



SRI LANKA COLLEGE OF PAEDIATRICIANS

Newsletter

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METABOLIC SUPPORT SRI LANKA



19th Asia Pacific Congress of Paediatrics & 28th Scientific Sessions of the Sri Lanka College of Paediatricians in 2026



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Launch of the Metabolic Support Sri Lanka Initiative



The Metabolic Support Sri Lanka initiative, established to support children with rare inherited metabolic disorders (IMDs), was officially launched at the Lady Ridgeway Hospital on 4th March 2026 in collaboration with Metabolic Support UK.

Approximately 50 families of children affected by IMDs from across the country attended the event, together with paediatricians and healthcare professionals. The primary objective of this initiative is to improve and facilitate access to essential treatment for children with inherited metabolic disorders in Sri Lanka.

The programme was graced by the presence of Dr Hansaka Wijemuni, Deputy Minister of Health and Mass Media; Dr Rajesh Pandav, World Health Organization Representative for Sri Lanka; and Dr Dedunu Dias, Director of the Medical Supplies Division.



Introducing sibling visits to Neonatal Intensive Care Units of Colombo South Teaching Hospital and De Soysa Maternity Hospital

Neonatal Intensive Care Units (NICUs) are shifting from traditional clinician and nurse-centred care to family-centred care (FCC), where the family is considered to be a part of the team managing the neonate. Relaxing rigid visiting policies and allowing siblings to visit the neonate in the NICU is promoted in FCC and has evolved since the 1980s.

Admission of a neonate to NICU affects the entire family, not just the parents. Siblings may experience confusion, anxiety, jealousy, or fear when they are separated from a new baby without explanation or contact. Allowing siblings to visit the NICU helps to reduce emotional distress and foster early bonding. Contrary to popular belief, sibling visits do not increase the psychological distress of the elder sibling or infection rate in the NICU.

However, in Sri Lanka, NICUs operate under significant constraints, including limited space, staff shortages, and infection-control challenges.

Within this context, sibling visitation is an important issue that deserves careful consideration, balanced policies, and clear protocols. At the Colombo South Teaching Hospital and De Soysa Maternity Hospital NICUs, we have successfully introduced sibling visits, which is a revolutionary step in the history of Sri Lankan NICUs. A survey conducted among the staff of both units, it has been approved by 75% of the staff, and the implementation is carried out as a component of ‘Empowering Parents in the NICU’ (EPiNICU) study.

In phase one of EPiNICU study, extremely high levels of depression, anxiety and stress were identified in the mothers of neonates admitted to our NICUs. A stakeholder meeting was conducted, and co-creation of interventions identified implementing sibling visits as a priority. This was followed by several rounds of discussion with the stakeholders in order to recognise the strategies that are needed to be implemented to facilitate sibling visits. We formulated a protocol specifying instructions to allow sibling visits (Table 1).

Key features in the protocol facilitating sibling visit

- Only children aged 5 years and above are eligible
- The sibling must be “clinically well” at the time of the visit
- The siblings’ vaccinations must be up-to-date according to the national immunisation schedule.
- A parent must accompany the sibling at all times.
- Visits are voluntary. Children should not be forced to visit if they feel anxious or unwilling.
- Sibling visits will be permitted once daily, for a maximum of 30 minutes, only one sibling per shift
- Parents must prepare the sibling with an age-appropriate explanation about the NICU environment.
- Hand washing must be performed before entering the NICU.
- Siblings must wear clean clothing and shoes, and a coat will be provided by the NICU.
- No toys, food, or personal belongings should be brought into the NICU.

Table 1: Key features in the protocol facilitating sibling visits

We trained the staff to facilitate sibling visits. Parents were instructed on the preparation of the sibling to visit the NICUs. A children's story book and a video suitable for kids were prepared to introduce to families. Special colourful overalls were designed to welcome them to the unit (Figure 1).

We requested them to draw a picture following the visit, which could be kept as a memory. (Figure 2)

The following barriers were identified.

- Lack of infrastructure: Limited space, absence of waiting areas, and poor ventilation, all of which increase safety concerns.
- Absence of clear guidelines: Many facilities lack national or institutional policies addressing sibling visits.
- Cultural and educational gaps: staff and families may not be adequately informed about infection risks or appropriate behaviour in the NICU.

With thoughtful planning and clear protocols, sibling visitation can be implemented safely and humanely. As neonatal survival improves globally, attention must also be given to the quality of care and family experience, because healing in the NICU extends beyond the incubator to the entire family. Continued staff education and support, and empowering families through health education are the keys to overcoming barriers in implementing sibling visits.



