

# **PAEDIATRIC SPECIAL INTEREST GROUP MEETING (ASID 2009)**

Date: March 26<sup>th</sup> 2009  
Time: 12:00 PM – 1:00 PM  
Venue: Cypress Lakes, Hunter Valley

## **1. WELCOME**

David Isaacs welcomed all in attendance.

## **2. PRESENT**

Pam Palasanthiran (PP - Co-Chair / Minutes), David Isaacs (DI - Co-Chair), Cheryl Jones, Lesley Voss, Mike Starr, Clare Nourse, Bill Rawlinson, N Ritz, Nigel Curtis, Tom Connell, Tony Walls, Asha Bowen, Michael Nissen, Kate Hale, Brendon McMullan, Sue Garland, Mark Ferson, N Vasilunas, K Rasiah, Tom Snelling, G Paxton, J Lucey, Chris Blyth, Dave Burgner, Alison Kesson, Rachel Webb, Diana Lennon, Emma Best (Minutes)

## **APOLOGIES**

Richard Doherty, Peter Richmond, Andrew Daley, Jonathan Carapetis, Jim Buttery

## **3. ASID GUIDELINE WORKING PARTY**

PP outlined that there is now an “ASID Guidelines Committee” (AGC), chaired by Paul Johnson. The paediatric representative on the committee is Alison Kesson. The roles of the AGC include the identification of a topic of need for consensus “guidance” and to invite interested working party members. The final make-up of the writing group will be determined by the AGC. A representative(s) from the AGC will oversee the progress of the document. Drafts will be circulated to ASID members for feedback and ultimately, endorsement.

Currently – there has been a call for expression of interest from the AGC for guidelines on the “Interpretation of Mantoux/TST and Interferon gamma release assay results – ASID Guidelines for adults and children in Australia and New Zealand”

## **4. PAEDIATRIC ASID POSITION PAPERS**

David Isaacs described how paediatrics has led the way in position papers in ASID. He commented in his role as editor of the Journal of Paediatrics & Child Health that guidelines and position papers were extremely well received by readers.

### Works in progress at present include:

- Guidelines on fungal infections and intensive care – Kate Hale, Chris Blyth and David Isaacs (DI) are writing neonatal ICU guidelines for this and it will be distributed to ASID members for comment
- Michele Giles, Cheryl Jones and PP will be working on antenatal diagnosis / screening of infections in pregnancy

### How to identify areas/topics needing position papers

Discussion ensued regarding how to promote suggestions for topics and authors for ASID position papers. David said that in the past this has just arisen from groups interested in a topic volunteering to write a position paper. PP suggested that this may be one of the roles of the formalised Paediatric Special Interest Group (see Agenda item 9)

## **5. JOURNAL OF PAEDIATRICS AND CHILD HEALTH**

DI made a brief but impassioned plea for volunteers to referee articles for JPCH; article referring is both educational and can be a useful tool for mentorship of trainees. DI also encouraged members to submit their best papers to the JPCH.

## **6. MANAGEMENT OF PERINATAL INFECTIONS**

PP informed the group that the “Management of Perinatal Infections” is now 8 yrs old. An “Emendation” sheet was produced in 2007. A second edition is now due. Plans are in an early phase of discussion. Michele Giles will now join the original editorial group (PP, Cheryl Jones and Mike Starr).

Action: *For future update*

## **7. ARCHIVE\* (via TaPHOD)**

Tony Walls explained this paediatric HIV multicentre collaboration. This is a project made possible as a result of support from the TaPHOD # group in collaboration with the National Centre in HIV Epidemiology and Clinical Research (NCHECR).

Enrolled centres (ultimately each Australian State/Territory and NZ) would have access to a very useful cross-regional database for their own patients. To enrol, participating centres need to obtain local ethics approval before getting access to the database. Tony Walls (Tony.Walls@sesiahs.health.nsw.gov.au) and Asha Bowen (Asha.Bowen@sesiahs.health.nsw.gov.au) are very happy to help with local ethics applications by supplying details of the NSW multicentre ethics application. The database enables prospective data collection. The data is potentially analysable at the NCHECR. This will be a mechanism to get data about the relatively small number of infected children seen at a multitude of sites, providing feedback to the whole region regularly. There is scope also for perinatal data collection and retrospective data collection once established. It is also hoped that in future this collaboration could be expanded to encompass other multicentre research projects.

*\* Australasian Research Collaboration in Children with HIV: Epidemiology  
# TREAT Asia's Pediatric HIV Observational Database*

## **8. ASID AND SAC**

Cheryl Jones is the current chair of the SAC for both adult and paediatric trainees. She provided feedback to the group that, over the year, some of the administrative issues between the College of Physicians and SAC's have been ironed out. There have been major changes for the basic trainees' training programme which now includes a useful electronic interface. It is also planned that an electronic interface will become a tool for advanced ID trainees soon. A subcommittee of the SAC is developing an infectious diseases curriculum and reviewing assessment tools for a new program to be effective 2011. Site accreditation requirements will also be reviewed. This will be distributed for comment by ASID members, current trainees and other stakeholders, in the next few months.

Cheryl requested that questions regarding training be emailed directly to the College (infectiousdiseases@racp.edu.au). This is a mechanism whereby the email query can be forwarded officially to an appropriate person if necessary, and enables documentation and logging of requests..

## **9. AUSTRALASIAN PAEDIATRIC INFECTIOUS DISEASES (PID) GROUP**

DI thanked Clare Nourse and PP for helping to organise the 2008 and 2009 ASID meetings and enabling them to be such “paediatric-friendly” meetings.

PP/DI led discussion around the ‘formalisation’ of the Paediatric Special Interest Group of ASID (currently known as ASPID).

