Volume 1 • 2023
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PP13746/06/2013 (032586)

PERSATUAN PEDIATRIK MALAYSIA

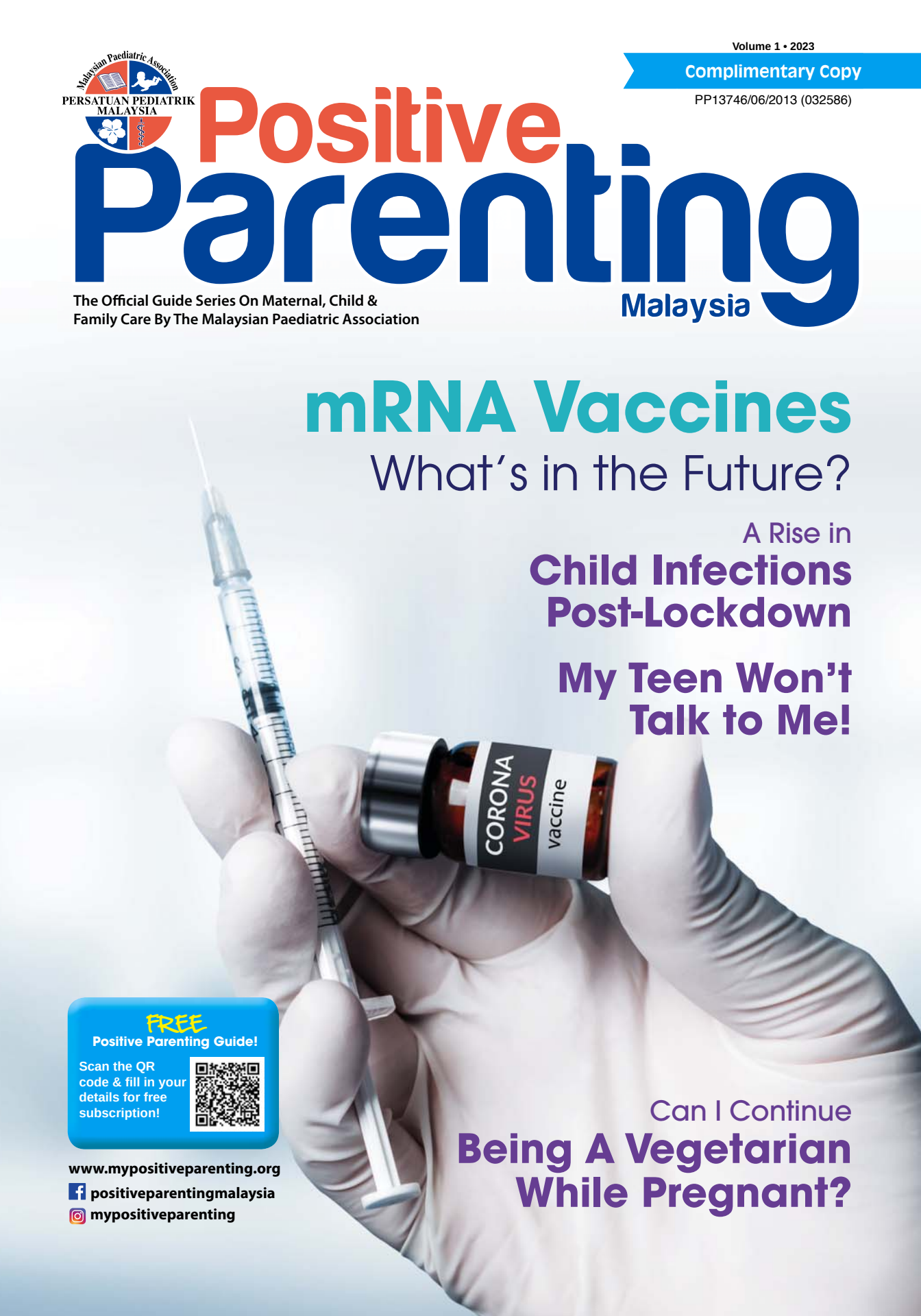
Positive Parenting Malaysia

The Official Guide Series On Maternal, Child & Family Care By The Malaysian Paediatric Association

mRNA Vaccines
What's in the Future?

A Rise in Child Infections Post-Lockdown

My Teen Won't Talk to Me!



Can I Continue Being A Vegetarian While Pregnant?

Positive Parenting Malaysia

expert collaborators & management committee

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Chairman, Positive Parenting Management Committee and Consultant Paediatrician & Paediatric Cardiologist

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What's Next for mRNA Vaccines?

Entering 2023, the majority of us have been vaccinated against COVID-19 and at least 50% have also received the first booster dose. The number of those who have taken the second booster is smaller, but this is understandable as the situation has started to improve since last year. The swift COVID-19 vaccine development and distribution played a key role in controlling the pandemic.

On the other hand, without the pandemic, it might take a longer time for us to see the first ever mRNA vaccines to be distributed globally, even though the technology has been studied since decades ago. So now, what's next for mRNA vaccines? In this issue's Feature, we talk about the science behind mRNA vaccines, the effectiveness of COVID-19 mRNA vaccines as well as the future for mRNA vaccines.

In addition, there are also other pertinent topics touched by our experts in this issue, such as the prevalence of infections post-lockdown, being vegetarian during pregnancy, an introduction to haemophilia, as well as what parents should do if their teens stopped talking to them.

We hope these articles would help you learn new things and address any concerns you have as parents. Do visit our website too at <mypositiveparenting.org> to find past articles on other topics related to parenting, child health and healthy living. Remember to follow us on Facebook (Positive Parenting Malaysia), Instagram (@mypositiveparenting), YouTube (ParentFlix) and Spotify (ParentFlix) too!

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VERSACOMM (265773-W)
12-A Jalan PJS 8/4, Mentari Plaza, Bandar Sunway, 46150 Petaling Jaya, Selangor, Malaysia

Tel: (03) 5632 3301 • Fax: (03) 5638 9909
Email: parentcare@mypositiveparenting.org
positiveparentingmalaysia **mypositiveparenting**
www.mypositiveparenting.org

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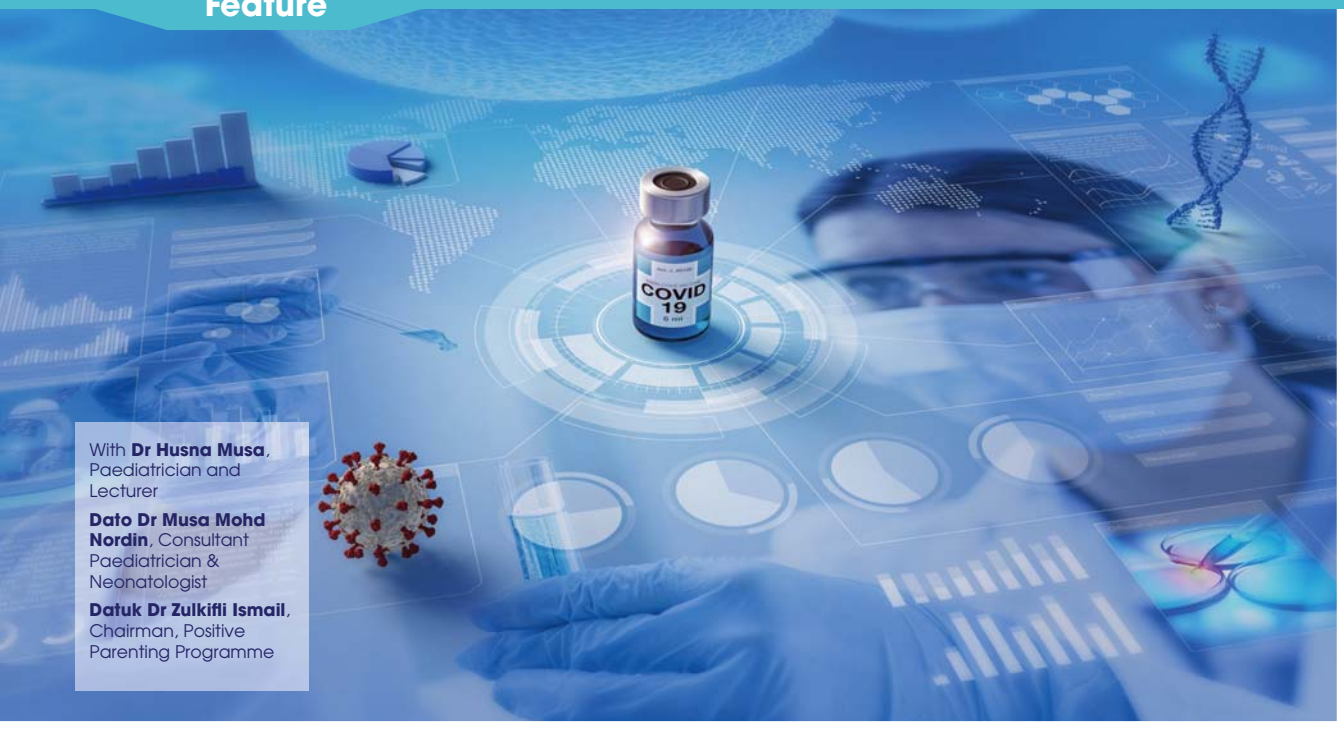


