SCAN ME

To Access the Magazine

Dr Kerry-Ann Barrett
Editor
The Pickney 2025

PAJ EXECUTIVE 2024-2025

Paediatric Association of Jamaica

CURTIS PRYCE
President

NATALIE MCNEIL-BEECHER
Immediate Past President

ROCHELLE CRAWFORD
Vice President

BOVETTE BUTLER
Secretary

LUDRICK MORRIS
Floor Member

DEBRA HALL-PARKINSON
Treasurer

KERRY-ANN BARRETT
Floor Member

PRESIDENTS *Message*

The Paediatric Association of Jamaica was initiated in May 8,1974, and we are celebrating our fiftieth anniversary. For this golden celebration, we have so much to give the Lord thanks for. Our pioneer visionaries namely: Doctors Katherine Ammar, Robert Gray and Pauline Milbourne saw the need for an association specially designed to address pertinent issues affecting Jamaican children. The first steering committee was headed by Professor Robert Gray, the late Mr Reginald Carpenter, Dr Barbara Johnson and Dr Pauline Milbourne(secretary/treasurer). The association has benefitted from the selfless contributions of all our past executives and all the diligent contributions from members behind the scenes.

Our core mission as an association is to promote the cause of all children in Jamaica through various advocacy, interventional and educational programmes and this we have done over the years with much vigour and fervency. The association has contributed to child safety programmes, immunization activities with the implementation of critical vaccine needs for children, child month committee, providing consultations to private and government ministries, school medicals, educational programs to medical and non-medical staff, violence prevention, abuse prevention , nutrition support(obesity/undernutrition),parenting seminars, support and management of HIV infected and exposed children and the promotion of mental wellness of children.

We have seen as a result of our various interventions over the years, a marked reduction in malnutrition in children, a marked reduction of children with HIV /AIDS in Jamaica, a reduction in immunizable diseases and increased immunization coverage and general increased heath care for children across the island.

With all our accomplishments there are still a number of troubling issues affecting children in Jamaica. These include the large number of children being physically abused, murdered, raped and neglected, the increase in obesity and attendant chronic noncommunicable disease like diabetes and hypertension in children, the apathy related vaccination , poor parental supervision, increased exposure of children to online violence and pornography , the increased number of children diagnosed with autism and autism like behaviours. Many children are chronically depressed, disoriented, confused about who they are, unaware of their purpose in life and suicidal.

On this our fiftieth anniversary let us return to the old virtues of childhood taught 50 years ago, teach children to say 'thank you', 'good morning', 'how are you today?'. Ensure that they know you love them unconditionally, give them age appropriate duties around the house and classroom, join them in play, ask them their advice and suggestions, set special planned times together, praise them the right way not based on achievement but effort, don't compare then to others, encourage them to express their fears and feelings, teach them the importance of making simple health promoting choices ,looking after their own health and let them know that they were created by God for a purpose .

On this our fiftieth anniversary, we invite all who have been entrusted with the care of a child to stop and redirect the futures of our children to something beautiful, positive, purposeful and eternal.

Curtis Pryce


Abbott
life. to the fullest.™
PediaSure®
GROWS WITH YOU!
NUTRITION FOR GROWTH† AND IMMUNE SUPPORT
NO ARTIFICIAL GROWTH HORMONES
NON-GMO
Complete, Balanced Nutrition
#1
PediaSure
Grow & Gain WITH Immune Support*
Clinically Proven† to Help Kids Grow
DHA
27 VITAMINS & MINERALS
7g PROTEIN
strawberry shake
NATURAL & ARTIFICIAL FLAVOR
8 FL OZ (237 mL)
ANTIOXIDANTS* for immune system support
DHA OMEGA-3 for the brain and eyes
7g of PROTEIN to help muscles grow
*Vitamins C and E and selenium
†Studied in children at risk for malnutrition, 2 servings daily.

MESSAGE OF DR. THE HON. CHRISTOPHER TUFTON, MP MINISTER OF HEALTH & WELLNESS 50TH ANNIVERSARY: PAEDIATRIC ASSOCIATION OF JAMAICA

My commendations to the Paediatric Association of Jamaica on its 50th anniversary. It should be with great pride that you mark this significant milestone in your history.

For half a century, you have worked, together with other stakeholders in public health, to safeguard the best possible health outcomes for the members of our population who are the future – our children.

As we take stock of the past five decades, there is no question that there have been challenges, but the association has overcome while celebrating many wins along the way.

The association has and continues to distinguish itself as an entity that is well ready to meet the demands of the day and with the demonstrated commitment to fulfil your mission 'to promote the welfare of children and to improve the health of children with illnesses'.

It is impatient of debate that you have, over the years, touched many lives, making a difference to families, to communities and to Jamaica. Congratulations on a job well done.

Now, as you look to the future, I trust that the association will continue to grow from strength to strength, unfailing in the commitment to the good health and wellness of future generations and to partnerships that serve their health interests.

My heartfelt congratulations to all who have contributed to the success of the association.
Happy 50th anniversary!

Financial Health for Medical Professionals

From training, to new practitioner, to owning your own practice, your finances should receive routine check-ups and constant monitoring to ensure they remain in a stable condition.

With this in mind, CIBC Caribbean has developed the **Medical Professional's Edge** to meet both your personal and professional needs.

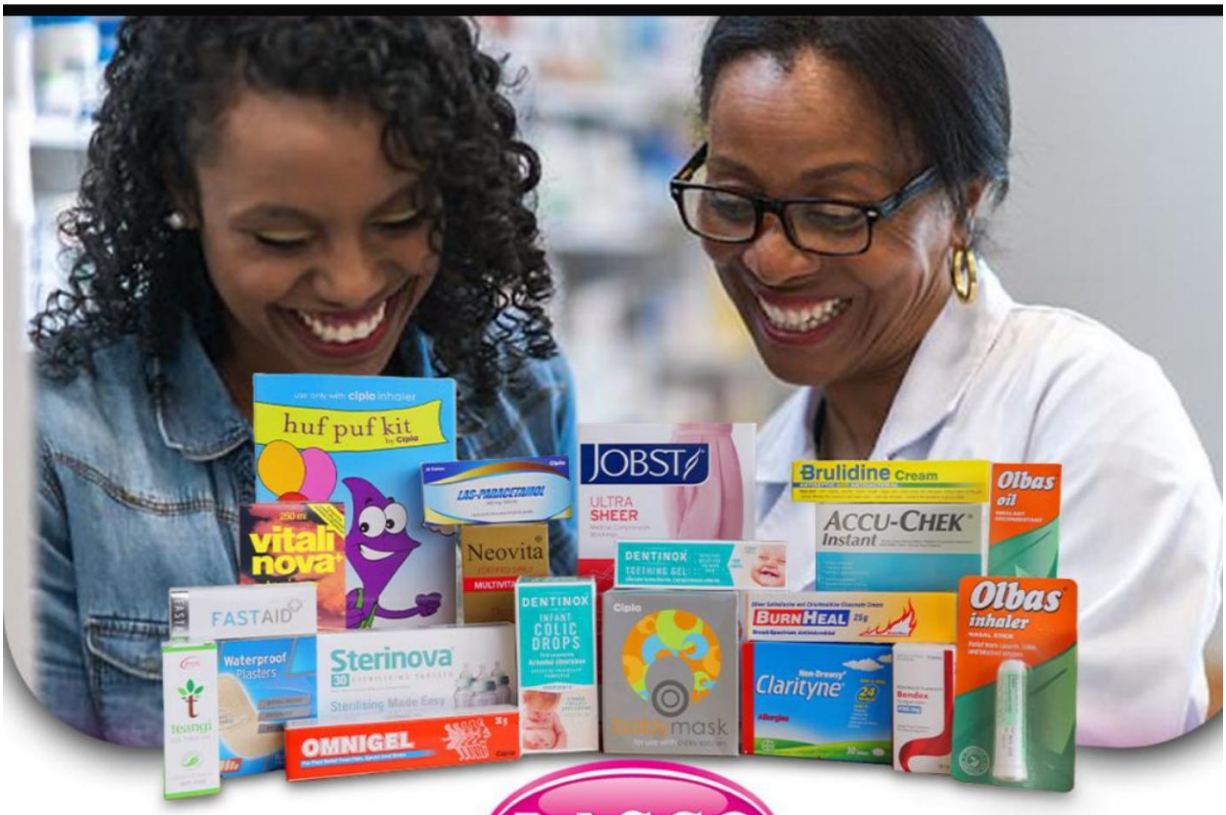
- Dedicated Relationship Manager
- Products and Services for your personal needs
- Products and Services for your business requirements
- Electronic banking
- Credit solutions
- Special rates and fees
- Merchant Services