Figure 1: Facilitating sibling visits



Figure 2: Few pictures drawn by the sibling during the NICU visit



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“Wherever the art of Medicine is loved, there is also a love of Humanity.”
— Hippocrates

KidsToxLK: Strengthening Paediatric Poison Information Services in Sri Lanka

Poisoning remains as an important yet under-recognised cause of morbidity among children in Sri Lanka, particularly in younger age groups where accidental exposures are common. Timely access to accurate, context-appropriate toxicology advice is crucial for safe and effective management. KidsToxLK, an initiative of the Faculty of Medicine, University of Kelaniya, has been established to address this critical need through a dedicated Paediatric Poison Information and Research platform. The initiative is endorsed by the Director General of Health Services of the Ministry of Health, Sri Lanka, underscoring its national relevance and credibility.

KidsToxLK aims to support healthcare professionals caring for children by providing evidence-based guidance on the assessment and management of paediatric poisoning, alongside educational resources, training activities, and locally relevant clinical guidelines. The initiative is led by a multidisciplinary team of paediatricians and clinicians with expertise in toxicology, emergency care, research, and public health, with a strong focus on strengthening national capacity in poison management in children.

A key component of KidsToxLK is its telephone helpline, which offers real-time expert advice for clinicians managing children presenting with suspected or confirmed poisoning. This service is accessible via its helpline:

011-2958337



The service supports risk assessment, decontamination decisions, antidote use, monitoring, and patient disposition, particularly in emergency and resource-limited settings. Early consultation can improve clinical decision-making and enhance patient safety.

The KidsToxLK team currently provides this service entirely on a voluntary basis, alongside routine clinical, academic, and service commitments, and looks forward to progressively scaling up its services to better serve children and healthcare professionals across Sri Lanka.

Healthcare professionals are encouraged to access the educational materials available on the KidsToxLK website and utilise the helpline when managing challenging poisoning cases. Any members interested in collaboration, education, research, or service development are warmly invited to contact KidsToxLK via **071 846 0130** by contacting me, Professor Kavinda Dayasiri, personally. However, calls on clinical advice or guidance on management should be routed through the helpline 011-2958337.

Micronutrient deficiencies in children and basics of supplementation



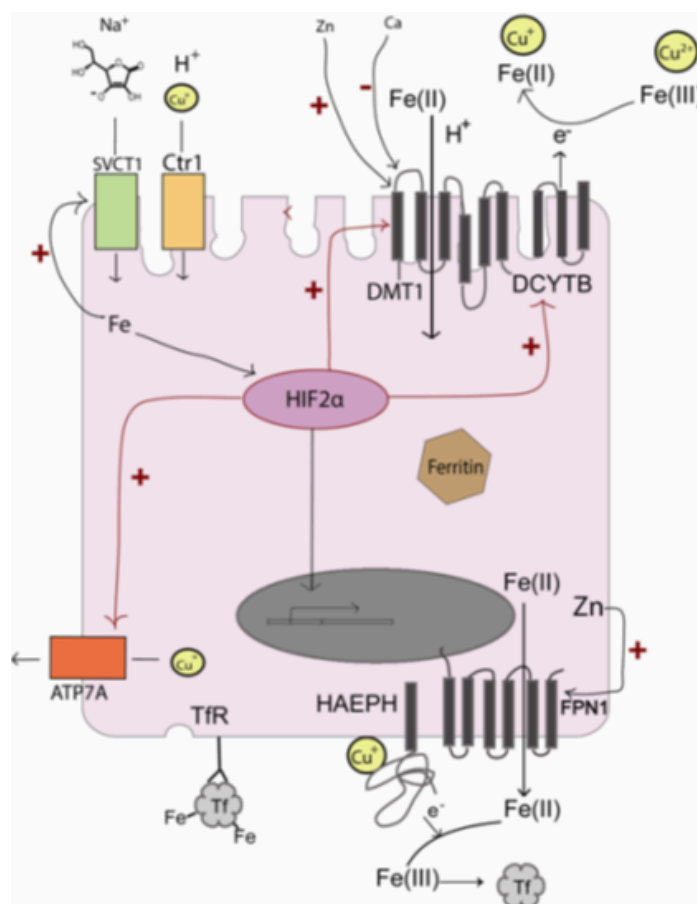
Micronutrients have a variety of essential biochemical functions which are crucial for metabolic pathways and chemical reactions. Simply expressed, the micronutrients are vitamins and trace minerals for example iron, zinc, copper, manganese, iodine and selenium. (1) Imbalances are common among the paediatric population, and especially the deficiencies are seen when they are malnourished or when they have other diseases.

The timely identification of deficiencies and management are challenging and quite often they are missed in clinical practice. These can cause detrimental effects on children and some of them are irreversible.

