

B- T positive , B negative, NK positive : # of cases is 2, diagnosed as Omenn's syndrome.

Other phenotyping were not reported in our series.

All of the cases were autosomal recessive.

All patients except the 3 who were screened for SCID received live vaccination by a health care professional.

3 patients received blood transfusion that was not irradiated, nor leukocyte depleted.

**Mortality:** 7 patients died out of 10, making the mortality rate 70%, 6 of these died in Nablus before be able to transfer them to a tertiary care center. One patient died at home as the family refused the bone marrow transplant. One patient died 24 hours after arriving the tertiary care center. 3 patients were transplanted, and currently still in the tertiary care center: diagnosis was made early and promptly in these patients and referral was provided to them.

**Conclusion:** Severe combined immune deficiency seems to be reported in our area higher than that of the western country, consanguineous marriage is responsible for that. I reported only cases from the city of Nablus.

Late diagnosis played an important factor for the high mortality rate that we have. All who had chest infections or diarrhea at presentation died. Actually those who survived are only those who were screened as a sibling died with SCID or a disease suggestive of SCID.

## 27) ‘Surviving sepsis Campaign: - International guidelines for management of severe sepsis and septic shock in pediatric:-2008’

**Presenter:** Dr. Abdulrazzaq Abu Mayyaleh, Pediatrician, Hebron

### Abstract:

**Objective:** to provide an update to the original Surviving Sepsis Campaign clinical management guidelines, "Surviving Sepsis Campaign Guidelines for Management of Severe Sepsis and septic shock," published in 2004.

**Design:** we used the grades of Recommendation , Assessment, Development and Evaluation (GRADE) system to guide assessment of quality of evidence from high (A) to very low (D) and to determine the strength of recommendation. A strong recommendation:-

Indicates that an intervention's desirable effects clearly outweigh its undesirable effects (risk, burden, and cost) or clearly do not. Weak recommendations.

Indicates that the tradeoff between desirable and undesirable effects is less clear.

The grade of strong or weak is considered of greater clinical importance than a difference in later level of quality of evidence.

Recommendations are grouped into those directly targeting severe sepsis, recommendations targeting general care of the critically ill patient that are considered high priority in severe sepsis, and pediatric considerations.

**Results:** Recommendation specific to pediatric severe sepsis include greater use of physical examination therapeutic end points (2C); dopamine as the first drug of choice for hypotension (2C); steroids only in children with suspected or proven adrenal insufficiency (2C) and a recommendation against the use of recombinant activated protein C in children (1B).

**Conclusions:** There was strong agreement among a large cohort of international experts regarding many level 1 recommendations for the best current care of patients with severe sepsis. Evidenced- based



recommendations regarding the acute management of sepsis and septic shock are the first step toward improved outcomes for this important group of critically ill patients. (Crit Care Med 2008; 36:296-327)

## **28) *Palestinian experiences in IMCI strategy***

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**Introduction and background:** The MOH has adopted the Integrated Management of Childhood Illness (IMCI) strategy since 2001 as a major strategy for improving child's health and nutrition in the occupied Palestinian Territories (oPT), with UNICEF as a major partner and funding agency in the process.

The IMCI strategy seeks to reduce the child mortality through a broad and cross-cutting approach with components as:

- improving the case management skills of the health workers;
- improving the health system; and
- Improving the family and community practices.

Initially the plan focuses on the first two components. Gradually, more attention is being to fully integrated child care addressing health, growth and development of all children, sick and healthy, in health care facilities and in the home. Emphasis is being placed on promoting good child care practices at home and in the community. A separate plan in respect to the community component is currently under development and should be parallel implemented. The IMCI National Plan of Action 2006-2008 is in line with the Program Policy Agreement 2006-2007, between MoH and UNICEF. The development of a national child health policy initiative that will embrace all elements related to child health and morbidity towards contributing to the reduction of child mortality will be putted in consideration.

### ***Implementation of IMCI involves three phases:***

- the introductory phase to ensure that key persons in MoH and other health services providers understand IMCI strategy, to establish a management structure and to build national capacity;
- the early implementation phase to plan and prepare for IMCI implementation, including adaptation of the generic IMCI clinical guidelines, selection of a limited number of districts for initial implementation, and to build national and district capacity to implement IMCI activities;
- the expansion phase includes efforts to increase access and to broaden the range of IMCI interventions. Problems identified during the early implementation phase are addressed, priorities agreed, and strategies for expanding access while maintaining quality are developed.

Currently in OPT the expansion phase is being in process and a three-year National Plan for implementation is designed.

Recently WHO (EMRO) **announce** that IMCI is adopted by the Regional Office as the primary child health care strategy, offering a wide range of interventions under its overall umbrella and countries invited to see IMCI within this vision, and not as a vertical training programme, and to commit increased resources for it to achieve the child mortality-related Millennium Development Goal no. 4.

### **IMCI components under activation:**

- 1- National child health policy initiative (NCHPI).
- 2- IMCI community component (CIMCI).
- 3- IMCI psychosocial component (generic in Palestine).
- 4- Breast feeding and supplementary feeding counsel for infants and young children component.
- 5- Adapting IMCI curriculum for pre-service training at medical and nursing colleges.