CLICK cibccaribbean.com
CALL 1-866-743-2257
POST cibccaribbeanJamaica
FOLLOW cibccaribbeanJamaica
TWEET cibccaribbeanjm

For more information visit www.cibccaribbean.com

SPECIAL MENTIONS

Remembering DR.MATTHIAS ANTOINE



LASCO®

Pharmaceutical Division

Authorized Distributor for the following Pharmaceutical Companies:

Roche · Cipla · MSN · BAYER · GL Galpha Laboratories Limited · pharma science · FRESENIUS KABI caring for life · ZIOTIS · SIRMAXO · CSL Behring Biotherapies for Life™ · essity · SPECIAL DELIVERY SERVICES AVAILABLE

Tel: (876) 968-3456/7, 968-3463/5, 929-7621/31/34/35, 618-0216
Fax: (876) 929-7622, 968 3455-Toll Free: 1-888-991-2114
Website: www.lascojamaica.com • Location: 27 Red Hills Road, Kingston 10

Cicely Delphine Williams, OM, CMG, FRCP
(2 December 1893 – 13 July 1992)

The Cicely Williams Memorial Lecture celebrates the memory of an outstanding Jamaican paediatrician who worked tirelessly towards improving the health care services for mothers and children throughout the world.

Dr Cicely Williams was born in Kew Park, Darliston, Westmoreland, into a family which had lived there for generations. She attended Wolmer's High School for Girls and then went to England to study medicine. She was the first head of the Maternal and Child Health section of the World Health Organization in 1948-1951. She worked in over 50 countries across the globe, including in Jamaica at the then named Tropical Metabolism Research Unit (TMRU).

She is most notable for her discovery and research into kwashiorkor, a condition of advanced malnutrition, and her campaign against the use of sweetened condensed milk and other artificial baby milks as substitutes for human breast milk. In 1939 at a Singapore Rotary Club meeting; she gave one of her best-known speech titled "Milk and Murder".

Dr. Cicely Williams was a popular lecturer and in her talks, she would stress several important points (referred to as "Cicelyisms"), such as "There is a large number of children need looking after and many parents need educating"; "Child health must include the child, the whole child and everything to do with the child, including the family and especially the mother" and "Preventive care must be combined with curative care".

15. May. 75

Dear Dr. Milbourn.

I am much honoured by
your invitation to become the
first Honorary member of the
Paediatric Association of Jamaica.
I often seem to get mixed up with
Public Health & Nutrition, but
it is because of my basic
core is Paediatrics.

All the very best of good
wishes to the Association and
all its patients & their parents

Yours sincerely

Cicely D. Williams

Handwritten letter from Cicely Williams to PAJ expressing gratitude on becoming the first honorary member

BREAKING NEW GROUND: ROLE OF MEMBERS OF THE PAEDIATRIC ASSOCIATION OF JAMAICA IN CHILD ABUSE ADVOCACY IN THE 1980s

By Dr. Angela M. Ramlal-Williams

ACKNOWLEDGEMENTS: Congratulations to the Paediatric Association of Jamaica on this 50th anniversary. Thanks to the executive for the gracious invitation to submit this paper as part of our celebration of this auspicious milestone.
Gratitude is also extended to all who supported interventions in child abuse, and to attorney-at-law, Mrs. Shirley Richards, for kindly giving legal advice.
The author recognizes the role of Almighty God in placing her at the right moment in time, at the right place, to investigate sexual abuse of children and participate in advocacy for victims.

DEDICATION: This article is dedicated to a founding member of the Paediatric Association of Jamaica, Dr. Pauline Milbourn C.D., a longstanding advocate for children, who continues to be a source of inspiration and guidance.

BREAKING NEW GROUND: ROLE OF MEMBERS OF THE PAEDIATRIC ASSOCIATION OF JAMAICA IN CHILD ABUSE ADVOCACY IN THE 1980s
By Dr. Angela M. Ramlal-Williams

Introduction

Sad stories with happy endings can provide hope and inspire individuals to persevere despite challenges. Progress in advocacy for Child Abuse (CA) is one such story, recounted here lest we forget this journey. At the national level, members of the Paediatric Association of Jamaica (PAJ) played a foundational role in developing services that are in place today for child abuse victims. CA remains a significant public health problem globally and still disfigures the Jamaican health landscape. In 2017, the World Health Organization estimated that up to 1billion minors between the ages of 2 to 17 endured violence, either physical, emotional or sexual. Regardless of the type of abuse, CA can cause lifelong sequelae, including psychological disorders. Each child may be affected differently.

During the 1980s, two members of the PAJ were instrumental in advocating for child abuse victims at the national level - Dr. Pauline Milbourn and Dr Angela Ramlal-Williams (author of this paper). The late Dr. Keith McKenzie and the late Dr. Matthias Antoine also contributed at the national level. Since the roots of advocacy by paediatricians for abused children first sprouted in the Department of Child Health, University of the West Indies (UHWI), this story begins with a report of how ground-breaking research done on Child Sexual Abuse (CSA) at that department propelled the author into advocacy for CA victims. While doing post-graduate training in general paediatrics in England, the author encountered a few cases of CA but at that time such cases were few. A simple definition of an incident of CSA, adopted from the author's experience there and used in the Department of Child Health in the 1980s was: "whenever someone under 18 was forced or tricked into sexual contact, including genital touch or involvement in child prostitution or pornography".

ROLE OF THE DEPARTMENT OF CHILD HEALTH, UHWI

INITIAL RESEARCH

The first investigation conducted to unveil the social evil of CSA was on vulvovaginitis in girls under 12 presenting to UHWI. Paediatricians and residents who supported early work on CSA at UHWI were, or now are, members of the PAJ. The author's involvement is a part of this narrative. While serving as Senior Lecturer, Acting Head intermittently of the Department of Child Health, UWI, and consultant paediatrician at UHWI, she was responsible in 1993 for overseeing the paediatric section of the Casualty Department at UHWI. Alert residents noted that there was an influx of girls presenting with vulvovaginitis. Concern was raised about the circulating myth that sexual intimacy with a virgin would cure sexually transmitted diseases (STDs).

With the collaboration of the Microbiology department, the Medical Social Work department, and nurse Eleanor Champagnie who was the Public Health Nurse in the Department of Child Health, a register was kept of these patients for one year, starting November 1983. The number of girls recorded was 424. Among the organisms identified from vaginal swabs on these patients were non-specific flora (49%), N. gonorrhea (14%), Trichomonas vaginalis (13%), S. pneumonia (8%), H. Influenza Type B (5%), and C. albicans (3%). Genital condyloma (likely from HPV) and herpes simplex lesions were also visualized. Of the 58 girls from whom Neisseria gonorrhea was cultured, over half (52%) were under 6 years of age. These were troubling and unprecedented findings! These results opened the proverbial "Pandora's box" of problems to us paediatricians, introducing us to complicated issues which we did not previously face. However, as it did in "Pandora's box", hope eventually surfaced.

UHWI social workers, Ms. Karlene Boyce and Miss Leila Carey, reported that family interviews done on 60% of these girls revealed possible sexual contact in 36%, with a likelihood of under-reporting. Of these alleged sexual contacts, 40% were intra-familial (by blood relatives, i.e. father, brother, uncle, cousin). Other alleged perpetrators were stepfathers or mother's consort (30%), and family friends and neighbours (30%). There was some correlation between unstable home environments, poverty, and CSA as one-third of the children with gonorrhea had no stable residence, and 60 % of their mothers were unemployed with little or no support from fathers. The highest incidence of CSA was seen in the months of January, August and September when children were likely to be left unprotected during school holidays. Weak family life, and parents being "care-less," were reported as root causes of CSA.

This research was accepted by the Commonwealth Caribbean Medical Research Council (CCMRC) and presented at their Annual Scientific Conference in 1985. The West Indian Medical Journal 34 (Suppl.) 49, 1985 published the abstract of that paper. The findings were next presented by the author at the 5th International Conference of the PAJ in October 1985 under the title of "Microbial vulvovaginitis and socio- familial patterns in childhood sexual abuse in Jamaican children".

