

school location, and the highest mean 185.71 µg/L was found in Al-Sallam males school which located near a heavy traffic movement and near an industrial area. In each sample statistic was carried out to see if there was any correlation between blood lead levels and lead risk factors. Factor that found to affect blood lead levels are; gasoline stations, paints workshops, highway' incinerators and quarries. Kidney colic joint pain, R. T. disorder and C. V. disorder appears with increasing blood lead level. Also blood lead level was higher in persons using tea and flour from local mills, and increased in persons with lower parents education and income level.

### **23) *The Incidence of Skin Infections and Infestations between children in Palestine***

**Presenter: Dr. Hisham Arda, M.D.Consultant dermatologist, Nablus**

#### **Abstract**

Skin diseases are common in general practice in Palestine but there is no data available about that.

In a study by Dr.Adnan Kamal and H.Arda on 23583 Dermatology patients seen 1972 – 1979 the infective group formed 36 % , Dermatophytes 12 % and Tinea capitis ( T.C. ) 4.2 % .

In a study by H.Arda 1978 at primary schools in some villages , Refugee camps and the city of Nablus for the diagnosis and treatment of T.C. which showed an incidence of 15 % , 3 % and 2 % respectively . All patients were treated and the same schools were seen on two occasions 1979 and 1996 to see that T.C. was dramatically reduced .

A mass campaign treatment program was carried out 1983 – 85 , in which a total of 101852 school children below the age of 14 were examined all over the West Bank for T.C. , of them 3347 children were found to have T.C. ( 3.3 % ) . In Jenin Governorate the highest rate of infection was found 7.2 % and in Jericho the lowest 0.6 % .

Recently we looked for skin infections and infestations between all Dermatology patients seen during 2000 – 2007 with results showing high frequency of all these conditions in children .

In the treatment of T.C. we are using griseofulvin F.P. in a dose of 10 – 15 mg / Kg weight for 6 – 8 weeks with very good response and rare complications.

In scabies we use lindaine and permethrin as one application for 8 hours and all members of house hold should be treated at the same time.

In Impetigo we insist always at the use of systemic and local antibiotics for rapid relief of symptoms.

In warts we use treatment according to the site of lesion and age of the patient.

### **24) *Obstacles of optimum care for diabetic children in Palestine***

**Dr. Intisar Alem, M.B.BCH,MPH, Director of Research and Chronic Disease Surveillance Department /MOH/ West Bank/ Palestine**

#### **Abstract**

Type 1 diabetes is one of the most frequent chronic diseases in childhood. According to Palestinian MOH, there are 1342 registered patients following up for type I diabetes in the West Bank PHC's, which makes 6.5% of all diabetics following up at these clinics; about 20% of those patients are from Hebron, and 18% from Jenin.

The incidence rate (The number of new patients per100000 diagnosed as type I diabetes in these clinics for the year 2007) was 2.1M and 2.0 F for the age group 0-4,9.7M,7.3F for the age group 5-14. It is noticeable that incidence increases with age and is higher in males than females.



In Type 1 diabetes, lack of adherence to treatment and a failure to maintain glycaemic control can lead to long-term complications & loss of quality of life. Young age Children are at higher risk of long-term complications. Chronic illness places the adolescent at a greater risk because of added emotional difficulties and stress in coping with rigorous regimens and restrictions. Other problems are economic and social, in the form of stigma like delay in marriage or reduced job opportunities. Among the several problems faced by the young diabetic, the most common and often most difficult to deal with is that of adherence or compliance to a regimen. Children with diabetes in developing countries face profound challenges in managing their diabetes.

Obstacles in Palestine are similar to universal ones mentioned. In my experience important obstacles in Palestine are; lack of cooperation & coordination between health providers, lack of national treatment guidelines, insufficient preventive and control policies, shortage of human and financial resources, lack of well trained health provider team and important specialists, lack of patient and family education about management and coping, and finally inadequate financial coverage for the management cost.

Proper management of diabetic children in Palestine as a developing country with special political situation, face many obstacles at different levels (national, MOH programs, family & school)

My experience and my recommendations in Palestine will concentrate on cooperation of physicians and nurses to help diabetic children and their families cope with their disease, improve their quality of life by proper management & reducing morbidities. This can be achieved by follow-up of this group of patients in **Proposed** specialized well equipped **clinic** by a well trained team (physicians, nurses, psychologist, educator, and dietician), increase the awareness of their families and teachers about this disease and how to deal in emergencies (education programs), recruitment activities during holidays (camps, trips, sports), and home visits for special cases.

## **25) Review of Influnza Vaccine update 2008 in Children**

**Samar Musmar, MD,FAAFP,** *Vice Dean for Clinical affairs, Head ;Department of Medicine and Society /Faculty of Medicine An-Najah National University*

### **Abstract**

Each year, flu places a large burden on the health and well-being of children and families. Children commonly need medical care because of influenza, especially before they turn 5 years old. Hospitalization and sometimes death are important complications of flu in children. Severe influenza complications are most common in children younger than 2 years old. Children with chronic health problems like asthma and diabetes are at especially high risk of developing serious flu complications.

Vaccination is the best method for preventing flu and its potentially severe complications in children. CDC recommends that all children aged 6 months up to their 19th birthday get a flu vaccine. CDC also recommends that people in contact with certain groups of children get a flu vaccine in order to protect the child (or children) in their lives from the flu.

Examples of contacts are close contacts of children younger than 5 years old, out-of-home caregivers (nannies, daycare providers, etc.) of children younger than 5 years, People who live with or have other close contact with a child or children of any age with a chronic health problem (asthma, diabetes, etc.), in addition, CDC recommends that all health care workers be vaccinated each year to keep from spreading the flu to their patients.

Yearly flu vaccination should begin in September or as soon as vaccine is available and continue throughout the flu season, into December, January, and beyond. While influenza outbreaks can happen as early as October, most of the time flu activity peaks in January or later.

