assessment of hemodynamic instability, respiratory distress, and guiding life-saving procedures.

Recent guidelines from organizations such as the American College of Critical Care Medicine (ACCM), European Society of Pediatric and Neonatal Intensive Care (ESPNIC), and Indian Society of Critical Care Medicine (ISCCM) emphasize the integration of POCUS for rapid evaluation and intervention in pediatric emergencies. From lung ultrasound for diagnosing pneumonia, effusions, or pneumothorax to targeted cardiac scans for volume status and contractility, POCUS enhances precision in critical care.

Moreover, POCUS supports procedural safety, including vascular access, pleural taps, pericardiocentesis, reducing iatrogenic complications and improving outcomes. The BLUE, FALL, and RUSH protocols adapted for pediatrics further illustrate structured approaches for common PICU challenges.

Despite its proven utility, barriers such as training, standardization, and credentialing remain. However, structured POCUS training programs and credentialing pathways are increasingly being adopted globally to ensure safety and proficiency.

This presentation will review the evidence-based impact of POCUS in PICUs, highlight practical case applications, and suggest a roadmap for widespread integration in pediatric critical care settings.

Keywords: Pediatric POCUS, Critical Care Ultrasound, Lung Ultrasound in PICU, Hemodynamic Assessment, Bedside Procedures

Biography:

Dr. Kiran Kumar G is a Pediatric Intensivist and Healthcare Strategist at Continental Hospital, Hyderabad. With over 15 years of experience in pediatric critical care, he is recognized for integrating innovation and bedside ultrasound into routine PICU workflows. A passionate educator and national speaker, he advocates for POCUS training across India and works on capacity-building programs for pediatric emergency care.

Sughra Mangrio
Russells hall hospital, UK

Public health and Equity, mental health and wellness

Background and Objectives: Pakistan's elderly population is projected to exceed 12% by 2050, yet formal elder care services remain scarce, especially in urban centers like Hyderabad. Informal caregivers—primarily family members—bear the physical, emotional, and financial burden of care. This study aimed to explore the lived experiences of informal caregivers, identify caregiving challenges, and assess the impact of gender and healthcare system limitations.

Methods: A qualitative research design was employed using purposive sampling. In-depth, semi-structured interviews were conducted with 11 informal caregivers providing unpaid support to elderly relatives in Hyderabad. Interviews were transcribed and manually analyzed using thematic analysis to identify recurring patterns across the data.

Results: Six major themes emerged: (1) caregiving responsibilities were physically and emotionally exhausting; (2) limited involvement of other family members; (3) financial strain, especially related to medical costs; (4) poor access to elder-specific healthcare services; (5) decision-making challenges with minimal medical support; and (6) psychological distress and personal sacrifices. Female caregivers were disproportionately affected due to entrenched gender norms.

Conclusion: The study highlights significant unmet needs among informal caregivers in Pakistan. There is an urgent need for policy interventions such as caregiver training, community-based support, elder-specific healthcare infrastructure, and financial subsidies to reduce caregiver burden.

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Mary Anbarasi Johnson
CMC Vellore, India

Procedural non pharmacological pain management in children

Procedural non-pharmacological pain management in children involves using various techniques to reduce discomfort and anxiety during medical procedures, without the use of medications. These methods aim to address both the physical and psychological aspects of pain, promoting comfort and cooperation while minimizing distress. Common strategies include cognitive-behavioural approaches such as guided imagery, distraction, and relaxation techniques. Distraction methods, such as the use of toys, video games, or virtual reality, can redirect a child's attention away from the procedure, reducing perceived pain. Guided imagery and relaxation techniques help children mentally escape the procedure, allowing them to focus on calming thoughts or breathing exercises. Additionally, parents and caregivers play a crucial role in providing comfort, offering emotional support, and helping children feel safe and secure.