RESPONSE TO THE FINDINGS

There were mixed responses to the findings - acceptance, denial, dismissal, derision, and ambivalence. In general, younger doctors seemed open-minded. There was denial among some senior members of the medical fraternity ("we have never seen or heard of such cases, therefore the microbiological methods used are faulty; CSA does not exist in Jamaica"). The head of the microbiology laboratory, Dr. Dorothy King (later Professor Dorothy King), validated the methods used and the reports. Yet, since the microbiological findings remained in question, the paper was not published in full. Some individuals washed their hands off CSA, wanting nothing to do with it. At that time, the issue was too sensitive, "too hot to handle". The author was dissuaded from pursuing Child Abuse advocacy lest doing so adversely affect her career. However, the reality of the hurt, shame, and suffering which the author had witnessed first-hand in several child victims led her to overcome any stigma and persevere. Over time, dealing with these children and their pain took an emotional toll on the author, as it did with other professionals who also treated children in difficult circumstances.

ACTIONS TAKEN

The question arose as to how to identify and manage children with all types of CA and to educate about CA. This required a multidisciplinary approach. Initially, some things just seemed to fall into place. Later, plans became more intentional. Additional information may be available in the departmental reports of the 1980s.

1. A "Child Abuse Committee" was established, 1983- 1986 - This was started at UHWI (chaired by the author) to guide the way forward. At intervals, the committee consulted with the UHWI Infectious Disease Committee, the UHWI Hospital Committee, the Microbiology Department, the Medical Social Work Department, paediatric nurses (especially Sister Bailey), residents and the UHWI Records Department.

2. A registry for all types of CA cases was supported at UHWI. At that time CSA outweighed other types of abuse.

3. Facilitated by Professor Richard Olmsted, the author made a brief study leave visit to a Children's Hospital in Galveston, Texas, United States of America (USA) where there was a facility addressing C. A. This unit was in touch with the National Center on Child Abuse in the USA. This gave the author further insight into the world of child abuse and its management.

4. A protocol for management of CA, including CSA, was developed for departmental use. This was written by Dr. Maolynne Miller, supported by Dr. Leslie Gabay, both of whom had returned from postgraduate training in their respective fields in Canada.

5. A Suspected Child Abuse and Neglect ("SCAN") clinic was started,1986 - This was established by the Department of Child Health, UHWI, and was integrated with the child psychology clinic which was already being conducted by Sister Johanna Sinanan. Patients suspected of being abused, or confirmed as abused, were referred to the SCAN clinic. At SCAN clinic, clinical and psychological follow-up was done on patients, as well as teaching parents about parenting and vaginal hygiene. "The Child and Family Clinic", conducted by Dr. Maureen Samms-Vaughan on her return from England, later replaced SCAN clinic.

6. Change in the medical students' curriculum, 1986 - Through the author's membership of the Curriculum Committee of the Faculty of Medical Sciences, lectures on CA were included throughout the clinical medical curricula. Physical and psychological indicators of CA were taught. (Many years later Dr. Roxanne Melbourne-Chambers and others communicated that they still remember those lectures on CA as well as the SCAN clinic!).

7. The unprecedented finding of Sexually Transmitted Diseases in young girls was reported to the Maternal and Child Health Unit of the Ministry of Health, 1984. The Ministry of Health responded by requesting training in CA for health workers.

8. Training for Health workers and Public Education, 1984 -1986 - Through the Medical Learning Resource Unit (MLRU), UWI, and the Ministry of Health, tapes were made for the "In-service Health Education Series for Health Workers". A video on CA was produced by a young journalist (who now does "the Health Report" on TVJ) and this was shown from time to time on Jamaican television. A series of radio talks was conducted. Myths were debunked and true facts communicated.

9. Participation with other groups - This was pursued through the author's membership of the boards of The Children's Lobby (1986-1988), Voluntary Organization for the Upliftment of Children (1986-1988), and Family Life Ministries. Talks about CA were given at meetings of nurses, social workers, guidance counsellors, PTAs, churches, and other groups. This continued into the 1990s.

10. Seminars and workshops were conducted for professionals working with children in Jamaica and the Caribbean, 1989-1990 - Funding was accessed through the "Intra-Caribbean Technical Cooperation in Maternal and Child Health" project, which the author coordinated for the Faculty of Medical Sciences, UWI. During this period Professor Robert Gray was head of the department and the author reported to him. Through this project, based in the Department of Child Health, UWI, training in identification and management of all types of CA was conducted in territories connected to the UWI. Child psychiatrists participated in these seminars - Dr. Pauline Milbourn (in Jamaica and St. Lucia) and Dr. Jacqueline Sharpe (in Barbados and Trinidad).

11. Publication and Circulation of Two Booklets on CA - These were published and circulated through the Department of Child Health to those serving children in Jamaica and the Caribbean islands, as well as to libraries.

12. Legal Advice sought - In 1984 the author consulted attorney-at-law, Mrs. Shirley Richards, about medico-legal issues pertaining to the sensitive matter of Child Abuse. She advised of the existing laws which fell short of what was needed. For example, a law for mandatory reporting was not in place. National data on abused children did not exist, nor of sex offenders. There was no Children's Advocate. No coordinated national system existed for protection of children, or for advocacy in the interest of children, through which those who care for children could intervene. Our hands were tied.

Much multi-disciplinary, including legal, work was therefore required to bring about change! A system for referral of CA cases for help in a sensitive and expedient manner was necessary. There needed to be zero tolerance of any action that contributed to the damage or downfall of innocent children from any perspective, especially from a Christian viewpoint. There needed to be national recognition that offenders rob child victims not only of their innocence but of their rights of protection. Domination and control, by the strong and powerful of the weak and powerless, should not be tolerated so as to increase the chances of a more humane society. An account of how circumstances, people, and perhaps destiny, came together to effect change follows in Part 2.

LIVE WELL
WITH
A.A.LAQUIS
More than products. It's peoples' lives.

2025 PAJ HONOREE

DR. LESLIE GABAY

Dr. Leslie A. Gabay, MBBS, FRCPC, FAAP, has been a prominent figure in the field of paediatric endocrinology for nearly four decades. Since 1987, Dr. Gabay has served as a consultant paediatrician, paediatric endocrinologist, lecturer, and examiner in Child Health at the University Hospital and the University of the West Indies, Mona, Jamaica.

Dr. Gabay's journey in medicine began at the University of the West Indies (UWI), where he earned his medical degree in 1980. He then pursued postgraduate training in paediatrics and paediatric endocrinology at the Hospital for Sick Children in Toronto, Canada, completing his studies in 1987.

Throughout his illustrious career, Dr. Gabay has held several prestigious positions. He is a Past President of the Paediatric Association and a founding member and medical director of Camp Yellow Bird, a camp for children with diabetes. Additionally, he is a member of numerous professional organizations, including the Medical Association of Jamaica, the Royal College of Physicians and Surgeons of Canada, the American Academy of Paediatrics, the American Association of Clinical Endocrinologists, the Endocrine Society, the Caribbean Endocrine Society, and an honorary member of Diabetes Educators of the Caribbean.

Dr. Gabay's contributions to the field extend beyond his clinical practice. He has authored numerous publications and presented at conferences both locally and internationally, sharing his expertise and advancing the field of paediatric endocrinology.

Dr. Gabay's dedication to child health and his significant contributions to paediatric endocrinology have made him a respected and influential figure in the medical community.

AMG

BUILT BOLD.

The new Mercedes-AMG GLE 53 4MATIC+ Coupé.

Unstoppable power. Striking design. The GLE Coupé redefines performance and style—commanding attention at every turn. Are you ready?

Silver Star Motors Limited.
51 South Camp Road, Kingston 4.Telephone: 876-930-0024/6 Email: contact@silverstarjamaica.com
www.mercedes-benzja.com

ARTICLES

CHILDHOOD IMMUNIZATIONS SAVE LIVES

Immunizations have been the most important mechanism to prevent transmission of infectious diseases in children, resulting in significant global reduction in diseases and deaths. Jamaica has made significant strides in curbing the transmission of many childhood diseases.

Successes of Jamaica's National Immunization Program include recording the last cases of Poliomyelitis (Polio) in 1982, locally transmitted Measles in 1991, Diphtheria in 1995, Congenital Rubella Syndrome in 1998, Rubella (German Measles) in 2000and Newborn Tetanus in 2001.