With **Dr Husna Musa**, Paediatrician and Lecturer

Dato Dr Musa Mohd Nordin, Consultant Paediatrician & Neonatologist

Datuk Dr Zulkifli Ismail, Chairman, Positive Parenting Programme

mRNA Vaccines: What's in the Future?

From the moment COVID-19 locked down the world, we were all hoping for a treatment or vaccine to aid in our fight against the coronavirus, sooner rather than later.

Fast forward, today mRNA vaccines have played a major role in our ability to return to almost pre-pandemic normality. Considering the speed at which it was developed, alongside the impact it has had on humanity's fight against COVID-19, what does the future hold for this technology as humanity presses on to near normal living?

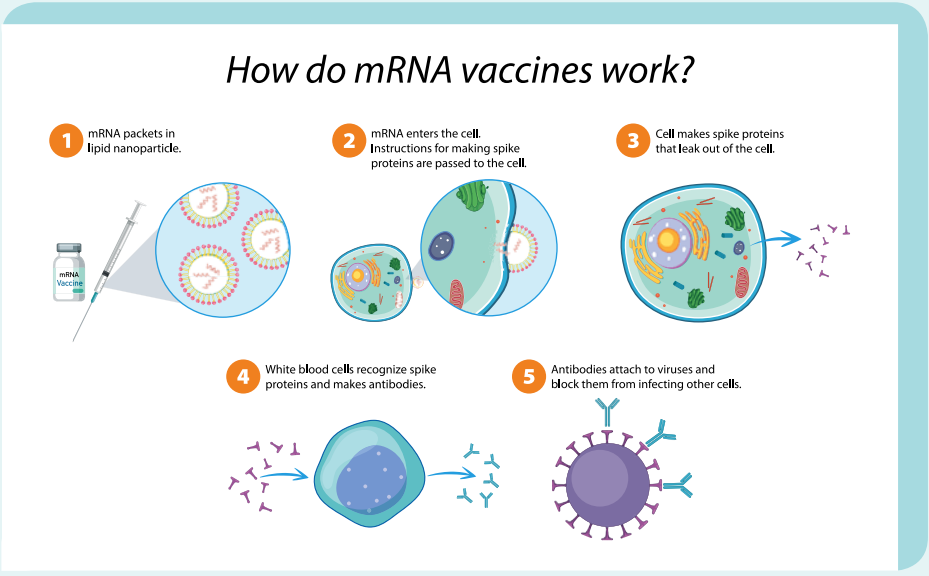
What is an mRNA vaccine?

To answer this question, let's take a trip back to our high school biology class to first understand what mRNA is. Messenger Ribonucleic Acid (mRNA) is naturally found in our bodies. It is a molecule that helps the cells in our bodies convert genetic material into proteins. Essentially, mRNA are molecules that carry a 'copy' of specific instructions from our DNA to our cells in order for them to create proteins.

As explained by **Dr Husna Musa**, "Imagine if your local library had a recipe book that contained recipes for all Malaysian dishes. That recipe book is our DNA. Now, let's say that you're interested in creating one particular recipe from this book. This recipe refers to the specific genetic

material. In this case, mRNA would be similar to making a photocopy of that recipe, which you can then take home to create the dish or the protein."

Knowing how mRNA works is essential to understanding how it can be used in a vaccine. "mRNA vaccines contain mRNA molecules with the instructions to create a piece of a pathogen (antigen) which would induce the formation of protective antibodies. Upon injection into the body, the cells can then take these instructions and create the antigen (in the case of SARS-CoV-2, it is the spike protein). The antigen would stimulate the immune system to produce antibodies without actually being infected by the pathogen. Therefore, mRNA vaccines are like delivering the photocopied recipe (mRNA) to an individual so that they can make the dish or the protein themselves," the paediatrician explains further.



COVID-19 mRNA vaccines: Effectiveness, concerns, and side effects

With the ever-growing sea of information that is available online, it is difficult for parents to find a straightforward answer about COVID-19 mRNA vaccines. More often than not, they are left drowning in pages of clinical trial data sheets and research papers filled with scientific jargon. It is therefore extremely important for parents to be able to receive accurate, factually correct, and simplified information in order to make their own informed health decisions for themselves and their families.

As mentioned by **Dato Dr Musa Mohd Nordin**, "Speaking on the effectiveness of COVID-19 vaccines as a whole is not as easy as providing a simple 'Yes' or 'No'. There are many factors that need to be considered when discussing the effectiveness of a vaccine. For example, how effectiveness is being measured? Which age groups are we talking about? And against which strains of COVID-19?"

The consultant paediatrician explains, "Generally speaking, the COVID-19 mRNA vaccines available in Malaysia are highly effective at preventing severe COVID-19, hospitalisation and death. A recent local study found that being fully vaccinated against COVID-19 with an mRNA vaccine had up to 92.5% and 96.5% vaccine effectiveness in preventing ICU admission and preventing death due to COVID-19 respectively. The risk of dying from COVID-19 in an unvaccinated person is 14.3 times higher compared to a person who has received 4 doses of the vaccine."

The effectiveness of a particular vaccine is one of many aspects to consider before committing to get the jab. However, safety is also another important factor to consider. "Many have concerns about the side effects of the COVID-19 mRNA vaccines. However, studies have shown that COVID-19 mRNA vaccines have an acceptable safety profile, with the majority of patients experiencing common side effects that are usually temporary and mild, such as pain at the site of injection, chills, fatigue, fever, headache, nausea, and diarrhoea," he adds. In regards to severe side effects, Dato Dr Musa explains, "Severe side effects are rare. The National Pharmaceutical

Regulatory Agency (NPRA) reported 26 serious cases per 1,000,000 doses. However, the majority of these serious cases only required close observation or brief hospitalisation days. There were also no reported long-term complications or deaths directly linked to the vaccination."

"One of the known serious adverse effects is allergic reactions, which can lead to dizziness, shortness of breath, swelling of the face or throat, rashes, hives, or itching. The NPRA reported serious allergic reactions occurring in 1.5 cases per 1,000,000 doses. Another known serious adverse effect is myocarditis and pericarditis. These are inflammations of the heart muscles where patients can present with chest pains, difficulty breathing, or heart palpitations. The NPRA reported 1.4 cases of myocarditis or pericarditis per 1,000,000 doses. However, most of these cases were mild in nature and the vaccine recipients responded well to treatment and recovered," he explains further.