Other approaches, such as the use of non-invasive devices like cold or vibration therapy, can help mask pain sensations and reduce muscle tension. Furthermore, therapeutic play can be effective in preparing children for procedures by familiarizing them with medical instruments and environments in a non-threatening way.

Research has shown that these non-pharmacological techniques can significantly reduce pain perception and anxiety in children, often leading to improved cooperation and a more positive overall experience. When used in combination with other pain management strategies, these methods enhance the child's ability to cope with painful procedures, promoting better outcomes in Pediatrics care. These approaches are particularly valuable in settings where medication may not be appropriate or available, offering an effective alternative to pharmacological interventions.

Biography:

Dr. Mary Anbarasi Johnson is a highly accomplished nursing professional with extensive experience in clinical, academic, administrative, and international healthcare sectors. She currently serves as Professor and Head of Pediatric Nursing at CMC Vellore. Her global exposure includes roles as Clinical Nurse Specialist in PICU, Assistant Professor in the USA, and Assistant Director of Nursing in the Saudi Arabian Armed Forces Hospital.

She has held key administrative positions including Deputy Nursing Superintendent at CMC Vellore, overseeing staff training, NABH coordination, and quality assurance. She has contributed significantly as a member of the CMC Institutional Review Board, HICC Secretary, and Master Trainer for major national and international health projects including GFATM, IMNCI, ICMR, and OSCE programs.

Dr. Johnson has published over 70 articles, contributed to 5 book chapters, authored a book, and presented at 30+ conferences globally. She serves as editor, reviewer, and advisory board member for more than 100 international journals and is Chief Editor for two indexed journals.

Her accolades include the President's Gold Medal for academic excellence, Life Achievement Award by SAHEI, Best Faculty and Administrative Officer Awards, “Icon of the Year” by Rifacimento International, and multiple fellowships. She also holds Lean Six Sigma belts from Europe.

Dr. Johnson attributes her success to the grace of God, her family, mentors, and institutions including CMC Vellore, Kami's Mushayt Armed Forces Hospital (Saudi Arabia), and US institutions like St. Joseph Regional Medical Center.

Reema Kocherry
New York Presbyterian Morgan Stanley Children's Hospital Of New York,
USA

Bubbling Through the Years: Safe and Effective Use of Bubble CPAP in the NICU

Bubble CPAP (Continuous Positive Airway Pressure) is a gentle, noninvasive respiratory support system used to manage newborns with respiratory distress, provides

Continuous pressure that helps prevents DE recruitment of alveoli, increasing the lungs' functional residual capacity, and thus decreasing the work of breathing. CPAP is an effective therapy for most babies with RDS and have respiratory drive. It enhances production of surfactant and

Conserves existing surfactant. It is less expensive than exogenous surfactant and less invasive than mechanical ventilation. It is gentle ventilation that supports neonates own breathing, It does not require intubation which can have complications particularly to tiny babies.

The oscillation of BCPAP has a high frequency ventilation effect. It increases trans pulmonary pressure and FRC, prevents alveolar collapse and improves lung compliance: increases airway diameter, splints the airway and stabilizes chest wall: stimulates lung growth and conserves surfactant.

Nurses play a pivotal role in making BCAP effective at Morgan Stanley Children Hospital of New York. Most of us are trained by Dr. Wing himself. There are important principles of application needed to ensure utmost efficacy. This includes choosing appropriate size prong, ensuring proper seal, developmentally appropriate positioning, frequent system check and monitoring for complications.

Keywords: CPAP, Bubble, PEEP, Positive End Expiratory Pressure, RDS

K. M. Yacob
Marma Health Centre, India

Paracetamol is the most unscientific and dangerous drug for fever. Anyone can create a fever within hours using antipyretic objects

Most people mistake fever for high temperature and think it is dangerous and take paracetamol to reduce temperature as fever is determined by checking temperature.