Most children with iron deficiency are asymptomatic. Once anaemia develops, pallor is the most frequent presenting feature. Poor appetite, fatiguability, lethargy, exercise intolerance, irritability, dizziness and shortness of breath are features of mild to moderate iron deficiency anaemia. Severe and prolonged iron deficiency anaemia can result in neurodevelopmental and cognitive deficits in early childhood, which cannot be fully reversed even with the correction of the iron deficiency.

As the first-line treatment, oral iron supplements are recommended while in complicated cases intravenous iron or blood transfusions are used. (2,3)

Divalent Metal Transporter 1 (DMT1), transports elemental iron and other divalent minerals across the luminal membrane of absorptive cells. Zinc-induced iron absorption involves elevation of DMT1 expression transiently. (4, 5) But prolonged co-supplementation often diminishes iron status due to competition for absorption, with zinc, dose-dependently. (5, 6) Calcium is associated iron efflux and it has also been reported that the effect of inhibition persists for about 4 hours. (7,8) Therefore it is judicious to administer iron apart from other minerals when prescribing for correction of deficiencies. (9)



Overview of interactions Fe, Cu, Zn, and Ca in enterocytes

Together with iron deficiency, zinc deficiency is combined especially in children with growth faltering. It was found that the prevalence of zinc deficiency was around 15.3 % in Sri Lanka in children aged 6–59 months according to the 2022 National Nutrition and Micronutrient Survey.

Zinc deficiency causes loss of appetite, frequent infections, poor immunity and growth failure. Therefore, adequate treatment for deficiency is important, and calculation of elemental zinc content in supplements is required when prescribing them. Data on copper, selenium, and manganese deficiencies are not available and clinical features are not readily detectable as they have overlapping features with other deficiencies. But supplementation would be beneficial in malnourished children who manifest other mineral deficiencies, as the above deficiencies can co-exist.(10) Re-emergence of mild iodine deficiency in Sri Lankan children has been reported, despite high coverage of iodised salt. Iodine deficiency, can lead to growth failure, subtle cognitive impairment and low-grade goitre.

Water-soluble Vitamin B, C deficiencies are not routinely tested for in paediatrics. Glossitis, angular stomatitis, bleeding gums, easy bruising, and slow wound healing are some of the features of the above deficiencies. These can be prescribed to children if deficiencies are suspected clinically.

Vitamin A deficiency leads to night blindness and to corneal xerosis, ulceration and necrosis (keratomalacia) and permanent blindness. Vitamin A mega dose (100,000 IU) is given in the community setting, starting from 6 months of age onwards at 6-monthly intervals up to 5 years in Sri Lanka as a

strategy to reduce childhood mortality and morbidity.

When prescribing multi-vitamins, it is imperative to consider concomitant administration of vitamin A mega dose as well, to prevent toxicity.

Vitamin D deficiency is common among the paediatric population in Sri Lanka which causes rickets, bone pains, muscle weakness, development & cognitive delays, neurological problems, poor immunity, teeth and nail changes and numerous other conditions. As per latest recommendations daily requirement should be supplemented throughout all the age groups unless there is deficiency. For correction of vitamin D deficiency, therapeutic doses are recommended.(11)

Vitamin E and K are not routinely prescribed as they are abundant in the diet and deficiency features are not seen in healthy individuals, and supplementation is not recommended except in specific clinical conditions.

When considering the available preparations for micronutrient supplementation, some of them contain amino acids in them. Lysine is an amino acid that is frequently present in most of the preparations, and there is no clinical evidence to show that lysine per se increases the appetite.

The evidence shows that it enhances nitrogen retention and improves anthropometric parameters. (12) Further studies on lysine supplementation for a better understanding its optimal use, potential benefits, and safety in promoting growth are the future directions.(13)

But evidence shows a combination of vitamin B Complex (B3, B6, B12), lysine, and zinc, stimulates appetite through various pathways, including orexigenic peptides and vagus nerve stimulation and shows beneficial effects on nutritional status. (12)

Most of the micronutrient preparations that are claimed to supplement or correct vitamin or mineral deficiencies do not contain adequate amounts or hardly any at all, and referring to the nutrition information panel is advised.

Summary Comprehensive knowledge and understanding of requirements, deficiency features, function and pathophysiology of micronutrients lead to better patient management. Drug-nutrient and nutrient-nutrient interactions, competitive inhibition, enhancers and inhibitors of nutrients should be considered when prescribing micronutrients.



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Paediatric Palliative Care Workshop for Nurses: A Step Forward in Sri Lanka

A two-day Paediatric Palliative Care (PPC) workshop for nurses was successfully conducted on 23rd and 24th December at the Faculty of Medical Sciences, University of Sri Jayewardenepura. This programme marked an important step in the development of paediatric palliative care services in Sri Lanka and was organised in collaboration with the Sri Lanka College of Paediatricians, the Education, Training and Research Unit of the Ministry of Health, and Two World Cancer Collaboration, highlighting strong national and international partnerships. The event was also immensely supported by the administrative team of Colombo South Teaching Hospital and the National Cancer Control Programme, whose contribution was vital to its successful organization.