"Although the risk remains, it is important for people to understand that the benefits of taking the vaccine significantly outweigh the potentially harmful effects of the disease. In addition to this, many preventive steps are taken during the vaccination process to monitor and limit possible severe side effects from occurring," he adds.

Lessons learnt from COVID-19 mass vaccination programme

Following many rigorous clinical trials and safety studies, a few of the COVID-19 vaccines were approved by the World Health Organization, followed by governmental approval from each country.

This marked the start of the global COVID-19 vaccination programme, which began with the distribution of these vaccines across the world. In Malaysia, COVID-19 vaccination centres were set up across the nation in an effort to vaccinate the population and achieve herd immunity.

Looking back, the global COVID-19 vaccination efforts have been a tremendous learning opportunity for everyone. From governments and healthcare institutions, all the way down to the average parents, there are many lessons we can take away from this.

Datuk Dr Zulkifli Ismail states, "Speaking on mRNA vaccinations as a whole, we have learnt that mRNA vaccines have plenty of advantages over traditional vaccines. Firstly, we have learnt that mRNA vaccines may be even safer when compared to a few of our traditional vaccines. Like the flu and HPV vaccines, the mRNA vaccines have no risk of infecting the individual being vaccinated, since no virus is involved unlike the Oral Polio Vaccine which uses a weakened poliovirus. In addition to this, the mRNA only stays in our body temporarily as it rapidly degrades in a few days."

"However, the main advantage of the mRNA vaccines over traditional vaccines is the ability to boost its production and hence its availability. Traditional vaccines utilise a lot of resources to effectively produce a suitable antigen which can be used in a vaccine. However, mRNA technology instructs the human body to create the antigen which then stimulates the immune system to produce the protective antibodies. Thus, the manufacturing of

mRNA vaccines can be readily enhanced, allowing for a more efficient vaccine production," he further explains.

From a more local perspective, the COVID-19 vaccination programme has taught us many crucial lessons about how Malaysians view vaccinations. The chairman of Positive Parenting says, "We have also learnt many things about Malaysians' attitude towards mRNA vaccinations. Studies have shown that acceptance of the COVID-19 vaccines amongst Malaysians is primarily influenced by its reported side effects, efficacy, and its status in a religious context, e.g. the halal status of the vaccine."

"In addition to this, it was found that a driving factor behind vaccine hesitancy was distrust in the vaccine itself. This highlights the importance of reshaping the nation's attitude towards COVID-19 vaccinations, particularly through educational campaigns that address these key areas," he adds.

The future of mRNA vaccines: A bright or dark road?

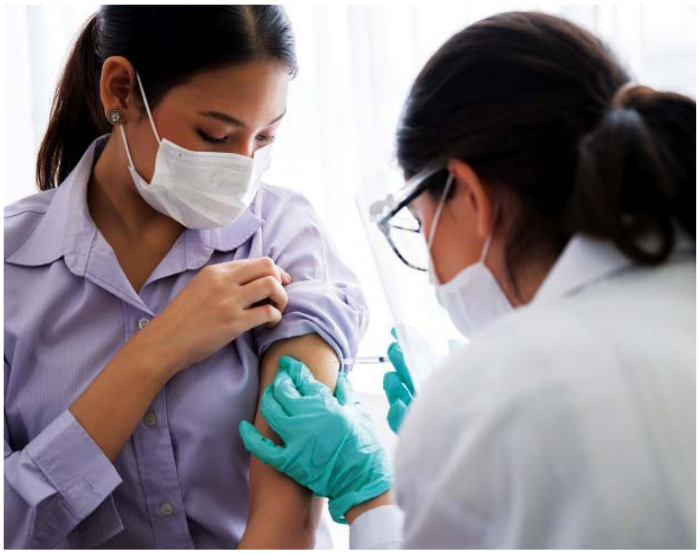
The commercial introduction of the COVID-19 mRNA vaccine marks a historic achievement in modern medicine. In fact, the COVID-19 mRNA vaccine was only possible as it was built upon a foundation of decades of research.

As explained by Datuk Dr Zulkifli, "Many are unaware of this, but mRNA vaccine technology is not new. It has been used in clinical research for many years to study potential vaccines for Human Immunodeficiency Virus (HIV), Herpes Simplex Virus (HSV), Respiratory Syncytial Virus (RSV), Ebola Virus, and Zika Virus. Unfortunately, no promising mRNA vaccines for these diseases have been produced as of yet, primarily due to the lack of funding."

Dato Dr Musa also adds, "Even though mRNA was first discovered in 1960, the first mRNA vaccines were only produced in 2020 at the onset of the COVID-19 pandemic. This was made possible with funding and investment by world health agencies and governments. It has spurred the development of other mRNA vaccines. There are at least 9 mRNA vaccines in the pipeline. The mRNA-HIV vaccine is now in Phase 1 clinical trials. Early results from the mRNA-RSV trial shows that the vaccine was 83.7% effective in reducing moderate RSV illness. There are also mRNA therapeutics against auto-immune disorders, cancers and inborn errors of metabolism, e.g. phenylketonuria and glycogen storage diseases."

Dr Husna reminds us with a final remark, "Although the future for mRNA vaccines looks bright, turning that future into a reality begins with what we do today. To fulfil the promising future of mRNA vaccines, we have to collectively learn, understand, and accept mRNA technology as a society. This can start by fighting against vaccine misinformation. Whether it be through verified online sources, research papers, or through conversations with healthcare professionals, we should all strive to find accurate, correct,

and scientifically backed information before making informed decisions on our health."



Despite what many might think, mRNA vaccines are not a new technology. The final common pathway is not novel. The mRNA instructs the body to make a (dead) sub-unit protein (spike protein) which elicits antibody production. This is not much different from the use of sub-unit proteins in Hepatitis B, HPV and inactivated flu vaccines. The novelty lies in using mRNA to enter the cytoplasm (not nucleus), which then sits on the ribosomes and makes spike proteins which leave the cells and elicit an immune response. As the saying goes "The science of today is the technology of tomorrow", and the future may be very bright for mRNA vaccines. PP

Can I Continue Being a Vegetarian While Pregnant?

By **Dr Hoo Mei Lin**, Consultant Obstetrician & Gynaecologist

More and more people are adopting a vegetarian diet for a variety of reasons, whether cultural or religious, or as a personal preference. Is it safe to continue practicing a vegetarian or vegan diet during pregnancy?

In recent years, it has become abundantly clear that a mother's diet during pregnancy not only plays an important role for the health of the unborn child but may also predispose the child to developing health issues later in life.

Vegetarian pregnancy: Is it safe?

The short answer is YES. A varied and well-planned plant-based diet can provide enough nutrients for both the mum and the baby. It is important to be aware of your nutritional intake and be sure to include adequate key nutrients into your diet. A healthcare professional can help plan your diet in preparation for and during pregnancy.

The key nutrients we need to consider are:

Nutrients	Functions	Food sources
Protein	Build tissues, repair cells	Legumes, nuts, seeds, soy products, dairy products, eggs
Iron	Promote tissue growth, prevents anaemia	Dark leafy veggies, prunes, tofu, fortified cereals, pulses (peas and lentils), quinoa *Note: Iron found in vegetables are more difficult to absorb. Adequate vitamin C intake is key to promote iron absorption.*
Zinc	Support tissue growth and function	Beans, nuts, seeds, milk, fortified cereals
Calcium	Bone and teeth development, muscle and nerve function	Dairy products, soybeans, figs, fortified foods (cereals, some breads, plant-based milks), dark green leafy vegetables (kale, watercress)
Folate	Cell growth, prevent neural tube defects	Dark leafy veggies, wheat germs, beans, orange juice, fortified foods
Vitamin D	Foetal bone development	Cow's milk, eggs, fortified cereals and soymilk
Vitamin B12	Support nerve cells and red blood cells	Fortified cereals or soymilk, milk, yoghurt, eggs, yeast extract *Note: Typically found only in animal sources (including eggs and milk). For vegan women, try fortified cereals or plant milks.*
Iodine	Brain development	Iodised salt, seaweed
Omega-3 fats (DHA)	Nerve, brain and eye development	Fish, microalgae, chia seeds, flax seeds, walnuts, vegetable oils (flaxseed/soy), fortified foods

It may be necessary to supplement your vegetarian diet with fortified foods or food supplements to make sure that you get enough key nutrients and energy for yourself and your baby. It is advised to inform your doctor about your diet, especially if you are planning to take any supplements.