A high temperature is not a fever, but hyperthermia, which is the opposite of fever. The only cause of fever is inflammation. But hyperthermia is high heat. We can create a fever within a few hours by antipyretics. It cannot cause hyperthermia. Hyperthermia can be created within seconds by using hot objects.

Hot objects of the same temperature as fever or heat-producing substances cannot cause fever in any living being. Antipyretics cause prolonged infection, which increases disease and death. Paracetamol is an antipyretic drug.

Decreased blood flow due to severe inflammation is the sole trigger for fever. Any substance that is cooling or reducing temperature (antipyretic) is a fever stimulant because it increases inflammation and reduces blood flow. Antipyretics are the only substances needed to induce fever in any organism. Antipyretic fever treatment never reduces inflammation but increases it.

A decrease in temperature is not enough to reduce the fever, all substances and their functions, which only increase and decrease during fever, must return to the state they were in when there was no fever.

Any warm or heat-increasing substance (pyretic) is a fever reducer because it reduces inflammation and increases blood flow. Pyretics are therefore the only substances necessary to cure fever in any organism.

There is a fundamental contrast between the basic action of fever and the basic action of paracetamol. The essence of today's fever treatment is fever can be cured by using fever-creating substances.

Paracetamol is given to reduce prostaglandin E2. It is not a fever-causing substance. It has hyperthermic and anti-inflammatory properties. It is more abundant after the inflammation in the body. From this, the immune system produces prostaglandin E2, which reduces inflammation and increases blood flow to the body or organ, making the body healthier and live longer

ProstaglandinE2 is found in the body during fever, similar to the airbag used to protect passengers in a car accident. Paracetamol is given to the patient to eliminate the prostaglandin E2 found in fever, just as those who do not know the purpose of an airbag in a car accident disable it thinking that someone will die in a serious accident because of the airbag. As a result, the body swells, blood flow decreases and the patient dies.

The medical book states that paracetamol may cause fever, neutropenia, thrombocytopenia, nephropathy, and skin reactions 1. This is not a side effect of paracetamol, but its proper function.

Paracetamol is given again to relieve the fever caused by taking paracetamol. If it is said that the medicine used to reduce the temperature of the fever itself causes the fever, the scientific and authenticity of that medicine are being questioned here. There is no science or technology like this anywhere in the world.

Researchers have found that even a single dose of paracetamol can reduce the levels of glutathione, a chemical in the body that reduces inflammation2. Yet paracetamol is classified as an anti-inflammatory.

Paracetamol destroys all the protective substances our immune system makes when we get sick. It decreases prostaglandinE2, Glutathione, interferon, platelets, WBC, etc,…

If the fever temperature is reduced by giving paracetamol, substances produced only during fever will increase. Paracetamol does not reduce fever, the cause of fever, morbidity, or mortality, all of which are increased by paracetamol.

Even for diseases that would have cured themselves due to the action of our immune system, using paracetamol can cause inflammation, reduced blood flow, and death.

Antipyretic therapy is a necessary and appropriate treatment for hyperthermia and not for fever. No one has scientifically proven that antipyretic therapy, which reduces the heat of a fever, is an appropriate treatment for fever and inflammation.

Depletion of ProstaglandinE2 and glutathione, which reduces inflammation, can also increase inflammation. These fundamental errors have led to the treatment of fever with antipyretic agents. No such treatment or science was found even in the Stone Age.

No other illness or symptom is more unscientific than justifying the administration of paracetamol for fever. There is no one percent evidence that paracetamol increases blood flow by reducing inflammation and helping the immune system in any way. At the same time, there is 100% evidence that paracetamol increases inflammation, reduces blood flow and destroys the immune system.

Prescribing paracetamol for fever is murderous as it depletes substances such as prostaglandin E2 and glutathione which increase blood flow and sustain life.

Keywords: Prostaglandin E2, Antipyretics, fever-inducing, fundamental errors, fever definition.

