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## Editorial

# Knowledge Transfer in Paediatrics and Child Health Practice

This issue we have articles addressing different aspects of paediatric and child health practice. However, a common theme stands out, that is the importance of providing adequate information to people in need. As medical practitioner, keeping up with the knowledge of advancement in medical practice is not enough. We should be able to relay the message to the people in need, and in the language that they understand.

Musayeva et al reported the impact of the pandemic curfew and changes in families' daily routines on childhood home injuries. The group studied 300 children, they found that 28% of children during the pandemic had experienced at least one home injury (compared to 20% before the pandemic,  $p=0.033$ ). The injury was mainly due to falls, injuries with sharp objects, poisoning and foreign body aspiration. Children lived in large families have much lesser chance of suffering from injury. Children without supervision suffered from injuries two times more often during the pandemic period. Interestingly, children with mothers who received information about home injuries usually took more precautionary measures and have much less tendency to suffer from home injuries. The study emphasizes the importance of providing parental education on home safety.

Most if not all paediatricians agree that vaccination is an important healthcare measure to protect the children from common or dangerous infections. Yilmaz et al studied the parents' attitudes towards childhood vaccination, and the underlying related factors. Up to 83.1% of the children got most of the vaccines recommended by the Ministry of Health and only 3.5% failed to comply for various reason. This is lower than the coverage rate of many developed countries which can reach >90% of children. In addition, 76.9% missed some of the recommended vaccinations due to the side effects. It was found that 25.7% of parents were hesitant to have their children being vaccinated because they lack knowledge about the benefit of the vaccines and worry about the side effects. Such attitude is partly correlated with lower parental educational level and bad experience. Therefore, the authors recommend that parents should be educated on the importance of vaccination, and the society should be properly informed about the advantages of vaccination through mass or social media.

The diagnosis of Behçet's disease is mainly based on clinical criteria for there are no confirmatory laboratory tests. The usual clinical features include recurrent oral aphthous ulcers, genital ulcers, ocular and cutaneous manifestations. It is uncommon in children, therefore whether we can apply adult oriented clinical criteria to children remains to be verified. Different diagnostic frameworks have been proposed, however, disease phenotype varies across ethnicities, geographical location, and age cohorts. A review compared the most used diagnostic criteria including International Criteria

for BD (ICBD), International Study Group (ISG) criteria and paediatric Behçet's disease criteria (PEDBD) for children. The sensitivity of ICBD, ISG and PEDBD criteria was 88.1, 43.3, and 37.3%, respectively and the specificity of all 3 criteria were 100%.<sup>1</sup> So, paediatric oriented diagnostic criteria have the lowest sensitivity. What may account for such differences? Şenol et al tried to find out the spectrum of manifestations among children and compared them to that of the adult cohort. He found that HLA-B51 positivity ( $p < 0.001$ ), positive family history ( $p < 0.001$ ), and involvement of the musculoskeletal system ( $p < 0.001$ ) are more commonly found in children. In contrary, erythema nodosum ( $p < 0.001$ ), vascular lesions ( $p = 0.013$ ), and neurological involvement ( $p = 0.015$ ) are more commonly found in adult patients. Recurrent oral aphthous ulcers but not genital ulcers are found in all children and adults with Behçet's disease. Interestingly, children with Behçet's disease usually have a milder disease course as well. This study gave us an insight that Behçet's disease in children may not have the common clinical features found in adult patients. Healthcare professional and public should be properly educated and informed so they can seek medical advice earlier if some of the manifestations appear.

Lam et al retrospectively reviewed the records of patients with non-tuberculous parapneumonic effusion and empyema in 4 public hospitals over a 10-year period. Of the 156 patients included, all required chest-drain and 24.4% required respiratory support other than low-flow oxygen. Almost 1/3 of the patients required thoracic surgery eventually. Only 3.2% required extracorporeal membrane oxygenation and 5 patients died. Three of the 5 dead patients have pre-existed systemic illnesses. Factors associated with a favourable clinical course were higher pleural fluid glucose content and lower LDH level. However, paradoxically, longer duration of fever upon hospital admission, and longer duration between hospital admission and insertion of the first drain were also

associated with favourable outcome. In fact, these 2 factors may simply mean a milder initial disease course so delay in admission and insertion of chest drain selected out more favourable patients. Higher pleural fluid glucose contents may suggest lesser consumption of glucose by bacteria due to lesser bacterial load. Therefore, these are consequences reflecting less aggressive infectious process. One important observation is that streptococcal pneumoniae remains the main pathogen, which accounts for 77% of the positive culture. And the most prevalent serotype is type 3, even it is included in the current 13-valent conjugated vaccine, it is resistant to the antibody yielded due to its thick mucus envelop.<sup>2</sup> Therefore, the public should be educated not to be over-confident even their children have already received the vaccination previously.

The purpose of conducting clinical studies is to advance our standard of care. The information generated should be accessible by the public including both professionals and lay people. Our journal is an opened access journal and readers can have a free access to our information. We must thank the Hong Kong Paediatric Society and the Hong Kong College of Paediatricians for their generous support throughout all these years.

**GCF CHAN**  
**Chief Editor**

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