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Preventive Paediatrics

Prevention is better than cure but as paediatricians, are we doing what we are expected? This is a very complex issue involving commitment at both individual level and organisational level, covering wide-ranging domains such as immunisation, screening for treatable or preventable childhood diseases and health education. If we accept this statement, we have to re-examine and re-define the role of paediatricians, as suggested by the participants of a recent strategic workshop organised by the Hong Kong College of Paediatricians. We may need to take a much broader role as a paediatrician rather than just at the level of looking after individual patient, mostly dealing with diseases.

However it is always easier said than done. Most of us would agree with the broad principle enunciated in the last paragraph, but few of us feel we are empowered or equipped to promote preventive paediatrics. Reasons for this are complex and barriers are entrenched within our system and organisation of delivering health care for children. We do not have ready answer but believe the first step is to have commitment at individual level from all of us. Then at organisational level some of us may be able to influence or facilitate decisions and even initiate events that will promote preventive paediatrics.

Take immunisation as an example and let us look at some vaccines that are of proven effectiveness in the West and are not yet incorporated in the routine immunisation schedule in Hong Kong for whatever reason. One such vaccine is the conjugated vaccine for Haemophilus influenzae type b (Hib) disease which has been used for many years in the West, reducing Hib diseases dramatically. In Hong Kong, as in other Asian countries, Hib disease burden was shown to be lower than that in the pre-vaccine era of the West, but Hib is still one of the most important pathogens responsible for childhood meningitis in Hong Kong. At an individual level, it is absolutely clear that we as paediatricians should promote Hib vaccination among our children because of the overwhelming risk-benefit ratio for that particular child to have the conjugated Hib vaccine. Paediatricians practising in the private sector are at this stage largely charged with the responsibility to carry out this preventive measure for the individual child. To facilitate this, endorsement and recommendation of Hib vaccination for an individual child is necessary from the Authority, whatever this Authority may be. For those of us who can influence decision-making in the Authority, it is incumbent on us to ensure this happens if we are indeed committed to preventive paediatrics. Moreover the issue of whether one should incorporate Hib vaccination at population level in Hong Kong is not settled yet, even it has long been argued that the low incidence of Hib disease does not justify universal vaccination. In fact for a highly-developed region as Hong Kong, it may turn out to be cost-effective to have universal Hib vaccination despite low disease incidence because the

few children handicapped by Hib disease every year will represent not only tragic loss of potential but also enormous financial burden to family and society for many years to come. If we as paediatricians are serious about preventive paediatrics, we should facilitate collaborative surveillance of such diseases and their outcome throughout the whole territory in order to have accurate epidemiological data for an informed decision on universal vaccination.

Hib vaccination merely serves as one example how we as paediatricians can facilitate preventive paediatrics

at both individual and organisational level. Examples abound if we look for them, such as universal screening of pregnant women for human immunodeficiency virus infection and injury prevention etc. The list is long and prioritisation is necessary but at least let us pick up the issue dear to our heart and give it a try.

Reference

1. Lau YL. Haemophilus influenzae type b diseases in Asia [Editorials]. Bull World Health Organ 1999; 77(11):867-8.

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