Tips for a healthy vegetarian pregnancy

- To ensure sufficient nutrient intake, **plan your meals in advance** so that it is easier to incorporate a variety of plant-based foods. You can plan meals weekly, biweekly or monthly.
- Eat **plenty of fruits and vegetables**. Aim for the widest variety of types and colours.
- Eat a **wide range of plant proteins** to ensure that you get all essential amino acids. If possible include dairy or eggs in your diet.
- Eating **fortified foods** like cereals, plant-based milks or non-dairy alternatives is a good way to ensure adequate intake of essential amino acids and vitamins.
- Include **nuts, seeds, pulses and legumes** into your diet.
- Don't forget your **folic acid** and consider vitamin D and calcium

Adopting a vegetarian diet may put a woman at higher risk of nutritional deficiencies and pose a danger to mum and baby. If we ensure that nutritional needs are met and intake is adequate, these risks can be avoided. PP

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Conversation Starters with Kids

By **Pn Anisa Ahmad**, President of Association of Registered Childcare Providers Malaysia (PPBM)

Communication is an essential part of all healthy relationships: it creates connection. The more you talk to someone, the more you bond. Bonding is very crucial as early as newborn. But conversations can sometimes be a little challenging, especially with kids, due to the generation gap.

The importance of conversations

Ensuring that your relationship with your child includes open communication takes a conscious effort on your part, especially as your kids grow older.

Healthy communication will make it easier to deal with any arising conflict and strengthen the bond you have with your child. Get to know your kids on a deeper level by including topics such as what they hope for their future and what they enjoy doing. Make it a habit to include these topics often so they feel comfortable discussing them.

Starting conversations may prove challenging at first, but once you get the hang of it, you will begin to reap the benefits of open communication. Start as early as possible, when the baby is in the tummy. The way you ask children questions can, of course, encourage them to talk more or force them to clam up. Be in the moment while engaging in a conversation.

Tips to get conversations flowing

- Try asking **open-ended questions** and stay clear of questions that can be answered with a "yes" or "no". For example, you could say "What was the most interesting thing that you did at school today?" instead of "Did you have a good day at school?"

- Start with a **factual observation**. When children have something to refer to, they may find it easier to contribute to a conversation. For example, you could say "I heard you singing Negaraku at assembly this morning, but not everyone joined in. Why do you think some of the kids were not singing?"
- **Share something about yourself** that relates to them. For instance, you could share what you used to eat during recess when you were at school and see what they think.
- Make sure both of you are **comfortable with the topic** that is being discussed.
- **Speak to your child at their eye level**, especially with younger kids.

Suggestions for conversation starters

Your days may be hectic but try and make time for a conversation during breakfast, at the dinner table or before bedtime. Remember to be in the moment with your kids – no handphone or any gadgets. Here are some simple questions to start a conversation during these opportune times:

At breakfast

- "What do you like about your breakfast today?"
- "If we swapped places for a day, what would you make for breakfast?"

During dinner

- "What was the best thing you did at school today?"
- "What was the most interesting thing your teacher said today?"

Before bedtime

- "What are you thankful for today?"
- "How did someone help you today?"

While conversation starters aren't a magical formula, they can sure help get things going. Don't expect long, detailed answers from your child. The goal is to have many small conversations over time. In the long run, you will begin to foster an environment for open communication which actively contributes to positive family wellness. Start talking today! PP

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A Rise in Child Infections Post-Lockdown

By **Dr Husna Musa**, Paediatrician and Lecturer

Local outbreaks of infections like influenza, respiratory syncytial virus, and hand-foot-mouth disease have been reported all over Malaysia just after the withdrawal of the prolonged lockdown. For example, just last year in May 2022, the number of hand-foot-mouth disease cases increased by 12.8 times compared to previous years.

This serves as a stern reminder to parents. As we emerge from the COVID-19 pandemic, parents should remain cautious as we are not out of the woods yet. But how can we explain this worrying phenomenon?

The 'Immunity Gap' theory

The rise in childhood infections following the COVID-19 lockdown is not only being experienced in Malaysia, but also globally. A potential explanation to this trend is dubbed the 'Immunity Gap' theory.

Before the pandemic hit, young children were able to go outside and were exposed to a variety of infections. This allowed them to develop a certain level of immunity towards these pathogens. The pandemic forced them indoors, and without sufficient natural exposure to these pathogens, these young children were unable to develop the same level of immunity, which ultimately created an 'immunity gap'.

Now, with the return to normal, the same young children are now allowed to go outside and are getting exposed to these pathogens. This may explain the recent rise of infections post-lockdown.

Recently, certain infections have been on the rise following the COVID-19 lockdown, especially in children. Why is this happening and how can I protect my children?

Common infections to be careful of

Disease Name	Causative Agent	Symptoms in Children	How it is Transmitted
Influenza	Influenza Virus	Fever, headache, sore throat, coughing, tiredness, runny nose, and body aches	Contact with respiratory droplets from infected individuals
Respiratory Syncytial Virus (RSV)	Respiratory Syncytial Virus	Fever, sore throat, wheezing and coughing	
Human Metapneumovirus (HMPV)	Human Metapneumovirus	Coughing, runny nose, fever, shortness of breath, and fever	
Hand-Foot-Mouth Disease (HFMD)	Coxsackievirus and Enterovirus	Fever, sore throat, painful blisters (in the hands, feet, or mouth), fatigue, and loss of appetite	Contact with respiratory secretions (e.g. saliva, drool, mucus), blister fluids, or faeces from infected individuals

How to protect your little one from infections

Maintain good personal hygiene

We can prevent infections by ensuring good personal hygiene. This includes washing your hands regularly, using alcohol-based hand sanitisers, and disinfecting high-touch surfaces at home (e.g. light switches, kitchen counters, doorknobs, etc.).

Practise general prevention measures

The prevention measures practised during the COVID-19 pandemic are not exclusive to preventing COVID-19. In fact, many other infections can also be prevented by avoiding contact with sick individuals, covering your nose and mouth when sneezing or coughing, wearing masks in crowded places, etc.

Keep up to date with vaccinations

For the majority of the aforementioned infections, vaccines are currently unavailable or are still in development. However, the influenza vaccine is available to the general public, and it is therefore important to keep your child's vaccinations up to date. The yearly influenza vaccination can help reduce the chance of your child contracting serious influenza infections and can be given to children starting from 6 months. In fact, pregnant mothers can even receive the vaccination to provide their infant with passive protection immediately after birth.