Biography:

A practicing physician in the field of healthcare in the state of Kerala in India for the last 36 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published Ten books on these subjects. I wrote hundreds of articles in various magazines. I have published 11 articles on fever in various journals.

After scientific studies, we have developed 8000 affirmative cross checking questions. It can explain all queries related to fever.

Fatou Fall
Askaan Public Health Consulting, Dakar, Senegal

Decentralized Financing Via Mobile-Money To Boost Routine Immunization Coverage In Niger: Early Results From A Quasi-Experimental Pilot

Centrally channelled operating funds have long delayed vaccination outreach in Niger, leaving primary health centres (PHCs) unable to meet monthly micro-plan targets. To address this bottleneck, the Ministry of Public Health and Askaan introduced a Decentralized Financing Facility (DFF) in Tahoua district in February 2024. Monthly allocations are transferred directly to 66 PHCs through the Nita mobile-money platform, with automated receipt capture and peer verification. Using Illéla district as a non-equivalent control, we applied a quasi-experimental before–after design, triangulating DHIS2 coverage records, electronic ledgers and on-site spot audits through January 2025. Within six months 92 % of PHCs received funds within five days of requisition (baseline > 30 days) and 100 % of expenditures were justified digitally, cutting financial-report latency from a median 56 to 9 days and achieving 97 % completeness. Penta-1 coverage climbed from 74 % to 94 % and Penta-3 from 62 % to 87 %, dwarfing the 5- and 4-point gains in the control district. Drop-out fell from 23 % to 12 %. Economic analysis showed a mean cost of 5.4 USD per fully immunised child—18 % less than control—and an incremental cost-effectiveness ratio of –71 USD per additional 100 children fully vaccinated. Health-worker finance-management scores doubled (1.8 → 3.6/5). The DFF demonstrates that rapid, accountable mobile-money transfers can unlock service bottlenecks, drive equitable coverage and remain cost-saving. Findings have prompted the Government of Niger to expand the DFF to five additional districts and to explore its application to antenatal-care and malaria programs.

Biography:

Dr Fatou Fall Ndoye is Executive Director of Askaan Public Health Consulting. A physician with an MBA in Strategic Management and an MPH in Monitoring & Evaluation, she has 20 years' experience leading immunisation, WASH and behaviour-change interventions across West Africa with CRS, UNICEF, USAID and the Gates Foundation. Dr Ndoye currently oversees multi-country health-system projects that have benefited more than two million people since 2017. Her expertise spans innovative health financing, digital data systems and gender-responsive community mobilisation. She is dedicated to deploying low-cost, high-impact solutions—such as the Niger DFF—to close equity gaps in child health.

Tryphosa I S
Rajiv Gandhi University of Health Sciences, Karnataka, India

A Study on Quality Assurance Program and The Continuous Quality Improvement Process in MICU in Accordance with the Quality Indicators, in a Tertiary Care Teaching Hospital

A Study on Quality Assurance Program and the Continuous Quality Improvement Process in MICU in Accordance with Quality Indicators in a Tertiary Care Teaching Hospital examines the Quality Assurance Program (QAP) and Continuous Quality Improvement (CQI) process in the Medical ICU (MICU) of St. John's Hospital, assessing key quality indicators in alignment with NABH-4th edition standards. The study focuses on Patient Safety, Delivery of Care, Infection Control, Medication Management, and Facility Management. The objectives include assessing the QAP in MICU, evaluating quality indicators contributing to CQI and analyzing data collection, tabulation, and reporting processes for these indicators. A structured checklist based on NABH standards was used to assess QAP at both policy and awareness levels. Primary data was gathered through direct observation and verification checklists, while secondary data spanning 10 months (Dec 2018–Sept 2019) was analyzed to track Quality Indicators, Return to MICU within 48 hours, Reintubation within 48 hours, Bed Occupancy, and Nurse-Patient Ratio. The study found compliance levels of Patient Safety (Policy 94%, Awareness 80%), Delivery of Care (Policy & Awareness 93%), Infection Control (96%), Medication Management (88%), and Facility Management (97%). Quality Indicators showed Reintubation peaked at 5% (benchmark 12%), Readmission at 5% (benchmark 5%), Bed Utilization fluctuated, and Nurse-Patient Ratio maintained 1:1 (ventilated) and 1:2 (non-ventilated) as per Indian Nursing Council guidelines. The study concludes that the MICU's QAP aligns well with NABH standards, demonstrating strong compliance, and that continuous monitoring of quality indicators ensures effective patient care and safety, reinforcing CQI efforts.