Jamaica's Immunization Schedule

Antigen	Children	Adolescents	Adults	Considerations
BCG	1 dose at birth	-	-	Exception: HIV
Polio	3 doses (6wks, 3mths, 6mths); 2 boosters (18mths, 4-6yrs)	-	-	Type of vaccine (bOPV, IPV). ≥ 2 doses IPV for all children; IPV only for immuno- compromised
DPT (Diphtheria, Pertussis – Whooping cough, Tetanus)	3 doses (6wks, 3mths, 6mths); 2 boosters (18mths, 4-6yrs)	3rd booster with Td at 11-12yrs; adults as necessary if not fully immunized		Maternal Td immunization; Combination vaccines for children
Hepatitis B	Birth-dose (introduced 2023); 3 doses (with DPT)	3 doses in high risk groups if not previously vaccinated		Combination vaccines for children
Haemophilus Influenzae type b	3 doses (with DPT)	-	-	High risk children (e.g. with Sickle cell disease) get a booster at 15-18 months
Measles, mumps and rubella	2 doses (12 and 18mths)	1 dose (if not previously vaccinated with 2 doses in childhood)		-
HPV (Human papilloma vaccine, Gardasil)	-	1 dose for girls & boys 9-14yrs; 2 doses for girls 15-26yrs		Immunocompromised get 3 doses

Vaccination coverage rates for 2023 show that all antigens are between 90% to 95% (BCG 92%; polio, DPT3, Hib-3, HepB3 - 94%; MMR1 - 95%, MMR2 - 92%). However, the target is 95% for all antigens to achieve herd immunity and population protection from epidemics.

Challenges include the reduced uptake of vaccines for these preventable diseases, increasing the proportion of children who are now at-risk for catching ¡these infectious diseases. In Jamaica, with over 4 million tourists to the island in 2023, the risk of exposure to vaccine preventable diseases is increased, for those with suboptimal vaccine protection. This is especially so for measles where there are several outbreaks in the USA, UK and other countries. Polio was recently introduced into the rich countries of the UK (London) and USA (New York) from Pakistan, where wild poliovirus is endemic.

CHILDHOOD IMMUNIZATIONS SAVE LIVES CONT'D

There are other vaccine preventable diseases circulating in our communities for which vaccines should be introduced to cover Jamaica's childhood population. Children who were in "lockdown" during the pandemic have entered, or re-entered the community (schools, daycare) and are now being exposed to several new infections for the first time, to close their "pandemic immunity gap." Vaccines to prevent pneumococcal infections, which are associated with pneumonia, meningitis (infection of the coverings of the brain), blood stream and other infections, should be seriously considered beginning at 2, 4 and 6 months(conjugate vaccines), or at 5 years of age (polysaccharide vaccines). The 3-dose pentavalent rotavirus vaccine was 100% efficacious against all rotavirus strains causing gastroenteritis in a clinical trial among over 1800 Jamaican children beginning at age 2 months and is also WHO-approved for inclusion in all childhood immunization programs, worldwide (Christie CDC.Pediatrics 2010 Dec;126;6:e1499-e1506). Annual influenza vaccines may also be offered to all children beginning at 6 months of age.

Jamaica's Public Health Law requires all children under 7 years of age to be immunized before school entry. Parents, please get your children immunized on time. Immunizations save lives.

Submitted by:
Celia DC Christie-Samuels, MBBS, DM Peds, MPH, FIDSA, FRCP (Edin)
Professor Emerita of Pediatrics (Infectious Diseases, Epidemiology and Public Health) UWI and Consultant Pediatrician, University Hospital of the West Indies, Mona, Kingston, Jamaica

Acknowledgements: Thanks to the National Immunization Program for contributing the Jamaican data for this article (Dr Julia Porter-Rowe).

DEPRESSION IN OUR YOUNG PEOPLE

Mental health challenges among our children and adolescents, with depression being one of the most common have become an increasingly concerning issue over the past decade but even more so over the past 3 years as we pushed through effects of the Covid-19 pandemic. Depressive symptoms affect up to 1 in 3 of our Caribbean adolescents with various levels of severity. There are several factors which may make the young person more susceptible to depression, these include but are not limited to traumatic event(s) (e.g. loss of a loved one, natural disasters, Covid-19 pandemic), abuse (physical, sexual, emotional) or neglect, lack of family connectedness and support, living with a chronic illness, exposure to bullying a family history of depression and or other psychiatric illnesses.

Major depressive disorder (aka. unipolar depression, clinical depression, major depression) affects 1 in 10 persons during their lifetime and commonly presents during adolescence for the first time. Young people with depression typically exhibit five or more of the following symptoms: changes in their appetite – some may eat more, some may lose their appetite; changes in their sleep pattern – sleeping more than usual or having difficulty sleeping, a loss ofinterest in activities they previously enjoyed, a lack of motivation for schoolwork and other tasks, difficulty concentrating, loss of energy, withdrawal from friends and family members, engaging in non-suicidal self-harmbehaviours (eg. cutting), and may have thoughts, plans to or attempts at suicide. Some young people may alsodisplay more irritability than usual, rather than sadness.

Other illnesses, such as anaemia (low blood count) and hypothyroidism (low thyroid hormones) for example, may present similarly to depression and so a proper health assessment is recommended. This can be done by yourpaediatrician or family doctor, who will then appropriately refer your child for further care if required.

Recent studies suggest that excess sugar sweetened foods and beverages may also increase the risk of depression and so a healthy, well-balanced diet along with exercise, can be useful in the management of depression.

If you notice any of these symptoms or if your child comes to speak to you with their own concerns about these symptoms, you should try to listen keenly, be supportive and keep the lines of positive communication open. Do not be afraid to seek help and get more information and a better understanding. Speak with a guidance counsellor, adoctor, a nurse, or a counsellor/ therapist, and get the process started towards helping your child feel 'whole' again, and experience wellness with good quality of life.

Contributed by
Dr Abigail Harrison
Paediatrician/ Adolescent Medicine Physician
President, Caribbean Association for Adolescent Health
Member, Paediatric Association of Jamaica

HOW TO OVERCOME BULLYING

TÁHIRIH SAJABI

Bullying is said to occur when a person(s) repeatedly and intentionally uses words or actions against another individual to cause distress and risk to their wellbeing. There are stark differences in the ways bullying is executed, especially among school aged children. Males tend to be more physical while females tend to be more verbal.

The effects of bullying vary based on the individual but tend to manifest most commonly in the form of victim blaming, mental distress - which more often than not presents as unrecognized or misunderstood depression and low esteem; all of which may ultimately lead to poor performance in school.

Throughout my time in both prep and secondary school, bullying had become a part of my everyday routine. It was something I had grown used to and suffered the above-mentioned effects for years.

As I grew older, I employed the use of a few self-help methods to aid in my emergence from the darkness bullying had encapsulated me in. These methods included:
1. Focusing on my strengths and not the "weaknesses" bullies tend to highlight.
2. Walking away. There is nothing better than denying a bully the satisfaction of having a negative impact on your feelings.
3. Taking time to understand my bullies which ultimately helped me realized I was never the issue.

Bullying is an experience no child or even adult should have to go through simply because they are considered an easy target. Be proud of who you are and continue to remind yourself of all the unique qualities that make you you.

PUBERTY TOO SOON

Dr. Leslie Gabay FRCPC FAAP
Paediatric Endocrinologist

In our community we are aware of the child, boy or girl who begins to show early pubertal changes. This is defined as precocious puberty which we will review in this article.
Precocious puberty refers to the early onset of sexual maturation in children. It occurs when their bodies begin to change into adult bodies sooner than expected. Typically, puberty starts after the age of 8yrs in girls and 9yrs in boy. However, in cases of precocious puberty, these changes happen earlier. Puberty involves two paths, one which produces hormones from the testes or ovaries, the other from the adrenal gland which sits on the top of the kidneys (adrenarche).

Premature adrenarche is a condition where specific signs of puberty appear earlier than expected due to changes in hormones produced by the adrenal glands.

The hallmark signs of premature adrenarche include:
1. Early Appearance of Pubic and Underarm Hair:
1. Girls younger than 8 years and boys younger than 9 years may develop pubic and/or underarm hair.
2. Adult-Type Underarm Odour:
3. Children often require deodorants to manage body odour.
4. Increased growth rate and changing teeth before the age of 6yrs
Nb. Unlike central precocious puberty, premature adrenarche does not involve breast development in girls or genital enlargement in boys.