Even as our lives slowly return back to pre-pandemic normality, parents should stay equally (if not more) cautious of the post-pandemic rise of infections in children. Keep yourself updated with the latest news and recent developments regarding any outbreaks and consult a healthcare professional to learn more about vaccination and other preventive steps. PP

An educational contribution by

Malaysian Paediatric Association
PERSATUAN PEDIATRIK MALAYSIA
Malaysian Paediatric Association

BACK TO SCHOOL

KEEPING CHILDREN UP TO DATE ON VACCINATIONS

Timely vaccination is essential to protect children against vaccine-preventable diseases as early as possible.[1] However, routine immunisations have been disrupted during the pandemic and many children have missed important vaccinations.[1]

School-age children are susceptible to influenza, pertussis and varicella infections.[2-4] The majority of infections are transmitted in school settings.[2-4]

Influenza outbreaks among school children are common[2]

12.1% children admitted with influenza had **severe disease requiring intensive care or ventilation**[2]

There is a high pertussis disease burden in infants too young to be vaccinated or under-vaccinated for their age[2]

89.3% of infants with **laboratory-confirmed pertussis** were under-vaccinated for their age or too young to be fully vaccinated[3]

Varicella is highly contagious[4]

One varicella outbreak affected up to **80%** of children in **one preschool classroom**[4]

Keeping children up to date on their vaccinations is an important and effective way to protect children against influenza, pertussis and varicella for a safe return to school.[1-4]

References:
1. UNICEF. Making sure your child gets all their lifesaving vaccines. Available at https://www.unicef.org/rosa/stories/making-sure-your-child-gets-all-their-lifesaving-vaccines. Accessed on 17 October 2022. **2.** Jamal ICS. The burden of human influenza in Malaysia. *Med J Malaysia*. 2015;70(3):127-130. **3.** Mohamed TJ, Fong SM, Nadarajaw T, *et al*. Burden of pertussis among young infants in Malaysia: A hospital-based surveillance study. *Vaccine*. 2022;40(35):5241-5247. **4.** Ma HL, Fontaine R. Varicella outbreak among primary school students – Beijing, China, 2004. *MMWR Morb Mortal Wkly Rep*. 2006;55(1):39-43.

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My son still can't talk at 2.5 years old. I'm worried that he does not develop according to the milestones.

I often wonder if my child's height is right for her age and if she is eating right.

I get confused with my child's vaccination schedule!

Finding it difficult to track your

child's growth & development?

Something BIG is coming soon.

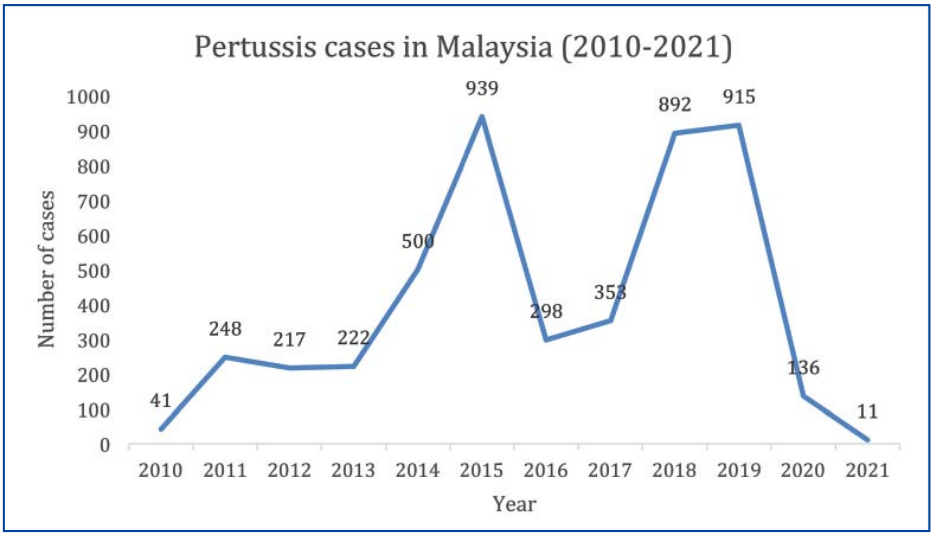
June 2023.

For more details, look out for our next issue and follow us on social media!

Positive Parenting Malaysia

The Perils of Pertussis

The numbers of pertussis cases in Malaysia are showing an upward trend in the last decade. This is a huge concern since infants and young children are vulnerable to the disease.



Reference: World Health Organization (WHO)[1]

Data from the World Health Organization (WHO) shows how pertussis cases in Malaysia started to rise in 2011 after staying below 100 since 1988.[1] In fact, a total of 42 deaths were reported during the peak in 2018-2019.[2] The majority of the cases happened to infants who were yet to receive their scheduled immunisation at 2 months old and unvaccinated young children.[2] Although there is a decrease in 2020-2021 due to the COVID-19 lockdown, the issue remains a major concern as borders have reopened and the world is returning back to normal. But what do you know about pertussis?

Whooping cough

Pertussis is a highly contagious respiratory infection typically caused by the bacteria *Bordetella pertussis* and is characterised by intense coughing fits.[3,4] It is also known as "whooping cough" because of the high-pitched "whoop" sound made as people gasp for air after a coughing fit.[3] However, do note that not everyone will make the sound, such as infants, as they might gasps for air instead during these episodes.[3]

The disease progresses in three stages, each lasting 1-2 weeks:[4]

Stages	Symptoms
Stage 1: Catarrhal phase	• Sneezing • Runny or congested nose • Low-grade fever
Stage 2: Paroxysmal phase	• Intense coughing fits that end with a whooping sound • Vomiting after coughs • Face turning red during coughs
Stage 3: Convalescent phase	• Chronic cough

Highly contagious

9 out of 10 susceptible individuals exposed to pertussis may catch the disease, making it a highly contagious disease.[4] Pertussis spreads from person to person through the air.[3] When an infected person coughs, sneezes, laughs, kisses or hugs another person, he may transmit the disease.[3] Babies are usually infected by older siblings, parents or caregivers who have mild symptoms and are unaware that they have pertussis.[4]

A threat to little ones

Pertussis is dangerous to babies, particularly those under 18 months old, because the coughing spells can cause them to stop breathing.[3] They are more likely to have severe disease, develop complications and require hospitalisation.[4] Here are some possible complications in babies and young children:[3]

- Apnoea (pauses in breathing)
- Pneumonia
- Seizures
- Encephalopathy (brain damage or disease)

Older children, teens and adults may also get infected, usually with milder symptoms.[4] However, complications may arise too due to severe coughing, e.g. fainting, trouble sleeping, incontinence, rib fractures and pneumonia.[3, 4]

Reducing the burden of pertussis

Two types of vaccines are available to help protect ourselves against pertussis: DTaP* and Tdap**. These vaccines also protect against tetanus and diphtheria.

Currently, vaccination against diphtheria, tetanus, and pertussis is included in **the national immunisation programme** and given as a 6-in-1 shot (DTaP-IPV-HepB-Hib) at the age of **2, 3, 5 and 18 months**. [5]

Plus, older children, teens and adults can receive **a booster dose of Tdap vaccine every 10 years** because their immunity can wane over time.[6] Older children can get the vaccine between the ages of 11 to 12 years. [3]

In addition, **pregnant women** can also receive the Tdap vaccine during **the early part of the 3rd trimester of each pregnancy**. Antibodies created after maternal vaccination will be passed to the baby during pregnancy, thus providing some protection against pertussis during the first months of life. [4, 6]

Other preventive measures should also be practised if someone in the household has pertussis. They should cover their mouth properly when they cough or consider wearing a face mask. Proper handwashing is also key to prevent the spread of pertussis.[3]

Before the introduction of vaccines, pertussis used to be the leading cause of infant death. Worldwide vaccination has managed to reduce the number.[4] However, we have discovered that the pertussis protection by DTaP vaccines wanes over time, hence the need to have another Tdap booster shot. Complete, on-time infant vaccination, complemented with maternal vaccination, is important to reduce the burden of pertussis among infants and young children. Parents and pregnant women are advised to contact their doctors to learn more. PP

* DTaP = diphtheria-tetanus-acellular pertussis vaccine

**Tdap = tetanus-diphtheria-acellular pertussis vaccine

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Hygiene as a Tool in Disease Prevention: Importance and Limitations

Parents often teach their children that practising good household and personal hygiene can help prevent the spread of diseases. But do we truly understand how it helps to prevent the transmission of diseases? What about its limitations?

What is hygiene?