The workshop was led by Ms. Melanie Hameluck, a senior nurse specialised in Paediatric Palliative Care and Paediatric Oncology. She is a senior PPC and Paediatric oncology specialist nurse also working as the nurse educator at British Columbia Children's Hospital and Canuck Place Children's Hospice in Vancouver. She brings extensive experience in paediatric palliative care education and has contributed to training initiatives in Nepal and India. The programme was further supported by the participation of local faculty members (Dr Jayathri Jahgoda, Prof Saraji Wijesekara and Dr S.A.S.S Dilankani) ensuring relevance to the Sri Lankan healthcare context. Approximately 80 nurses participated, representing diverse clinical backgrounds, including palliative care units, oncology services, paediatric wards, and Public Health Nursing Officers. Participants were drawn from multiple districts such as Colombo, Gampaha, Kalutara, Ratnapura, Kandy, Kegalle, Galle, and Badulla, reflecting broad national engagement.

This diversity was particularly important given that paediatric palliative care is delivered across a range of settings (from tertiary care centres and local hospitals to community and home-based services) and highlighted the need for a coordinated continuum of care.

The workshop introduced core principles of paediatric palliative care, emphasising holistic, child- and family-centred care that addresses physical, emotional, social, and spiritual needs. Key topics included symptom management, communication with children and families, psychosocial support, end-of-life care, ethical considerations, and the critical role of nurses in providing compassionate and continuous care. Interactive discussions and practical examples encouraged participants to reflect on their own practice and apply learning to clinical settings.

Nurses play a pivotal role in paediatric palliative care, often supporting children and families during their most vulnerable moments. Strengthening their knowledge, skills, and confidence is therefore essential for the sustainable development of PPC services. Feedback indicated strong interest in further training and increased awareness of the importance of integrating palliative care principles early in the disease trajectory.

This workshop represents a significant first step towards strengthening paediatric palliative care services in Sri Lanka. Continued collaboration, structured training programmes, and supportive policies will be vital to ensure equitable, compassionate care for all children with palliative care needs and their families.

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PAEDIATRICS

Where Family Matters: Family Centered Care in Paediatric Inpatient Care

Prologue

Family Centered Care (FCC) is a highly recognized concept in paediatric healthcare, in which healthcare staff collaborate with family members to plan and implement care programmes for hospitalized children. FCC is defined as a holistic approach that acknowledges families as core partners in the healthcare delivery process, while ensuring the well-being of both children and their families. It is fundamentally a two-way process based on information sharing, mutual respect, and effective communication between healthcare professionals, children, and family members (1-4).

FCC is globally recognized as a standard in paediatric care, emphasizing culturally sensitive practices that respect their language of communication, beliefs, values, and structures. Key elements of FCC include family presence during ward rounds, clinical procedures, and participate in the decision-making processes. These actions need to be supported by institutional policies and staff training (5). Even during the COVID-19 pandemic, FCC practices were sustained through virtual tools and social support strategies (6,7).

Benefits of FCC

Active involvement of family members plays a significant role in improving both short-term and long-term health outcomes of children. Family presence in the care process enhances the efficiency and effectiveness in the management of paediatric patients and also better outcome. This will also enhance the family well-being by making them feel recognized and contributes to the psychosocial well-being of family members by addressing their basic needs during hospitalization.

It will also help to improve physical comforts as well.

FCC supports better adaptation of families to the hospital environment and treatment procedures. It increases parents' knowledge regarding their child's condition and enables healthcare staff to identify the strengths and capacities of family members, which can facilitate care processes. Parents are also able to express their abilities and difficulties in caring for their sick children, allowing for more appropriate care planning.

Successful implementation of the FCC improves satisfaction among children, families, and healthcare providers. Health professionals benefit by gaining a better understanding of sociocultural aspects and family dynamics, thereby enhancing overall quality of care and health outcomes.

FCC as a Theoretical Framework

International organizations such as Family Voices, the American Academy of Pediatrics, and the Institute for Patient- and Family Centered Care have promoted FCC as an evidence-based framework (8-10). Research has consistently demonstrated positive outcomes of FCC for children, families, healthcare professionals, and health institutions.

The FCC framework is based on key principles, including respect and dignity, information sharing, participation, and collaboration, particularly within paediatric inpatient care. Healthcare professionals are expected to respect families' knowledge, beliefs, values, and preferences. Providing unbiased, accurate, clear, and timely information to families is a core component of FCC.