Several factors that contribute to premature adrenarche:
1. Adrenal Androgens:

- The adrenal glands produce androgens (weak male-type hormones) during puberty. These hormones lead to the development of pubic hair, acne, and body odour.
- Premature adrenarche occurs when these androgens increase earlier than expected.

2. Obesity:
Obesity is associated with hormonal changes, including early adrenarche which advances the body to full puberty and early menses in girls.

3. Ultra-Processed Foods:
Diets rich in ultra-processed foods – energy dense, nutritionally unbalanced foods high in sugar, salt and fat, and low in fibre - may influence hormonal balanceand definitely contribute to obesity, which leads to diabetes, hypertension and heart disease.

4. Endocrine Disruptors:
Exposure to endocrine-disrupting chemicals (e.g. in plastics and pesticides) have been shown to influence puberty through their direct effects on the reproductive developmental system of the child resulting in either early or delayed puberty.

Fortunately, premature adrenarche does not directly cause health problems, as there is no specific treatment however, it may result in early full puberty in children with the early onset of menses in girls. It is however essential to rule out other causes of early puberty - in rare cases such as mild congenital adrenal hyperplasia, tumours of the adrenals or gonads.

Precocious puberty which involves the ovaries or testes(gonads)may result from either stimulation from the early release of the normal hormones from the brain which stimulate their activity (Central precocious puberty) or from spontaneous secretion from the gonads (Peripheral precocious puberty).

Central PP may result from brain tumours, brain birth defects,meningitis or in most cases no identifiable cause, especially in girls.

Peripheral PP may result from tumours or cysts of the adrenal, testes or ovarian glands as well a biochemical disorder of the adrenal gland – congenital adrenal hyperplasia in boys.

PUBERTY TOO SOON CONT'D

WHY TREAT PRECOCIOUS PUBERTY?

Problems that can arise:

• Untreated Precocious Puberty can lead to shorter stature due to accelerated growth plate closure.

• Social and emotional problems including low self-esteem, increased risk of depression, being bullied or being a bully.

• Early exposure to sexual relations

• Emotional disorders may lead substance abuse.

• An increased risk of developing non communicable chronic diseases (diabetes, hypertension etc.)

• Polycystic ovary syndrome (PCOS) in females, with fertility challenges

Early intervention and lifestyle modifications with essential holistic approaches which include dietary, eating behavioural changes and regular exercise play a crucial role in managing these children.

In children with advanced or significantly advancing puberty medications are available to delay their pubertal advancement and to allow them to continue to enjoy their childhood without exposure to the reproductive hormones of adolescence and adulthood.

Your paediatrician or family physician are important resource personnel to discuss your concerns so that they are addressed in a timely manner.

Parents have the well being of their children in their hands, to ensure their future and any concerns should be laid at the feet of their health provider. Don't think they will outgrow it.

WHAT IS STRABISMUS?

Strabismus is eye misalignment; where one eye is turned in a direction that is different from the other (also known as "cast or crossed eyes or squint".

Strabismus is usually noticed in childhood, globally affecting 0.1% to 5.7% of children across populations.

It is normal for newborn babies to have occasional crossed or wandering eyes, but by the age of 3 to 4 months they should be able to focus on objects with the eyes straight and well aligned.

Strabismus can be caused by problems associated with:

- the eye muscles.

- the nerves that carry information to the eye muscles.

- the control centre in the brain that directs eye movements.

- refractive errors (focusing issues of the eyes caused by significant Near or Far Sightedness, Astigmatism), especially if this is much worse in one eye than the other.

-diseases in the eye itself, particularly if it results in poor vision in one eye compared to the other. This may include:
- abnormal eyelid positions,

-opacity of the front wall of the eye (called the cornea) ,

-cataracts (opacity of the lens of the eye) ,

-scarring, circulatory issues and **tumours** which affect the nerve layer of the eye (the retina and optic nerve).

- diseases of the eye related to premature birth.

Strabismus can also be inherited in families.

The symptoms and signs of strabismus include:

- one or both eyes turning inward, outward, upward or downward in different directions from each other

-eyes not moving "together"

- tilting the head or turning the face to look at objects.

-squinting or closing one eye to look at objects.

If strabismus is suspected in a child, then assessment should be done by :

-the Paediatrician, who will check for signs of general/systemic disorders that may be associated with nerve or muscle problems that may also affect the eyes. This may result in referrals to other medical specialists.

- the Ophthalmologist who will do an in depth examination of the eye movements and positions. The Ophthalmologist will also examine the internal and external eye structures, particularly for any of the diseases mentioned earlier that affects the passage of light into and through the eyes. This will include a dilated eye examination, where special eyedrops are placed in the eyes to widen the pupil, so that the internal structures of the eye can be fully examined.

-Refraction (testing for near or far sightedness /astigmatism) will also be performed, either by the Ophthalmologist or by an Optometrist.

Further investigations such as CT or MRI Scans by the Radiologist and possibly blood tests are often necessary based on the examination findings.

WHAT IS STRABISMUS CONT'D

Treatment :
This will vary according to the severity of the strabismus, and the cause identified.
Treatment may
be achieved with a single measure or a combination of measures.

Generalized or systemic problems are identified by the Paediatrician, and will be addressed /optimized.

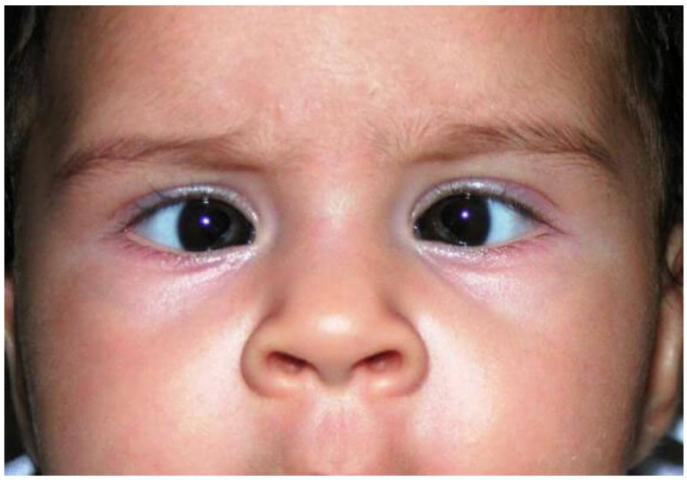
Problems with the eyes that affect the passage of light into and through the eye will be addressed by the Ophthalmologist, for example cataract surgery, correction of abnormal eyelid positions.

Refractive errors are addressed by the Optometrist or Ophthalmologist by the prescription of eyeglasses or possibly contact lenses, to help the eye to establish and maintain focus.

Very often these measures may improve but not fully correct strabismus.

Surgery which involves the manipulation of the external muscles which control the movements and positions of the eyes (called the extraocular muscles) may be necesary. This is performed by the Ophthalmologist.

Pseudostrabismus:
It is important to note this condition, where the child's eyes may appear not to be straight/aligned, but they actually are.
For example, this may be due to a wide nasal bridge, or small folds of eyelid skin to the side of the eye near the nose. These may give the illusion of crossed eyes, and do not require treatment.



Contributed by
Dr. Leighton A. Maddan
BSc MBBS FICO FRCS(Glasgow)
Consultant Ophthalmologist


MeadJohnson
NUTRITION
120
1905
YEARS
2025
LEADING IN PEDIATRIC NUTRITION

HELPFUL TIPS FROM YOUR DENTIST

TODDLERS AND OUR SPECIAL PATIENTS

By Dr. G. Erica Gordon-Veitch, CD
Paedodontist, Paediatric and Family Dentistry

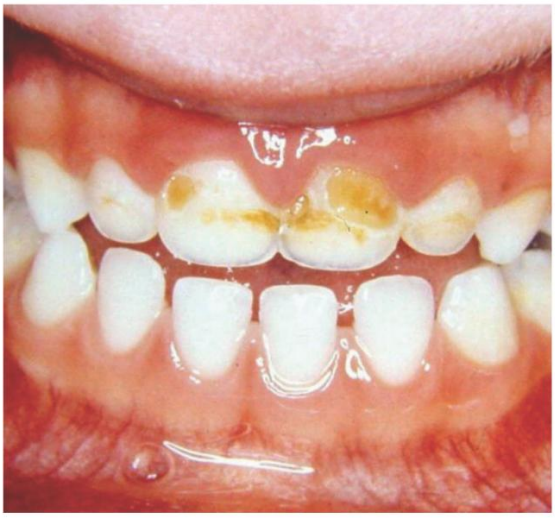
Early dental visits are well known as a primary preventive tool and, collaboration between Paediatricians, General Practitioners and Paediatric Dentists has improved in Jamaica over the years.
The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of optimal oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate. (AAPD, 2018).