Hygiene refers to practising habits that promote cleanliness and can help prevent the spread of disease. There are two main types: household and personal.[1]

Household hygiene

This refers to household or daily habits that ensure the cleanliness of the house and its surrounding environment. This includes things like general cleaning, sanitisation, proper removal of waste, and disinfection of household areas (e.g. the kitchen counter, bedroom, toilet, shower, etc.).[1]

Personal hygiene

This refers to practising habits that ensure the cleanliness of an individual's body, which also helps to prevent diseases or spread of infections to others. This includes habits like handwashing, showering, brushing teeth, etc.[2]

Hygiene is important to prevent disease transmission

Poor personal and household hygiene not only increase your child's risk of infections, it can also endanger those around them. Studies have shown that poor hygiene is associated with the transmission of many diseases.[3,4,5]

For example:

- Not washing hands after playing outside and handling food can transmit bacteria such as *E. coli, Salmonella,* etc.[5,6]
- Not brushing their teeth regularly can lead to dental-related infections (e.g. tooth decay and gum disease).[5,7,8]
- Improper cleaning of the interior of the house can lead to the growth of mould on various household surfaces, which can lead to irritation of the airways and various symptoms (e.g. wheezing, coughing, irritated/red skin or eyes, etc.).[9,10]
- Improper removal of waste from the house may generate a breeding ground for many biological vectors such as flies and rodents, which can increase the risk of contracting various illnesses (e.g. food poisoning, diarrhoea, worm infections, etc.)[11]

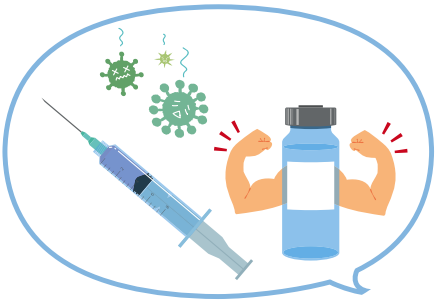
Practising good personal and household hygiene can help break the cycle of contagious virus for many diseases. Therefore, the risk of contracting diseases or transmitting it to others is reduced.[4]

Is hygiene alone enough to protect children?

In some cases, hygiene alone is not enough to prevent infections. Therefore, it is important to incorporate other preventive measure into our children's lives. The COVID-19 pandemic has already introduced us to many of these physical measures of preventing infections such as physical distancing and practising respiratory etiquette (covering your mouth/nose when coughing or sneezing).[12,13]

It is equally important to take care of our immune system, in order to ensure optimal immunity and to keep diseases at bay. This can be achieved through eating a healthy and balanced diet, getting enough sleep each night, and regularly exercising.[14]

In addition to this, vaccination is another key preventive measure parents should consider. Vaccination can help prevent many infectious diseases or reduce the burden of infectious diseases in children. This is especially true in the case of rotavirus, which is a highly contagious virus that can be hard to control despite good hygiene.[15]



Rotavirus: common and contagious

Rotavirus is a common cause of severe diarrhoea in young children. Symptoms include diarrhoea that lasts for several days, vomiting, fever, and tiredness. It is primarily transmitted by the faecal-oral route. Rotavirus is highly contagious and can stay alive on surfaces and objects for weeks.[16] Rotavirus vaccines are recommended for babies from age 6 weeks. They are available in either 2 or 3 doses depending on the type. Consult with a paediatrician to learn more about rotavirus vaccination.[17,18]

Practising proper household and personal hygiene is one of the easiest ways to stave off diseases. However, hygiene alone has its limitations in preventing diseases. Therefore, it is important that parents also ensure their child's health through maintaining a healthy immune system and considering vaccinations. PP

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NP-MY-PTU-ADVR-230001 04/23

HOUSE DUST MITE ALLERGY

House dust mite allergy is very common. For people allergic to house dust mites, it is often not the dust mite but the proteins in their droppings which trigger the allergy.

Dust Mite Allergy Management

Make changes to your home and to your routine:

- Remove wall-to-wall carpets, curtains, and drapes particularly in the bedroom
- Keep pets out of the bedroom, and preferably out of the house
- Minimise household humidity
- Use "mite-proof" cases on mattresses and pillows; wash bed linens frequently in hot water
- Wear a face mask when cleaning
- Keep the relative humidity in your home to less than 50%

How to overcome and treat allergy caused by house dust mites

Seek professional help to understand your condition better and work with your doctor to determine the best practice and treatment measures so that you can better manage your symptoms.

Reference:
https://www.allergyuk.org/resources/house-dust-mite-allergy-factsheet/

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All About Allergies

By **Dr Patrick Chan**, Consultant Paediatric Respiratory Physician

After returning from a visit to a relative's house, your baby started coughing and wheezing. You remembered that she played with a cat at the house you visited earlier. Is this a possible allergic reaction?

What is an allergy?

An allergy refers to a condition when our body reacts to a foreign matter, like pollen, dust or animal dander, that is typically harmless or does not cause any reaction in most people. An allergy can manifest in different forms, such as food allergies, atopic dermatitis, hay fever or allergic asthma. Approximately 30-40% of the world population has an allergy.

What causes an allergy?

An allergy happens when our immune system overreacts to the foreign matter (allergen) by producing immunoglobulin E (IgE) antibodies. These antibodies then bind to the allergens that then trigger mast cells (a type of immune cells) located in the skin, airways and gut to release histamine and numerous chemicals causing the allergic reaction.

Some common allergens that can trigger an allergic reaction are:

Airborne allergens, e.g. pollen, animal dander, dust mites and mould

Certain foods, e.g. peanuts, wheat, soy, fish, shellfish, eggs and cow's milk

Insect stings, e.g. bees, wasps, fire ants

Latex or other substances that come in contact with the skin

Medications, e.g. antibiotics, anticonvulsants, painkillers namely NSAIDs, chemotherapy drugs

What are the symptoms of an allergic reaction?

The allergic symptoms depend on the allergens and the site it triggers. An allergic reaction can affect the airways, sinuses and nasal passages, skin or digestive system, and range from mild to severe. Here are the symptoms based on several types of allergies or allergy-related conditions:

Allergies	Symptoms
Food allergy	• Swelling of the lips, tongue, face or throat • Hives • Nausea and vomiting • Abdominal pain, diarrhoea (may be bloody) • Anaphylaxis (a severe, life-threatening reaction)
Atopic dermatitis (eczema)	• Itchy skin • Reddened, peeling skin
Hay fever (allergic rhinitis)	• Sneezing • Runny, stuffy nose • Itchy nose, eyes or roof of the mouth • Watery, red or swollen eyes (conjunctivitis)
Drug allergy	• Hives • Itchy skin • Rash • Facial swelling • Wheezing • Anaphylaxis
Allergic asthma (asthma triggered by airborne allergens)	• Coughing • Wheezing • Shortness of breath • Breathing difficulty • Chest tightness

Beware of anaphylaxis!

Sometimes, an allergic reaction can cause a severe and life-threatening illness known as anaphylaxis, with symptoms like:

- Loss of consciousness
- Decreased blood pressure
- Severe shortness of breath
- Lack of oxygen
- Skin rash
- Light-headedness
- Nausea and vomiting

This is a medical emergency and will require immediate medical attention!

How can we manage allergies in our children?

- **Avoid triggers.** Take steps to prevent contact with known triggers as best as you can. For example, don't allow your child to play with cats if they are allergic to cat dander.
- **Wear a medical alert bracelet or necklace.** This will alert others of your child's condition in case of a severe reaction and you're not around.
- **Control with medications.** Medications like antihistamines, decongestants, nasal sprays, and asthma medications can help manage the symptoms when an allergic reaction happens.

- For children with a history of severe allergic reaction and anaphylaxis, **emergency epinephrine shots (e.g. EpiPen)** must be made readily available. It is an easy-to-use device to quickly deliver medical epinephrine in case of a severe allergic reaction. Make sure you know how to properly administer the shot to your child.