Involving families in decision-making during inpatient care of children creates a supportive environment for ward management. FCC recognizes families as a constant presence in children's lives and provides opportunities for them to participate in decision-making while strengthening their capacities. The framework also respects cultural diversity, considers children's developmental stages, emphasizes community-based services, supports peer networks, and encourages the establishment of family-friendly policies, practices, and systems in paediatric healthcare settings (8–10). Globally, FCC has been associated with improved teamwork among healthcare professionals, enhanced continuity of care, reduced unnecessary hospitalizations, and lower healthcare costs. FCC practices have been shown to reduce parental anxiety and stress, improve communication, cooperation, and decision-making, and reduce medical errors through better assessment and timely intervention (11–13). FCC also supports smoother transitions from hospital care to home care and improves adherence to treatment plans by enhancing trust and satisfaction among families (11,12).

FCC in Practice: The Sri Lankan Context

Despite its strong theoretical foundation, FCC often remains inadequately implemented in clinical practice, particularly in low- and middle-income countries such as Sri Lanka. A significant gap exists between the theoretical teaching of FCC and its application in real-world paediatric inpatient care. Several factors affect the implementation of FCC in Sri Lanka, including infrastructure limitations, shortages of human resources, cultural norms, policy gaps, and deficits in knowledge and training related to FCC practices. Open and respectful communication between families and healthcare staff is often limited, restricting active family involvement in care.

In many paediatric settings, routine care remains provider-centered rather than family centered. Decision-making is predominantly led by healthcare professionals, with minimal parental involvement. Parents' participation in daily ward rounds is limited, and they often remain as passive observers. There is no formal system to include family members in care planning, and cultural norms may discourage parents from expressing their opinions, as healthcare professionals are perceived as unquestionable authorities. Time constraints due to high patient volumes, busy clinical schedules, staff shortages, language barriers, and limited financial resources further restrict FCC implementation. Insufficient funding affects the availability of family-friendly spaces, resting facilities, education programmes, counselling services, and staff training. Emotional strain among healthcare staff may also affect their ability to engage effectively with families. Consequently, FCC practices in Sri Lankan paediatric inpatient settings remain inconsistent, highlighting a clear gap between theory and practice.

Bridging the Gap between Theory and Practice

Addressing the gap between FCC theory and practice in Sri Lanka is essential to improve paediatric health outcomes and family satisfaction. Bridging this gap supports holistic care, strengthens professional competencies, promotes equitable care, and builds trust between healthcare professionals and families.

Several strategies can help reduce this gap. Regular training workshops for healthcare staff and families can improve understanding and application of FCC principles. The development and implementation of hospital policies and guidelines that support FCC practices are crucial.

Importance of Research and Evidences

Studies from developed countries highlight the benefits of FCC, including improved parental confidence, reduced anxiety, better communication, enhanced breastfeeding practices, and improved neonatal outcomes, particularly in neonatal intensive care units (12,13). However, research on FCC in developing countries remains limited.

Systematic assessments and continuous research are essential to understand the current FCC practices, identify existing gaps, explore stakeholder perspectives, assess infrastructure needs, and evaluate FCC interventions. Locally generated evidence can inform culturally appropriate FCC models, guide training programmes, and influence policy development in Sri Lanka. Research can also evaluate interventions such as parent education, family participation in care, and the use of technological tools to improve child health outcomes and family satisfaction.

Epilogue

Families play a central role as caregivers, advocates, and decision-makers in paediatric care. FCC strengthens partnerships between healthcare professionals and families, improving quality of care and health outcomes. While FCC is widely accepted as a theoretical framework, its practical application in paediatric inpatient care in Sri Lanka remains inconsistent.

Implementing evidence-based, context-specific, and sustainable strategies to bridge the gap between FCC theory and practice is essential. Strengthening FCC practices can promote healing, comfort, rehabilitation, and disease prevention, ultimately improving paediatric healthcare outcomes.



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Eruption Pattern of Primary Teeth and Prevention of Early Childhood Caries

Introduction

Oral health is an integral component of overall health and well-being in early childhood. The primary dentition plays a vital role in mastication, speech development, and guiding the proper alignment of permanent teeth. Despite its importance, Early Childhood Caries (ECC) remains a significant public health concern.

Understanding the normal eruption pattern of primary teeth, together with the implementation of timely preventive strategies, is essential to reduce the burden of ECC and promote optimal child health outcomes.

Eruption Pattern of Primary Teeth

The eruption of primary teeth typically begins around six months of age and follows a relatively predictable sequence (3):

- Lower central incisors: 6–10 months
- Upper central incisors: 8–12 months
- Lateral incisors: 9–16 months
- First molars: 13–19 months
- Canines: 16–23 months
- Second molars: 23–30 months

The primary dentition is generally completed by approximately three years of age (3,4).