The first visit should ideally occur before any event such as toddler trauma or presence of early childhood caries. This should be a happy and relaxed visit. It could also occur days after birth to address natal teeth. Relevant oral findings including developmental cysts, pathognomonic viral and fungal infections, ankyloglossia and tooth eruption are discussed. Feeding practices such as frequency of nocturnal feeding and caries risk factors are emphasised.

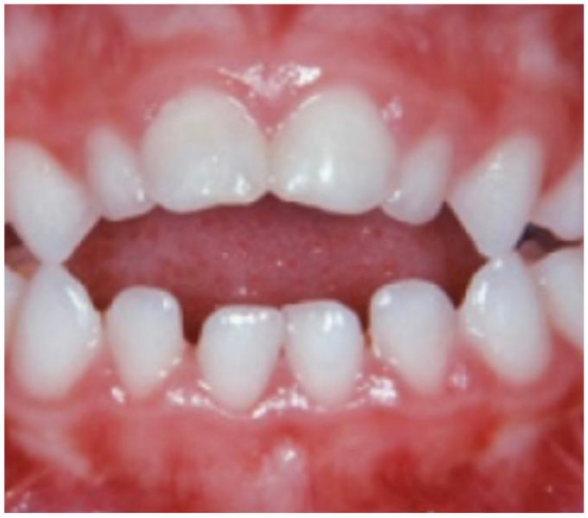
Strategies for prevention of early childhood caries, including dietary modifications and use of fluoride, are encouraged. Additional elements of anticipatory guidance addressed are oral hygiene instruction, frequency of dental examinations, consequences of nonnutritive sucking habits, and safety practices to avoid orofacial trauma.

Another often neglected group are dental patients with special healthcare needs. (SHCN). Nearly one in five US children has a SHCN. The more severe their health conditions, the more likely they are to have unmet dental needs. Without professional preventive and therapeutic dental services, children with SHCN may exacerbate systemic medical conditions and increase the need for costly care.

Special mention should be made of our patients with Autism. Approximately 700 children are born in Jamaica with autism annually (JASA). Management of these children is complicated by the fact that many parents are in denial stating " speech delays or hearing defects" as their primary concerns.



Early Childhood Caries. Caused by frequent, prolonged exposure to sugary substances; formula, breastmilk, juices etc. especially nocturnally.



Anterior Open Bite. Due to habits such as pacifier use, digit and tongue sucking

The Dental Team needs to have specialized training and employ varied special management techniques. Parents need to be fully engaged and cooperate with these techniques.

Visits should be scheduled when patient flow is low, reducing excessive stimulation. Ear phones can be used to reduce noise and devices such as tablets aid with distraction. Fidget widgets are also useful. These help to calm and maintain focus.

If the child will enter the dental chair, the AVP (Acclimatisation via Prevention) technique is used. Easier techniques such as dental cleanings and fluoride applications are done prior to more invasive procedures. Light restraint by the caregivers will most likely be needed, bearing in mind that the child would be quite resistant to this.

For moderate to severe ASD patients, there must be sedation or general anaesthesia for even basic dental treatment. Private sector care is limited and expensive.

More importantly, insurance companies are not on board. This despite lobbying by the Jamaica Dental Association in conjunction with the Jamaica Council For Persons with Disabilities. Public Sector care is limited by age factors at Bustamante Children's Hospital and rare at other Public Hospitals.

We need all Healthcare Providers, special groups and parents to advocate for these often neglected patients. Let us therefore make this our goal going forward for the benefit of these special groups and all our paediatric population.

Dr. G. Erica Gordon-Veitch, CD has been a Paediatric Dental Surgeon for 44 years and is in Private Practice. She was former Director of the Dental Auxiliary School; twice President of the Jamaica Dental Association and Past member of the Dental Council. She has special concerns for the young and challenged population.

Paediatric & Family DENTISTRY

"60 years of Gentle Dental Care from Birth"

Dr. G. Erica Gordon-Veitch

CD, BDS (Ncle) MSc (Lond)

Paedodontist, Dental Surgeon

and Associates

We specialize in:

- First dental visit by age one
- Diet consults and preventive dentistry
- Management of the mentally & phsyically challenged
- Sedation and general anaesthesia
- Dental injury management (Toddlers to Adults)
- Cosmetic dentistry and whitening
- Cleanings and Periodontal care
- Extractions, including wisdom teeth
- Root canal therapy
- Fillings and Crowns
- Dentures

57A Molynes Road,
Kingston 10

876-923-8668, 876-901-8474
876-839-0172,876-901-1763

www.paedifamdentalja.com

pnfd12@gmail.com

Opening Hours

Mon-Thurs 8:30am - 5:00PM
Friday 8:30am - 1:30pm
Saturdays 8:30am - 3:00pm

***All major health insurance and credit cards accepted.**

KEEPING OUR CHILDREN SAFE ON THE ROADS

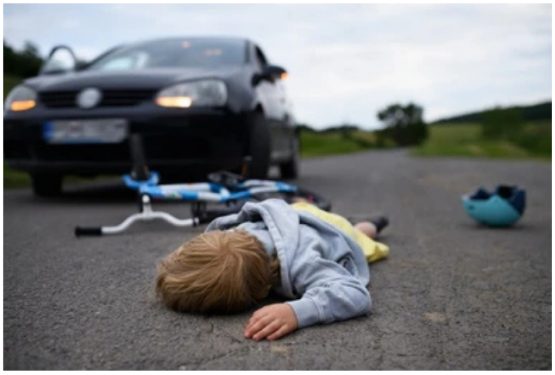
DR. CLAUDINE DESOUZA and DR. SIMONE DUNDAS BYLES

Trauma is a leading cause of death and disability among children under 14 years old. Much of this trauma is due to road traffic accidents. Whether the child is a passenger, a pillion rider, or a pedestrian, motor vehicle accidents put children at risk of injury to multiple parts of their bodies- the head, spine, chest, abdomen with internal bleeding, and to their limbs. These injuries can result in long term consequences and are sometimes fatal. Some injuries require emergency surgical intervention to help the child to breathe, arrest internal bleeding, repair ruptured organs, to decompress the brain, or to fix broken bones. The effects on children are not only physical, but may create emotional trauma, depression from disability or prolonged hospitalization, and significant disruption in learning.

All childhood trauma is preventable. As caregivers, we must protect our children while they travel on the road and teach them to navigate our streets safely. Here are some tips on how to prevent injuries to children who are pedestrians:

- An adult should accompany children less than 12 years old on the road.
- Walk on sidewalk where present.
- Walk on the side facing oncoming traffic.
- Teach children to use the pedestrian crossing when available, or cross at a stoplight.
- Stop! Listen! Look both ways before crossing! Look out for bikes and bicycles too!
- Stay aware! Do not use your phone or headphones while walking on the road.
- Do not play in the road or on the sidewalk near traffic.
- Do not run after toys that have fallen into the roadway- Get adult help!
- Do not talk to strangers on the road or accept things from them.
- Try to travel in groups or with a trusted friend. Avoid lonely areas.

STAY SAFE LITTLE ONE!



Nestlé

Good Food, Good Life

JAMAICA ASSOCIATION OF PAEDIATRIC SURGEONS LAUNCHES CLINICAL GUIDELINES

The Jamaica Association of Paediatric Surgeons (JAPS) was formed on December 10, 2023, as a professional community of paediatric surgeons, to promote the advancement of paediatric surgical practice in Jamaica, the association of paediatric surgical professionals, and to advance the welfare of children with surgical conditions. It is the first paediatric surgical association in the Caribbean region.

JAPS mandates include encouraging research within the specialty, knowledge sharing through clinical and scientific meetings, and the development of evidence based, contextually appropriate guidelines for the care of children with surgical conditions.