If you suspect that your child has an allergy, don't fret. Talk to your child's doctor to properly diagnose the condition and devise a management and treatment plan. With the right step, even an allergy wouldn't hinder your little one's bright future! PP

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Ensuring Healthy Years for Children with Haemophilia

By **Dr Jameela Sathar**, Consultant Haematologist

Being a parent to a child with haemophilia, or any genetic disorder for that matter, requires various lifestyle adjustments to ensure healthy and lively years for your child. Here are some ways parents can help ensure healthy years for children with haemophilia.

The basics of haemophilia

Haemophilia is a hereditary (genetic) blood disorder, where the blood does not clot properly due to a lack of certain blood proteins known as clotting factors. Generally, there are two main types of haemophilia which are based on which clotting factor is lacking: Haemophilia A (lacking factor VIII) and Haemophilia B (lacking factor IX).

In addition to this, the severity of haemophilia can range from mild to severe, depending on how much clotting factor is lacking. For example, those who lack a significant amount of a clotting factor will present with a severe case of haemophilia.

Symptoms and complications of haemophilia

Individuals with haemophilia can experience bleeding that is spontaneous (i.e. occurring without trauma, especially in severe haemophilia) and uncontrollable following an injury. It can even lead to death if vital organs are involved.

Other common presentations include bleeding into the:

- Skin – causing bruising and swelling
- Joints – leading to joint pain, swelling, and deformities
- Muscles – leading to muscle contractures (shortening) if not treated adequately
- Nose and gums
- Urine and stool (occasionally)

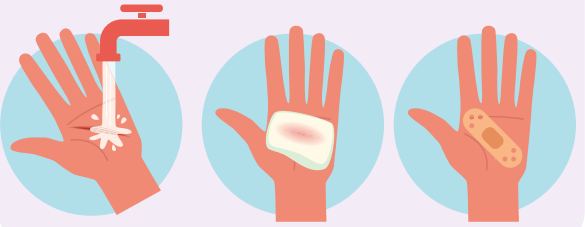
What precautions should parents take?

- **Regular treatment.** Children with severe haemophilia should be on regular treatment to supplement the lacking clotting factor. This is known as prophylaxis treatment.
- **Early treatment.** If bleeds occur, parents should learn to treat them early and know when to seek medical help.
- **Avoid injury prone activities.** Keep your child away from participating in injury prone activities or sports like rugby, karate, rock climbing, etc.
- **Medical identification.** Ensure your child wears medical identification in case of an emergency
- **Avoid certain medications.** Speak with your child's doctor about avoiding certain drugs as they may interfere with blood clotting (e.g. aspirin, ibuprofen, etc.)

How to manage haemophilia in children?

Dealing with minor cuts or scratches

Rinse the wound with water, apply pressure to control the bleeding, and put a plaster over the wound.



Dealing with joint pain and swelling

Follow the **R.I.C.E** technique:

1. **Rest** – stop any physical activity
2. **Ice** – apply an ice pack
3. **Compression** – apply compression with a bandage

4. **Elevate** – raise the affected body part above the level of the heart

It is also important to treat with the missing factor and to contact your child's haemophilia nurse or doctor. Once the pain has subsided, perform exercises (as recommended by your child's physiotherapist).

In the event of an emergency or serious accident

Infuse your child with the clotting factor to control bleeding and seek emergency treatment immediately.

Haemophilia can lead to serious bleeding complications in children. Establishing a plan ahead of time and taking the right precautions can better prepare parents to deal with emergencies. With the right treatment plan, your little one too can grow up to be a healthy, independent adult. PP

DISEASE AWARENESS OF HAEMOPHILIA A

1 WHAT IS HAEMOPHILIA A?

Haemophilia A is an inherited bleeding disorder. It affects mostly men, of all ethnic origins.

Approximately **1 in 5,000** males born will have HAEMOPHILIA A

People with haemophilia A have a genetic mutation which means they either lack or have a reduced amount of the protein **factor VIII**, which is needed for blood to clot.

Because this crucial blood clotting protein is reduced or absent, people with haemophilia A can experience **spontaneous, excessive or prolonged bleeding**.

Haemophilia is **hereditary** and both males and females can have the **gene mutation**, but normally only males who have a mutation show symptoms of haemophilia A. Females with a gene mutation are known as **'carriers'** of haemophilia A, meaning they can pass the gene mutation onto their children. Some carriers may have slightly reduced factor levels, but they do not usually exhibit symptoms themselves.

2 3 TYPES OF HAEMOPHILIA A

<1%	1-5%	>5%
Severe	Moderate	Mild

% of normal factor VIII level

Haemophilia A is classified as **MILD, MODERATE OR SEVERE** depending on the amount of factor VIII the person makes.

People with **SEVERE** haemophilia A normally produce no factor VIII, or very small amounts, and tend to bleed frequently and often spontaneously. This means they can bleed unpredictably without any apparent injury or trauma.

People with **MILD OR MODERATE** haemophilia A have some factor VIII, but not as much as people without haemophilia A. People with mild or moderate haemophilia A usually do not have frequent or severe bleeding and so are diagnosed later in life, usually following increased bleeding after an injury or surgery. However, some people with mild or moderate haemophilia A can experience severe bleeding and in these cases diagnosis and treatment usually happen sooner.

3 THE CONSEQUENCES OF BLEEDING IN HAEMOPHILIA A

Some bleeds are major, causing pain and immobility. Others can be minor and difficult to recognise. However, any repeated bleeding into joints can cause long-term irreversible joint damage.

People with haemophilia A who undergo surgery may have complications caused by excessive or prolonged bleeding, which is why appropriate precautions should always be taken prior to surgery.

4 THE IMPORTANCE OF GETTING AN ACCURATE DIAGNOSIS OF HAEMOPHILIA A

If haemophilia A is suspected, because either parent has a gene mutation or there is a known family history of haemophilia, then a diagnosis will normally be made around birth.

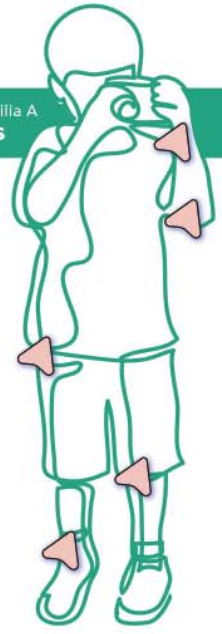
In some cases, there is no known family history of haemophilia A. Babies or young children with haemophilia A can display signs and symptoms such as crying for no apparent reason, bleeding whilst teething, avoiding the use of an arm or leg, easy bruising, or visible swelling around the joints that is warm to the touch.

Once haemophilia A is suspected, testing normally involves doing a gene mutation analysis to look for a mutation that is known to cause the disorder. Blood tests are also used, to look at the level of factor VIII present and how the blood clots.

An accurate diagnosis is key to establishing the most appropriate management plan and treatment regimen, so it is important that diagnostic tests are carried out in specialist haemophilia centres.

COMMON SITES OF BLEEDING

The bleeding associated with haemophilia A mainly affects **muscles** & **joints**



5 THE IMPORTANCE OF MANAGING YOUR HAEMOPHILIA A

With the right management, to ensure optimal protection against bleeds, haemophilia A can often be well controlled. Effective management can allow people with haemophilia A to continue their everyday activities, such as:

Play/crawl as a baby

Go to school/ education/work

Enjoy sports/ activities/travel

Have a family

Undergo surgery/ dental procedures

Reference:
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https://www.england.nhs.uk/wp-content/uploads/2018/07/immune-tolerance-induction-for-haemophilia-A-all-ages.pdf

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6 Easy Tips to Manage Eczema in Children

By **Dr Sabeera Begum**, Consultant Paediatric Dermatologist

Does your child have eczema? Even though there's no cure for eczema, don't fret! There are ways to manage the symptoms and help your child live a happy and healthy life.