Biography:

Tryphosa I S completed her Master's in Hospital Administration at age 23 from Rajiv Gandhi University of Health Sciences, Karnataka, India. She is the State Coordination Specialist at the National Health Authority (NHA), Ministry of Health and Family Welfare, Government of India. Actively contributing to AB PM-JAY, the world's largest health assurance scheme and ABDM in India, she is also an ISO 9001:2015-certified Quality Management Systems Lead Auditor. With extensive experience in public health, she serves as a consultant/advisor on reimbursement trends, Health Technology Assessment (HTA), National Reimbursement frameworks and pharmaceutical pricing policies.

Thanos Emmanuel[1] (MBBS, MRCP, FHEA)
Barts Health NHS Trust, London, United Kingdom

Assessing Vaccination and Cancer Screening Uptake in Immunosuppressed Dermatology Patients in the UK

Introduction: Immunosuppressive medications are increasingly used to treat a range of

Dermatological conditions including psoriasis and eczema. However, such therapies can increase the risk of contracting viral infections and being hospitalized from infections including COVID-19, Influenza and Pneumococcus. We performed a retrospective study to measure the rate of vaccination uptake and cancer screening participation in immunosuppressed dermatology populations across the UK.

Methods: We conducted a retrospective study investigating vaccination uptake and cancer screening participation in immunosuppressed dermatology patients. Participants were randomly selected from a cohort of dermatology patients attending outpatient dermatology departments. Structured face-to- face and telephone interviews were conducted with 100 dermatology patients, surveying adherence with nationally recommended vaccination and cancer screening guidelines.

Results: The majority of the patients included in the study, receiving immunosuppressive medication did not adhere to UK Public Health Guidance on vaccination and cancer screening practice. COVID-19 vaccination uptake was low, with 57% of study participants unvaccinated. Similarly, 55% were not vaccinated against Influenza. Pneumococcal vaccination had the lowest uptake, with 70.25% of patients unvaccinated. Cancer screening participation was also suboptimal, with 50% of women eligible for breast cancer screening not participating in the recommended cancer screening programmes. The majority of eligible participants did not adhere to bowel cancer screening recommendations, with only 45% of the cohort participating in bowel cancer screening. A strong correlation was observed between vaccination advice offered during clinic consultations and subsequent vaccine uptake.

Conclusion: This retrospective study highlights the need to raise awareness of the critical importance of vaccination and cancer screening participation, particularly in immunosuppressed patient cohorts. With the rise in use of immunosuppressive medication to treat a growing range of dermatological conditions and given the strong correlation between clinic advice and vaccination uptake; both clinician education and patient awareness are essential to reduce rates of infection, hospitalizations and mortality.

Keywords: *vaccination, immunosuppression, public health prevention, cancer screening, epidemiology*

Biography:

Medical doctor currently working at Barts Health NHS Trust with a strong interest in dermatology. I have authored several systematic reviews, case studies and medical education literature reviews relevant to the field of dermatology. I have conducted a retrospective study evaluating the uptake of vaccination and cancer screening services in immunosuppressed patient populations within the UK. I have also contributed to academic teaching authoring a revision aid for MRCP PACES accessible by candidates worldwide. I am passionate about translating emerging evidence and epidemiological findings into clinical practice to enhance public health prevention strategies.