We are well on the way to fulfilling these mandates. In the past year JAPS members have been active in presenting paediatric surgical content and new paediatric surgical research at local, regional and international conferences. Presentations have spanned a wide range of topics including : "The management of Wilms' Tumour- a 10-year review" , "Gastroschisis in Jamaica- Adaptive strategies for better outcomes", "Benefits of multidisciplinary approach to recurrent trachea oesophageal fistula management" , and " Perinatal management of congenital hydronephrosis" Presentations such as "Liver transplantation in Jamaica", and "BHC Lap start up" highlighted cutting edge clinical advances in Jamaican paediatric surgery.

On November 17, 2024, JAPS proudly hosted its Inaugural Virtual Scientific Symposium under the theme "Securing Childhood: Recognizing Risks, Building Resilience". The association boldly advanced the public discourse with an expert panel discussion that asked, "Is corporal punishment child abuse?". Didactic presentations on "Paediatric surgical emergencies", "Recognizing the physically abused child", and "Building Self-esteem in our children" were attended by over 260 registrants. Feedback was overwhelmingly positive and has set the stage for JAPS symposium 2025.

JAPS members managed to find time for fellowship and camaraderie at our JAPS Luncheon Lyme in February 2025. We plan to make this event a tradition as we encourage fraternity and mentorship amongst our members, especially for young consultants and residents in training.

.

JAPS works closely with the Paediatric Association of Jamaica as many of our mandates align. JAPS has supported the PAJ's 50th Anniversary year of activities with a congratulatory message and contributed a child advocacy article, "Keeping Our Children Safe on the Roads", published in the 50th Anniversary Child Month Sunday Gleaner supplement.

As part of the 50th anniversary celebration, JAPS proudly introduces the first of several consensus clinical guidelines for the management of children with surgical conditions. JAPS' "Gastroschisis and Omphalocoele: Resuscitation and Transfer Guidelines for Infants with Abdominal Wall Defects" seeks to improve the resuscitation, initial care and ensure safe transfer of affected infants. Improved conditions on arrival will shorten time to definitive specialist care, thereby reducing morbidity and mortality from abdominal wall defects. Scan the QR code below to access the full JAPS Guidelines.

JAPS GASTROSCHISIS/OMPHALOCELE

PROGRAM

Pre-conference Workshop:
Updates in Adolescent Health

DAY 1
FRIDAY, March 28, 2025 (Face-to-Face)
Venue: Terra Nova All Suite Hotel

Moderator : Dr Sheila Campbell Forrester

6:00 - 6:15 pm **Welcome Remarks**
Secretary PAJ Dr Bovette Butler
President CAAH Dr Abigail Harris
Director (Actg), Family Health Unit, MOHW Dr Julia Rowe-Porter
President IAAH Dr Jonathan Klein

6:15 – 6:45 pm Communicating with the adolescent – Tips for provider
Drs Abigail Harrison & Megan Johnson

6:45 – 7:15 pm Communication practices between doctor and patient especially in the digital age; what's appropriate, what's not
Prof Audrey Pottinger

7:15 – 7:45 pm Vaccine hesitancy – Communicating with the adolescent and their parents
Mrs Lisa Bayley, PAHO (virtual)

7:45 – 8:15 pm Anxiety and depression in adolescents – tools for the generalist
Dr Asha Pemberton (virtual)

8:15 – 8:25 pm Question and Answer

8:25 – 8:30 pm Sponsor Talk

8:30 – 8:35 pm Vote of Thanks

PAEDIATRIC ASSOCIATION OF JAMAICA
25TH BIENNIAL INTERNATIONAL PAEDIATRIC CONFERENCE
SPOTLIGHT ON PRIMARY CARE

DAY 2
Saturday, March 29, 2025 (Virtual)

7:45 – 8:00 am **REGISTRATION**

SESSION ONE - RED HOT FEVER
Moderator: Dr Emma Greenaway

8:00 - 8:05 am Prayer: Dr. Kay Bailey

8:05 - 8:10 am Welcome: PAJ
Dr . Ludrick Morris

8:10 - 8:15 am Greetings: Chief Medical Officer, MOHW
Dr Jacquiline Bisasor-McKenzie

8:15 – 8:35 am The febrile infant:
Is it just a fever or a ticking time bomb
Dr Jillian Lewis

8:35 – 8:55 am Kawasaki vs MISC diagnostic dilemma
Dr Petagay Scott Brown

8:55 – 9:00 am Sponsor Talk

9:00 – 9:20 am My Fever Won't Go
Dr Kadine Orrigio

9:20 – 9:40 am Recurrent Fever Syndrome
(Periodic Fever Syndrome)
Prof Russell Pierre

9:40 – 9:45 am Sponsor Talk

9:45 –10:00 am Question and Answer

10:00 – 10:30 am COFFEE BREAK

SESSION TWO - KEYNOTE ADDRESS
Moderator: Dr Anona Griffith

10:30 – 11:10 am CICELY WILLIAMS MEMORIAL LECTURE:
Artificial Intelligence in Paediatrics:
What the future looks like
Dr Stacene Maroushek
University of Minnesota, Minneapolis

11:10 – 11:20 am Question and Answer
11:20 – 11:25 am Sponsor Talk

11:25 – 11:45 am Reading a Rash; a step wise approach to diagnosing skin rashes
Dr Andrea Clare

11:45 – 12:05 pm The Red Eye, to treat or not to treat
Dr Shamfa Peart

12:05 – 12:10 pm Sponsor Talk

12:10 – 12:30 pm Stereotypies: when to be concerned
Prof Maureen Samms Vaughan

12:30 – 12:50 pm Question and Answer
12:50 – 12:55 pm Sponsor Talk

12:55 – 1:30 pm LUNCH

SESSION THREE
Moderator: Dr Linden Swan

1:30 – 1:50 pm Developmental Screening through the ages
Dr Andrea Garbutt

1:50 – 2:10 pm Interpretation of results for Sickle cell disease
Dr Lesley King

2:10 – 2:15 pm Sponsor Talk

2:15 – 2:45 pm Basic Primer: Gender Issues in Paediatrics.
Dr Stacene Maroushek

2:45 – 2:55 pm Question and Answer
2:55 – 3:00 pm Sponsor Talk

SESSION FOUR PUBLIC SESSION
Moderator: Dr Toni-Anne Fulford Ramdial

3:00 – 3:45 pm The Child Care Act and the UN Convention Rights of the Child

Judge Desiree Alleyne

3:45 – 4:00 pm Question and Answer

DAY 3
Sunday, March 30, 2025 (Face-to-Face)
Venue: The Jamaica Conference Centre

7:45 – 8:00 am **REGISTRATION**

SESSION FIVE
Moderator: Dr Kwayne Whyte

8:00 – 8:05 am Prayer
8:05 – 8:10 am Greetings from Minister of Health & Wellness
Dr. The Hon. Christopher Tufton, MP

8:10 – 8:15 am Greetings from Medical Association of Jamaica
Dr Leslie Meade, MAJ President

8:15 – 8:35 am Precocious Puberty A Primary Care Approach
Dr Stephanie Clato-Day Scarlett

8:35 – 8:55 am The School Medical
Beyond the Tick and Stamp
Dr Aggrey Sajabi

8:55 – 9:00 am Sponsor Talk

9:00 – 9:20am Vulvar and Vaginal Assessment of the Paediatric Patient, normal ,bizarre and the pathological
Dr Carolyn Jackson

9:20 – 9:40 am Undescended Testes
Dr Simone Dundas Byles

9:40 – 9:45 am Sponsor Talk
9:45 – 10: 00 am Question and Answer

10:00 – 10:20 am COFFEE BREAK

SESSION SIX INVESTIGATIONS IN PRIMARY CARE
Moderator: Dr Coralie Antoine

10:20 – 10:40 am Interpreting All Things Urine
Dr Sandrica Peart

10:40 – 11:00 am The Paediatric Xray, Subtle Shadows or Over Diagnosis
Dr Marcia Lawrence

11:00 – 11:05 am Sponsor Talk

11:05 – 11:25 am The Curves of Adolescence
Dr Shomari Prince

11:25 – 11:45 am The Heart of the Matter, the wiring gone bad; basic "pathonormalities" in Paediatric ECGs
Dr Tamra Tomlinson Morris

11:45 – 11:50 pm Sponsor Talk
11:50 – 12:05 pm Question and Answer

12:05 – 12:45 pm LUNCH

SESSION SEVEN CASES IN PAEDIATRICS
Moderator: Dr Alister Carvalho

12:45 – 1:15 pm Black River Hospital
1:15 – 1:45 pm Savanna-la-mar Public General Hospital
1:45 – 1:55 pm Question and Answer
1:55 – 2:00 pm Vote of Thanks

NOTABLE RECOGNITIONS

Matthias Antoine Awards

2023

Sanjae-Ann Dean is a final year resident in the Doctor of Medicine (Pediatrics) program at the UWI. She hails from the garden parish of St Ann and holds true to the motto "Ora et labore" which means "By prayer and by work." She aims to provide a powerful positive impact on the children she serves to allow them to achieve their maximal potential. In her spare time, she enjoys travelling and learning about this amazing planet we call home.