If the first primary tooth has not erupted by one year of age, referral to a dental surgeon is recommended. Although delayed eruption may fall within the normal variation pattern, it can be associated with nutritional deficiencies, endocrine disorders, or developmental disturbances (3). Additionally, delayed eruption may lead to feeding difficulties, delayed masticatory development, and disruption of the normal eruption sequence, highlighting the importance of early assessment and parental guidance.

Early Childhood Caries

Early Childhood Caries is defined as the presence of one or more decayed, missing, or filled tooth surfaces in any primary tooth in a child under six years of age (2).

ECC often begins soon after tooth eruption and can progress rapidly if preventive measures are not implemented. A high burden of disease has been reported, with 63.1% of 5-year-old children affected by dental caries according to the National Oral Health Survey 2015/16 (1).

ECC typically presents with (2,5):

- Initial lesions on upper anterior teeth
- Rapid progression to involve posterior teeth
- Advanced disease leading to pain, infection, and impaired nutrition and growth

Key risk factors include frequent sugar consumption, inappropriate feeding practices such as night-time bottle feeding, poor oral hygiene, and delayed dental visits (5).

Prevention

ECC is largely preventable through simple, cost-effective interventions that can be integrated into existing maternal and child health services.

Oral hygiene practices should begin with the eruption of the first tooth, using a smear of fluoridated toothpaste (1000 ppm) under parental supervision (2).

Dietary counselling should focus on reducing the frequency of sugar intake, avoiding added sugars in feeds, and discontinuing night-time bottle feeding (5).

Early dental visits, ideally by one year of age, allow for risk assessment, anticipatory guidance, and timely preventive care (2).

Fluoride-based interventions, particularly fluoride varnish application, have demonstrated effectiveness in reducing caries risk and are widely recommended in preventive programmes (2).

Parental education delivered through antenatal clinics, immunization clinics, and well-baby clinics is essential to reinforce healthy behaviours and improve oral health outcomes.

Clinical Messages for Paediatricians

Paediatricians play a crucial role in early identification and prevention of oral diseases through routine child health contacts.

- Monitor tooth eruption: Ensure eruption of the first tooth by 6–12 months; refer if delayed beyond one year
- Identify early signs of ECC: White spot lesions on upper anterior teeth require early intervention
- Assess risk factors: Frequent sugar exposure, night feeding, and poor oral hygiene
- Provide anticipatory guidance: Counsel parents on appropriate brushing practices and healthy feeding behaviours
- Promote early dental visits: Recommend the first dental visit by one year of age
- Integrate oral health into routine care: Utilize every contact as an opportunity for oral health promotion

Conclusion

Primary tooth eruption marks a critical period for establishing lifelong oral health behaviours. Completion of the primary dentition by around three years of age provides an important window for preventive interventions. Given the high prevalence of ECC, early monitoring, parental education, and timely preventive strategies are essential.

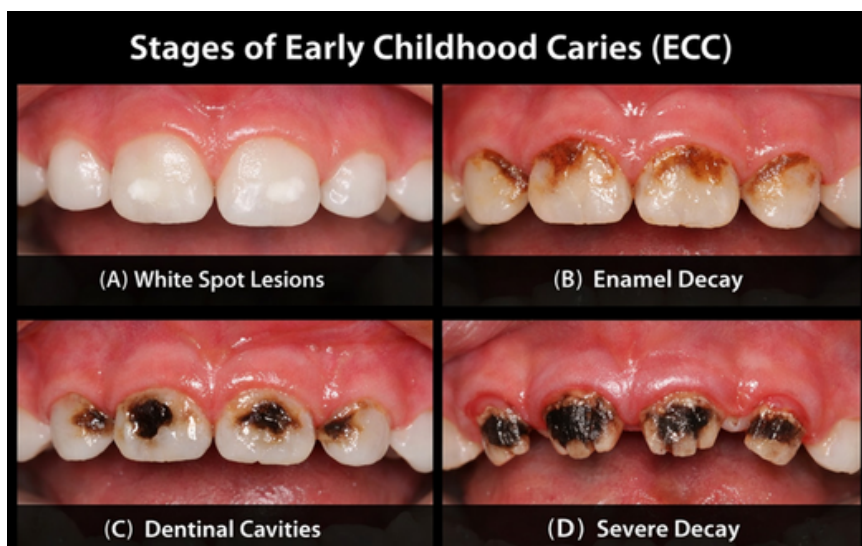
A collaborative approach involving paediatricians and dental professionals is vital to reduce the burden of ECC and improve child health outcomes.