Yasser Mohammed Hassanain Elsayed
Critical Care Department, Egyptian Ministry of Health, Egypt

Sinusoidal Atrial Fibrillation (Yasser's Fibrillation) and Partial SAN Function in COVID-19 Pneumonia; a New Cardiovascular Discovery Change in Atrial Fibrillation Directory-Case Series

Introduction: Atrial fibrillation (AF) is one of the most common and probable serious arrhythmia and a hallmark of an increasing risk of pathological thrombus formation. Interestingly, normal sinus rhythm (NSR) is the standard rhythm in a normal person. The sino-atrial node (SAN) is the heart's pacemaker and generator of the normal electrical conduction system of the heart which allows for the generating of electrical impulses. In AF, the normal regular electrical impulses generated by the sinoatrial node are overwhelmed by disorganized electrical waves, usually originating from the roots of the pulmonary veins. These disorganized waves conduct intermittently through the atrioventricular node (AVN) leading to irregular activation of the ventricles that generate the heartbeat.

Cases presentation: Four different cases were described. 1. An elderly female patient presented to the ICU with metastatic complicated Mantle cell lymphoma, COVID-19 pneumonia, and irregular heart rate. 2. A senile male patient presented to the intensive care unit (ICU) with an aortic aneurysm, COVID-19 pneumonia, consumptive thrombocytopenia, lung fibrosis, and irregular heart rate. 3. A middle-aged female presented to the ICU with chronic renal failure (CRF) on regular hemodialysis, liver cell failure (LCF), pseudo orange abdominal cellulitis, valvular heart replacement, and irregular heart rate. 4. An elderly female patient presented with cardiomyopathy, global cardiomegaly, irregular heart rate, diabetes, pseudo-orange abdominal cellulitis, liver cirrhosis, and COVID-19 pneumonia.

Method of study and patients: Retrospective-Observational four case report series study was conducted in Kafr El-Bateekh Central Hospital staring from January 21, 2023 and ending on June 24, 2024 on COVID-19 pneumonia and atrial fibrillations.

Conclusion: Sinusoidal atrial fibrillations (Yasser's fibrillation) or mixed AF are a new cardiovascular discovery. The partial sino-atrial nodal function has essential role in the presence of Sinusoidal atrial fibrillations (Yasser's fibrillation) or mixed AF and its interpretation. Sinusoidal atrial fibrillations (Yasser's fibrillation) or mixed AF may be balanced between AF and normal sinus rhythm. The percentages of normal sinus beats to AF beats in the cases of Sinusoidal atrial fibrillations (Yasser's fibrillation) may be a guide for approximate healthy or sick part of the sinoatrial node. Widening the research for the Sinusoidal atrial fibrillations (Yasser's fibrillation) or mixed AF will be recommended

Keywords: Arrhythmia, Sinusoidal atrial fibrillations, Yasser's sinusoidal AF, Mixed AF Atrioventricular node, Partial sino-atrial node function, Electrocardiography, Cardiovascular discovery

Biography:

Dr. Yasser Mohammed Hassanain Elsayed; A scientist, critical care physician, cardiologist, and independent researcher at Egyptian Ministry of Health. Publicized articles; (145). Innovations and patents (15); (3) “Yasser's Signs", (5) “Yasser's Phenomena", (1) “Yasser's Modification", (1) “Yasser's Maneuver", (1) “Yasser's Method", (1) “Yasser's Test", (2) “Yasser's Syndromes", and (1) “Yasser's Fibrillation". International Speaker (Conferences); (28). Reviewer; (268) articles for (90) Journals. Honorable editor; (273) Journals. International Conferences OCM; (10). Instructor; (10) official and (100) non-official. COVID-19 publicized articles; (47). Prizes nomination; Breakthrough Prize, Einstein Prize, Abdul Hameed Showman Award for Arab Researchers, and ESICM Awards. Excellence certificate (more than 164).