What is eczema?

Eczema usually leads to skin irritation or inflammation, and your child also tends to have allergic conditions such as asthma and hay fever. The hallmark of eczema is itchy skin. Your child's skin may also be red, dry, cracked, or leathery.

Tips to manage eczema in your child

1. **Moisturise!** Look for moisturisers that can ease inflammation and rehydrate the skin. Put these on several times a day, including right after your child has a bath or shower.
2. **Use suitable fabrics.** Rough or coarse fabrics can irritate the skin, so avoid scratchy materials such as wool. Instead, opt for light and breathable fabrics like cotton for clothing and bedding.
3. **Wash new clothing.** This removes any allergens present. However, be mindful that certain detergents can also trigger eczema. Always use mild washing products.
4. **Keep fingernails short.** This prevents skin damage due to scratching. Another option is to wear gloves.
5. **Take short warm showers.** Use a mild cleanser instead of soaps.
6. **Use fragrance-free cleansers.** Fragrance may trigger flare-ups. Opt for cleansers with a lower pH level containing ingredients that help relieve eczema, e.g. omega-6 or -3 fatty acids.

Choosing the right moisturiser

- Opt for moisturisers (emollient plus) containing active ingredients (e.g. licochalcone A and menthoxypropanediol) that relieve the symptoms.
- Look for ingredients that can help repair the skin such as ceramides, omega-6 fatty acids, colloidal oatmeal and prebiotic moisturisers.
- Avoid products containing sodium lauryl sulfate (SLS).
- Look for a moisturiser that is dye-free and fragrance-free ("unscented" may still contain fragrance).
- Most importantly, choose a moisturiser that works for your child.

Eczema is a long-term condition, but children will usually outgrow it during their school years. On top of the home remedies suggested here, it is also important to consult a healthcare professional to work on a treatment plan for your little one. PP

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Malaysian Paediatric Association

My Teen Won't Talk to Me!

By **Dr N. Thiyagar**, Senior Consultant Paediatrician & Adolescent Medicine Specialist

The teen years can be hard on family relationships. Your once adorable five-year-old who used to laugh and play with you has turned into a sullen 14-year-old who stays in his room playing video games and responds with only one-word answers or grunts.

As children become teenagers, many of them slowly stop talking to their parents. But fret not! This is a normal part of adolescence. Your teen is having a tough time moving from childhood to adulthood and dealing with so many new developments including hormonal changes, physical changes, and peer pressure.

Why do they stop talking?

There are numerous reasons why your teenager may be retreating into his or her own shell. They probably know you better than you think and can sense when you're stressed or have too much on your plate. Rather than add to your problems, they start to keep things inside because they don't want to worry you.

They may also be afraid that you will lose your cool. They have had more than a decade learning what kind of behaviour you won't tolerate, and they don't want to be the ones to tell you they are about to do something or have done something wrong.

There's also a high chance they think you won't understand what they are going through. Imagine them wanting to get a tattoo or a piercing. Most parents and teens would have a tough time having a calm, rational conversation about such topics, so teens just evade the conversation altogether.

Things you might be doing wrong

Parents tend to turn every subject into a lecture or ask too many questions, making teens feel like they are being cornered. You may also make the mistake of not validating your teen's feelings, assuming that your teen is just being overdramatic or even ridiculous for feeling a certain way. Instead of dismissing them, let them know that it's okay to feel whatever it is they are feeling, so they feel understood and are comfortable enough to speak to you.

What can you do?

- Try to have positive interactions with your teen
- Make it a point to share things about your own life
- If you open up, your teen is more likely to do the same
- Engage with your teen in activities you both enjoy
- Sit down to have meals with your teen
- Talk to your teen like an adult, and with respect

Red flags

If your teenager speaks to no one, spends all the time in the bedroom with the door closed, has withdrawn from friends, has lost interest in activities that once gave him or her pleasure, or has grown increasingly isolated, this may be outside the realm of normal teenage development. In such cases, try to find out whether your teen has undergone some kind of trauma (bullying) or is abusing drugs or alcohol.

In the end, teens need their own space but they also need their parents. So, while your teen is doing the work of distancing themselves away, you will have to work just as hard to carefully bridge the gap! This way, you will continue to have a healthy, positive relationship with your teen – one that is based on love, communication and respect. PP

An educational contribution by

Malaysian Paediatric Association
PERSATUAN PEDIATRIK MALAYSIA
Malaysian Paediatric Association

LET'S CONTINUE TO DO OUR PART AND PROTECT OURSELVES, OUR FAMILY, AND OUR COMMUNITY FROM COVID-19.

SCAN ME

Please scan the QR code to find out if you and your family are eligible for a booster vaccine and where you can get one.

Positive Parenting Malaysia

Malaysia's Pioneer Expert Driven Educational Programme

Initiated in the year 2000 by the Malaysian Paediatric Association (MPA), the Positive Parenting programme offers expert advice and guidance by key healthcare professionals from various Professional Bodies in the field of maternal health, family wellness, child health, growth and development, nutrition and teen issues.

We understand the challenges parents face in raising a child, and it is our vision to bridge the gap between the healthcare professionals and parents to empower you with unbiased, accurate and practical information. Together, we can give our children the best start in life to ensure a brighter future.

Key Activities

Positive Parenting Guide

Published quarterly, it is distributed through healthcare professionals in private and government clinics and hospitals, selected kindergartens and confinement centres nationwide, and designated retail partners in Klang Valley.

Website

Our one-stop digital portal with hundreds of articles, infographics, recipes and our E-Guide version.

Social Media

Follow us on Facebook and Instagram to gain access to the latest parenting tips, videos, infographics and updates.

ParentFlix

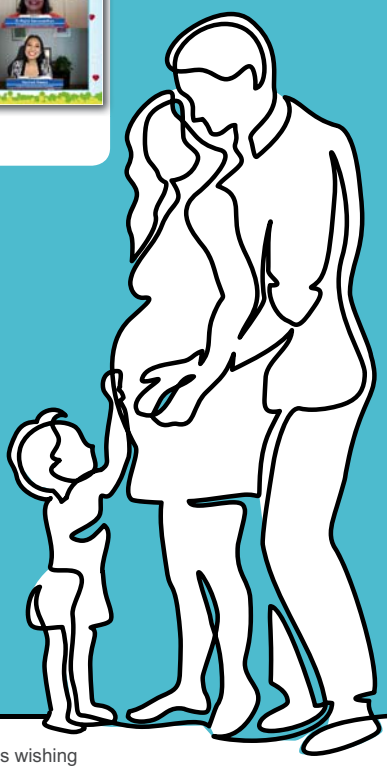
We are now on YouTube and Spotify as ParentFlix! Watch our educational videos and tune in to our informative podcasts on these two platforms.

Joys of Parenting

Participate in our forums, dialogues and seminars – whether online or face-to-face. And don't miss out on our contests and giveaways – awesome prizes are up for grabs!

Educational Press Articles

Look out for our Positive Parenting columns every fortnight and monthly in Malaysia's leading English, Bahasa Malaysia and Chinese newspapers.



~ Our Collaborating Expert Partners ~

- Nutrition Society of Malaysia
- Obstetrical and Gynaecological Society of Malaysia
- Malaysian Psychiatric Association
- Malaysian Society of Clinical Psychology
- Malaysian Mental Health Association
- National Population and Family Development Board Malaysia
- Malaysian Association of Kindergartens
- Association of Registered Childcare Providers Malaysia
- Malaysian Association of Paediatric Dentistry

Positive Parenting is a non-profit community education initiative. Companies wishing to support us or wish to collaborate with the programme are welcome to contact the Programme Secretariat.

Tel: 03 56323301 E-mail: parentcare@mypositiveparenting.org Website: www.mypositiveparenting.org

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