References

1. Ministry of Health. *National Oral Health Survey Sri Lanka 2015–2016*. Colombo: Ministry of Health; 2017.
2. American Academy of Pediatric Dentistry. Policy on Early Childhood Caries (ECC): Classifications, Consequences, and Preventive Strategies. *Pediatr Dent*. 2016;38(6):52–54.
3. World Health Organization. Oral health: Key facts. Geneva: WHO; 2022.
4. Caufield PW, Griffen AL. Dental caries: An infectious and transmissible disease. *Pediatr Clin North Am*. 2000;47(5):1001–1019.
5. Harris R, Nicoll AD, Adair PM, Pine CM. Risk factors for dental caries in young children: A systematic review. *Community Dent Health*. 2004;21(Suppl):71–85.



Dr Nimali Wellappuli
Consultant in Community Dentistry
Family Health Bureau



Important Update: New fIPV Vaccination Schedule for 2026

Sri Lanka is taking a significant step toward optimizing polio immunity by aligning our National Immunization Programme with the latest global standards. Following recommendations from the World Health Organization's SAGE and local experts (NITAG), the schedule for fractional Inactivated Polio Vaccine (fIPV) is officially shifting to a 4-month and 9-month administration.

This change is designed to enhance the vaccine's effectiveness (immunogenicity) and support the global mission to eradicate polio for good.

What You Need to Know

The new schedule applies **only to infants born on or after January 1, 2026**. For these infants, the first dose eligibility will begin from May 1, 2026.

The New Schedule at a Glance:

- 1st Dose (fIPV 1): Administered at 4 months (alongside Pentavalent 2 and OPV 2).
- 2nd Dose (fIPV 2): Administered at 9 months (alongside MMR 1).

Note: Infants born before January 1, 2026, should follow the previous schedule, receiving their doses at 2 months and 4 months of age.



Dr Hasitha Gajaweera
Joint- Editor
SLCP Newsletter

Administration Guidelines for Staff

While the timing has changed, the technical administration remains the same:

- **Dosage:** 0.1 ml.
- **Route:** Intradermal (ID).
- **Vials:** Continue using current multi-dose IPV vials.

Recommended Sequence of Care:

1. At 4 Months: OPV fIPV 1 (Left upper arm)
Pentavalent (Left thigh).
2. At 9 Months: fIPV 2 (Right upper arm)
MMR 1 (Left upper arm).

All healthcare providers are expected to adhere strictly to these dates to ensure a seamless transition and continuous protection for our youngest citizens.



Jaffna Regional Scientific Sessions

Jaffna Regional Scientific Session successfully took place in Jaffna Region from 22nd to 23rd February 2026. Four CME programmes were scheduled targeting doctors, nurses, midwives and therapist.



Sri Lanka College of Paediatricians
in collaboration with
Jaffna Medical Association

Regional Session

Jaffna

Date: 23rd February 2026 Venue: CTRB, Jaffna CME for Doctors

- 08.30 a.m Registration
- 08.55 a.m Opening Remarks
- 09.00 a.m **Approach to a Child with Failure to Thrive**
Professor Pujitha Wickramasinghe, Senior Professor in Paediatrics, University of Colombo
- 09.20 a.m **Febrile Child with a Rash**
Dr R Ajanthan, Senior Consultant Paediatrician
- 09.40 a.m **Long-term Management of Childhood Asthma: What's New?**
Dr Anuradha Kodippil, Consultant Paediatric Pulmonologist, Lady Ridgeway Hospital
- 10.00 a.m **Child Safeguarding: Preventive Strategies and Clinical Accountability**
Professor Gitanjali Sathiadasa, Professor in Paediatrics, University of Jaffna
- 10.20 a.m **Shoot Wide or Shoot the Target? - Rational Use of Antibiotic in Children**
Dr Kasum Jayasundara, Senior Lecturer in Paediatrics, University of Moratuwa
- 10.40 a.m Tea Break
- 11.10 a.m **Frequently Encountered Skin Conditions in Children**
Dr Felicia Srisaravanapavanathan, Consultant Dermatologist, TH Jaffna
- 11.30 a.m **Long-term Management of Childhood Urinary Tract Infections**
Professor Randula Ranawaka, Professor in Paediatrics, University of Colombo
- 11.50 a.m **Clinical Genetics in Practice: Everyday Insights**
Dr Vindya Subasinghe, Consultant Paediatric Geneticist, Lady Ridgeway Hospital
- 12.10 p.m **Approach to a Child with Short Stature**
Dr Chamindi Naatunna, Consultant Paediatric Endocrinologist, TH Anuradhapura
- 12.30 p.m **Common Surgical Conditions in Infancy: When to Refer?**
Dr Ranjitharajini Vaseekaran, Consultant Paediatric Surgeon, TH Jaffna
- 12.50 p.m **Paediatric Respiratory: A 44-Year Personal Odyssey**
Dr B J C Perera, Senior Consultant Paediatrician
- 01.10 p.m Quiz Competition
- 01.50 p.m Closing Ceremony & Lunch