2024

Dr. Li-Shann Paul-Mullings is a proud alumnae of the Immaculate Conception High school, a third-year resident in the DM Paediatrics programme at UWI and is currently employed at the Bustamante Hospital for Children. She is a dedicated, optimistic Jamaican who believes 'God + hard work= success'

She enjoys spending quality time with her husband, family and friends. She also enjoys activities that include the beach, zip lines and roller coasters.

She is pursuing a career in Paediatrics because she admires the spirit of children and their willingness to endure. She believes their drive to fight, their outlook in the midst of adversity, their formidable nature makes her job worth it. Paediatrics allows her to contribute to the future of our nation and the world by ensuring our children are healthy.

Leila Wynter Awards

2023

Sakinah Hayden-Matthews

Dr. Sakinah Hayden-Matthews is a dedicated paediatrician at Glen Vincent Health Centre, Kingston's only paediatric health facility. Passionate about child healthcare, she honed her skills at Bustamante Hospital and UHWI. A graduate of UWI, she credits her faith in Jesus Christ as her guiding force. She is a devoted wife to General Surgeon Rico Matthews and a loving mother to Paige and Jaime. Known for her dedication and humor, she values her mentors and colleagues who have shaped her journey in paediatrics.

2024

Allison Issacs.

Daughter of God; Alex's "One and Only;" Margaret's "Pride and Joy;" Dian's bonus daughter; Zoe's bonus mom.

Dr. Isaacs is a past student of the St. Andrew High School for Girls (Life More Abundant) and Hampton School (Summa Virtute et Humanitate – With Utmost Courage and Courtesy). She calls the May Pen Hospital her professional home. Traveling, crossword puzzles, making and eating food, and going to the beach are a few of the things she enjoys. She believes that today she stands on the shoulders of many giants and would like to dedicate this award to three – Dr. Curtis Pryce, Dr. Roxanne Melbourne-Chambers and Prof. Minerva Thame.

GRADUATES
DOCTOR OF MEDICINE (PAEDIATRIC MEDICINE)

MAY/JUNE 2023

MONIQUE ARNOLD
CENIECIA CATLYN
SAFIYA EDWARDS
KIMBERLY FERGUSON-HENRY
SAKINA HAYDEN-MATTHEWS
NISHA NARANANYAN
VINAYA JULIEN-PIERRE
ASHLEY SMIKLE
ABIGAIL WILLIAMS

BAHAMAS
NADIA EDGECOMBE(NEE MILLER)
ANTHIA FORBES-CAREY
AMANDA RAHMING

MAY/JUNE 2024

ALLISTER CARVALHO
VENICIA CRUICKSHANK
ALLISON ISAACS
LAUREN SHAW

BAHAMAS
SADE LOPEZ
RODNEY GREEN

SPECIAL AWARDS

DR. ABIGAIL HARRISON
- HEAD OF DEPARTMENT OF PAEDIATRICS, UHWI

DR CARLEENE GRANT-DAVIS
- SENIOR MEDICAL OFFICER, WESTERN CHILD & ADOLESCENT HOSPITAL
- ST. JAMES MUNICIPAL CORPORATION AWARD FOR SERVICE IN THE FIELD OF PAEDIATRICS (2023)

DR JOY ANTOINETTE WRIGHT WILLIAMS
- ORDER OF DISTINCTION (COMMANDER CLASS) 2024

DR. OLUWATOMILAYO BEWAJI EDOKPA
- CHEVENING SCHOLAR 2024/2025
- FOUNDER/DIRECTOR BOLA HEALTH (AUGUST 2024)

DR. PAULINE MILBOURN
- LIVING LEGACY AWARD, Caribbean Community of Retired Persons (CCRP):Contribution to Health (in memory of Syringa Marshall Burnett

DR. JUDY TAPPER
- MAJ AWARD 2024

NEW ARRIVALS

DR. KERRIE GABAY-MILLER - DAUGHTER

Dr Maureen Samms Vaughn welcomed another grandchild

Dr Maolynne Miller welcomed grandsons (twin boys)

Congratulations

FELLOWSHIPS

Dr. Crista-Lee Berry

Paediatric Respirology (Pulmonology)
University of British Columbia/BC Children's Hospital in Vancouver, BC.

Subspecialist Affiliate in Paediatric Respirology (Pulmonology) of the Royal College of Physicians and Surgeons, Canada.

Dr. Kadine Orrigio

Paediatric Haematology/Oncology,
Sick Kids, Toronto

Subspecialist Affiliate in Paediatric Haematology/Oncology with Royal College of Physicians and Surgeons, Canada

Dr. Kathryn Swaby
Paediatric Critical Care
University of Miami

ONGOING FELLOWSHIPS

KERRIE GABAY-MILLER	**Endocrinology (Area of interest in Turners Syndrome)** **Emory University**
ANDREW BURTON	**Dermatology** **University of the Indies(Mona)**
SUKIENA ANDERSON-GABRIEL STACE BANTON	**Neonatology** **University of the Indies(Mona) /University of Toronto**
JADINE LAWES KUMARIE KOOSERAM	**Paediatric Neurology** **University of British Columbia/ BC Children's Hospital , Vancouver**
TAMARA TOMLINSON	**Paediatric Pulmonology/Respirology** **Sick Kids, Toronto**
MELLISSA ROYALE	**Paediatric Emergency Medicine** **Sick Kids, Toronto**

HIGHLIGHTS 2023-2024


Autism Awareness
10026
NCBees
PRIVATE CLUB
SCR MEMBERS ONLY
Autism Fun Run


AGM 2024


PAJ ANNNIVERSARY CHURCH SERVICE


AUTISM
AWARENESS
WAITING AREA
CHAPELTON COMMUNITY HOSPITAL
With Compassion"


Citation
PAJ Banquet 2023

BE WISE. SUPERVISE!

CHILD SAFETY IS YOUR RESPONSIBILITY.

KEEP CRIBS SAFE

Make sure all crib rails are in place. The rails should be close together to keep your baby from getting stuck or falling through.

NO SMALL ITEMS FOR TOTS

Do not put rings and other jewellery on babies. Put away anything that is small enough for them to put in their mouths and choke.

BITS OF FOOD

Babies should not be given foods like sweets, nuts, popcorn, cherries or guineps. These can easily choke them.

CARE WITH CHEMICALS

Lock up toxic chemicals. Do not keep kerosene oil or bleach in milk boxes, juice boxes or soda bottles. A child may drink them.

LOCK UP MEDICATION

Keep medication locked in cupboards where children can't reach them. They can be extremely harmful to a curious child.

WATER SAFETY

Children can drown in just two inches of water. Keep large containers with water covered, close your bathroom door when not in use and pools should be gated.

ELECTRIC DANGERS

Use safety plugs or furniture to block electrical outlets. Do not overload electrical sockets or allow kids close to loose wires.

STAIRWAY SAFETY

Place gates at the top and bottom of stairs until your child is able to climb stairs well and handle the rails.

AVOID BURN HAZARDS

Keep children away from kerosene lamps, candles, stoves and hot liquids.

BACK SEAT BABY

The best place for baby's car seat is the back seat of the car and should face backwards until 1 year. Kids should not travel in the front until age 13.

A MESSAGE FROM

Paediatric Association of Jamaica

MINISTRY OF HEALTH

SPONSORED BY THE ENVIRONMENTAL FOUNDATION OF JAMAICA (EFJ)

Paediatric Association of Jamaica

120 Old Hope Road
Kingston 6
Jamaica

FOLLOW US

@paedsassocja

Paedsassocja

www.paedassocja.org

SIGN UP TO BECOME A MEMBER

Email

thepickney@gmail.com

Call 876-313-3275

Paediatric Association of Jamaica

THE PICKNEY MAGAZINE

MARCH 2025

50 years of Excellence in Paediatric Care in Jamaica