*(NB: Items not as they appear on the Agenda as the discussion skipped a bit – but all the items were covered)*

### **Background (brief)**

Establishment of the PID group in Australia has been a long process. It is noteworthy that as a group, we do not have a formal presence at the RACP meeting. Thus, ASID is a very important forum for us. The informal group (known as “ASPID” currently) has enabled much collegiality, fostering of trainees, research discussion, guidelines and protocol development.

### **a) Why Formalise the Group?**

The paediatric ID community is a small but active group. However, most ideas/concepts/progressive ventures seem to have developed on an “ad-hoc” basis. There is no clear person/ group we turn to for advice, queries, research objectives, executive matters etc.

DI and PP outlined that ‘formalisation’ of the Paed SIG would therefore include these advantages:

- Fostering a sense of ownership
- Provide “structure” to the paediatric group
- Enable clearer leadership
- Enable paediatric sources of funding be clearly directed back to paediatric group within ASID (provides “definition”)
- continue the promotion of child health within ASID and the wider community within the umbrella of a group that had a clear structure
- Facilitate paediatric research collaborations

*Downside?:* The question was asked if this would be a disadvantage to the paediatric group. None was identified.

### **Comments from floor:**

Diana Lennon commented that there has been a constituted Paediatric Infectious Diseases Group meeting for about 10 yrs in NZ, initially set up under the auspices of the Paediatric Society of Australia and New Zealand.

Sue Garland commented that it would be good to ensure that the Terms of Reference were able to include those clinicians with an interest in perinatal infections and

maternal health.

#### **b) Name of organisation**

The term ASPID is already registered internationally to represent the Asian Paediatric ID Society. We could just stay as the Paed SIG of ASID and use the name ASPID informally. Other suggestions include changing our name to:

- either **ANZPID**
- or **AusPID** (“Aus” should stand for “Australasian” but not intuitive!)

***ACTION:** Plan is for the choice of name to occur via votes on “ASPID email”. To be progressed (by end of April)*

#### **c) Format of the group**

The roles of Chair, Secretary and Committee members were discussed. It was agreed that we should adopt the following format:

- Self nomination for the office bearers (Chair, Secretary, Committee Members - ? one from each State/ Territory).
- No Treasurer is needed as this will be the ASID Treasurer (reason outlined below)
- Voting by “ASPID” group - ballots to be cast via the current “ASPID” email
- It is envisaged that the Committee will be elected for a 2 year term, renewable for a maximum of another 2 years (like ASID Council).

***ACTION:** “ASPID” to vote for office bearers via “ASPID” email.*

#### **d) Role within ASID**

ASID is happy to endorse this move (PP confirmed this at ASID Council Meeting, March 25<sup>th</sup>, 2009 – ASID 2009 Council Meeting, Cypress Lakes). The Paed SIG will remain under the auspices of ASID. This allows the Paediatric group to remain within ASID Constitution and Terms of Reference (TOR). Of note it is not part of the ASID constitution that there is a paediatric representative on Council, although generally this has occurred most years.

#### **e) Funding**

PP confirmed at ASID Council Meeting (Cypress Lakes, 25<sup>th</sup> March) that any funds generated for or by “ASPID” goes into the general ASID fund but is honoured as “paediatric” funding. More can be requested on a needs application basis. The ASID Treasurer will manage the account as per ASID.

***WSPID fund:*** DI outlined the recent WSPID fund for US\$10,000 for paediatric use. This money is given by WSPID to each member group which organises a symposium at the biennial WSPID meeting. It has been agreed to use the money to fund trainees to travel to WSPID, provided they have had a paper accepted for the meeting. The WSPID funding this year, for example, can be used for this year for trainees wishing to attend the November 2009 WSPID meeting in Buenos Aires, Argentina. Money may be available also for trainees to attend the Paeds ID meeting planned for Oct 2009 in Melbourne (see below).

#### **f) Frequency of meetings**

It was suggested that the 'newly named' group would meet at least once or twice per year. One was via a organised conference/meeting other than the meeting at ASID.

Inaugural Meeting: Nigel Curtis kindly agreed to organise the first meeting. The date is **Tuesday 20<sup>th</sup> October, 2009** in **Melbourne**. It will be a 1 day meeting with an informal programme.

This is anticipated to include

- 10 minute clinical presentations of common or emerging problems
- Time for discussion about potential collaborative research options

*Dave Burgner suggested that research proposals should actually be fine tuned to a 5 minute formal presentation*

*Michael Nissen outlined the format of the informal group of national vaccination research group meetings which currently meets at a different site rotating through each capital city of Oz states, has a theme for each meeting and has extensive discussion about collaborative research.*

- The opportunity for the Paed SIG ("ASPID") Committee to meet

**g) Lines of communication**

The "ASPID" email group run by Mike Starr is an excellent means of communication. Mike is thanked again for providing us with this service. It has served also as a forum for discussion of collaborative research in paediatrics. It was felt that this was an excellent way to continue communication for the Paed SIG group (to be re-named)

**ACTION:** "ASPID" email to continue to be moderated by Mike Starr

PP summarised the above for the group: 1) voting for a new name and 2) nomination of and voting for Office Bearers/Committee members of the formalised group - to be done via the ASPID email site once DI and PP have worked out the practicalities.

\* Please note that if you want to join, email [mike.starr@rch.org.au](mailto:mike.starr@rch.org.au).

**10. PAEDIATRIC RESEARCH COLLABORATIONS**

This issue was not discussed at length due to time constraints. The anticipation is that the formalised Paediatric SIG Group discussed above will facilitate these research collaborations by virtue of being more formalised via email or the October meeting.

**ACTION:** For future updates

**Meeting closed at 1pm**