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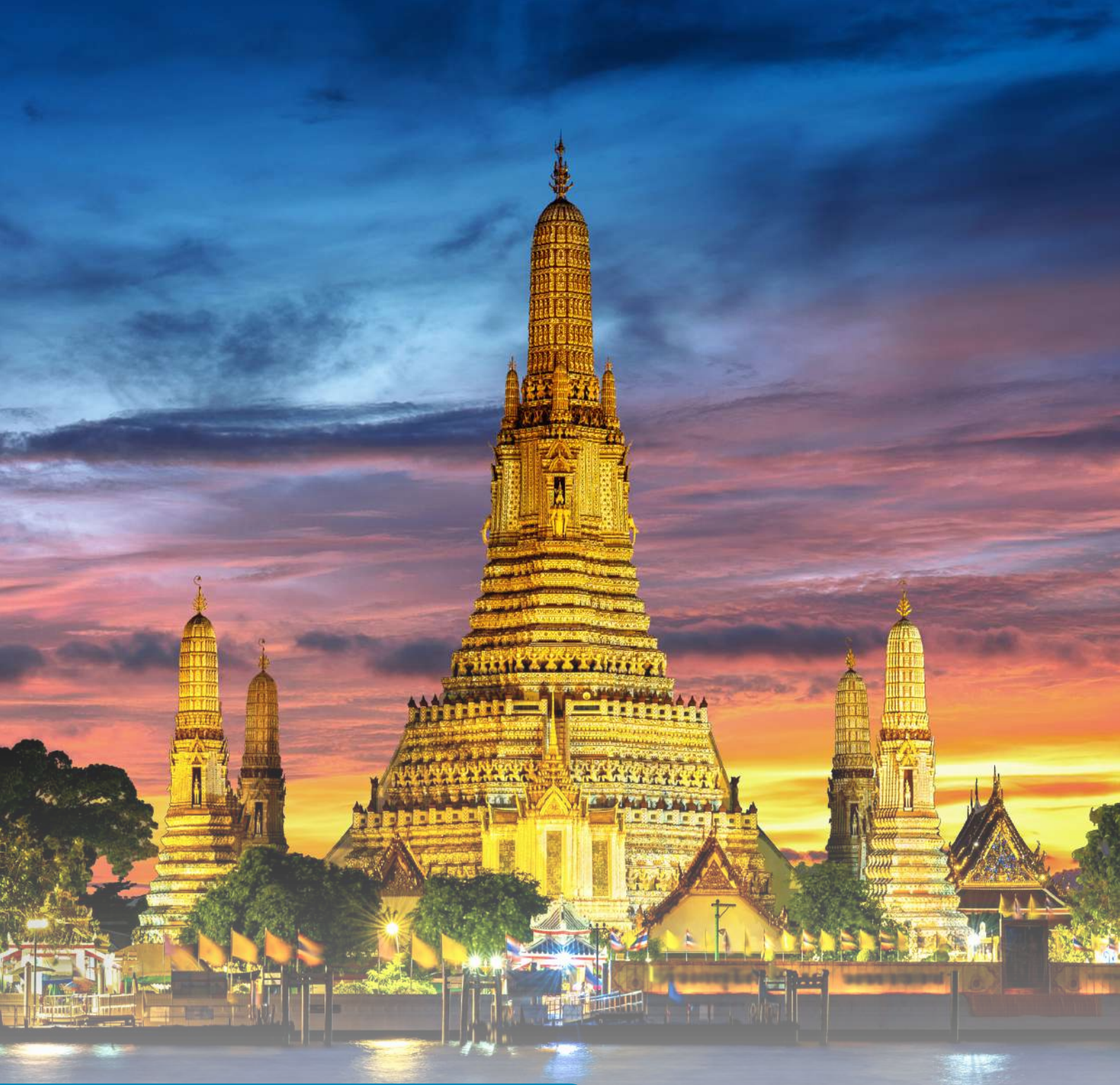

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