Sri Lanka College of Paediatricians
in collaboration with
Jaffna Medical Association

Regional Session

Jaffna

Date: 23rd February 2026 Venue: NTS, Jaffna CME for Nurses

- 08.30 a.m Registration
- 08.50 a.m Opening Remarks: Dr N Srisaravanapavanathan, Jaffna Medical Association
- 09.00 a.m **Routine Patient Monitoring: Why It Matters**
Dr N Srisaravanapavanathan, Consultant Paediatrician, TH Jaffna
- 09.25 a.m **Paediatric Resuscitation: Essential Skills in Basic & Advanced Life Support**
Dr T Rajeevan, Consultant Paediatric Intensivist, TH Jaffna
- 09.50 a.m **Approach to a Child with Acute Neurological Concerns**
Dr Lukshiga Shanmugaram, Lecturer in Paediatrics, University of Jaffna
- 10.15 a.m **Communicating with Care: Tackling Challenges in Paediatric Nursing**
Dr Nayani Suraweera, Senior Lecturer in Paediatrics, Rajarata University of Sri Lanka
- 10.40 a.m **Understanding the Basics of IV Fluid Therapy in Children**
Dr Jasiritha Sabanadesan, Consultant Paediatric Nephrologist, TH Jaffna
- 11.05 a.m Tea Break
- 11.30 a.m **Pain Management in Children: The Critical Role of Nurses**
Dr Niruba Umashankar, Senior Lecturer in Paediatrics, University of Jaffna
- 11.55 a.m **Beyond the Drug Chart, What Can We Do to Improve Pharmacotherapy?**
Dr Imalki Kankanaratchchi, Senior Lecturer in Paediatrics, University of Ruhuna
- 12.20 a.m **Recognising Red Flags: A Nurse's Guide to Child Abuse and Neglect**
Dr Sadani Vithana, Lecturer in Paediatrics, Sabaragamuwa University of Sri Lanka
- 12.45 p.m Quiz: Dr Sadani Vithana (Moderator)
- 01.30 p.m Closing Remarks & Lunch

Sri Lanka College of Paediatricians
in collaboration with
Jaffna Medical Association

Regional Session

Jaffna

Date: 23rd February 2026 Venue: Student Hostel Lecture Hall, Jaffna
CME for Midwives

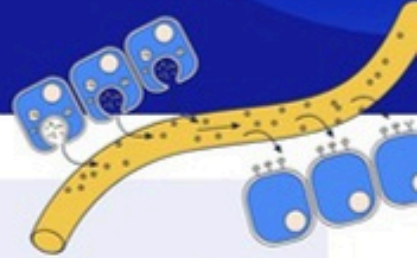
- 08.30 a.m Registration
- 08.50 a.m Opening Remarks: Dr Jananie Suntharesan, Council Member, SSCP
- 09.00 a.m **Identifying a Sick Neonate and Responding Effectively**
Dr S Jayabalan, Consultant Paediatrician, TH Jaffna
- 09.25 a.m **Common Childhood Illnesses: Essential Knowledge for Midwives**
Dr S K Anulom, Consultant Paediatrician, TH Jaffna
- 09.50 a.m **Role of a Midwife in Caring a Child with Neurodisability**
Dr Kapila Kunasingam, Senior Registrar in Community Paediatrics, CNTH
- 10.15 a.m **Early Detection of Developmental Delays among Children**
Dr T Pathmapriya, Consultant Paediatrician, BH Tellippalai
- 10.40 a.m **Responsive Feeding in Children**
Dr Kanthasamy Sureshan, Acting Consultant Paediatrician, DGH Kilinochchi
- 11.05 a.m Tea Break
- 11.30 a.m **Strong Teeth, Healthy Child: A Midwife's Guide**
Dr A Nishanthan, Dental Surgeon, TH Jaffna
- 11.55 a.m **Use of Growth Charts and Timely Interventions**
Dr Jananie Suntharesan, Consultant Paediatric Endocrinologist, SBSCH
- 12.20 p.m **Recognising Red Flags: A Midwives Guide to Child Abuse and Neglect**
Dr Visvalingam Arunath, Acting Consultant Paediatrician, DGH Mullaitivu
- 12.45 p.m Q & A Sessions and Panel Discussion
- 01.00 p.m Closing Remarks & Lunch

Excellence in Paediatric Endocrine Care: Global Challenges, Innovations & Way Forward

Opportunity to Listen to an Esteemed International Faculty

Date: 23rd May 2026


Venue: Jetwing Colombo 7, Sri Lanka





SAVE THE DATE

08:00 AM Welcome Address

Neonatal Endocrine Disorders

08:30 AM ABC of Disorders of Sex Differences - **Dr Reiko Horikawa** 


09:00 AM Congenital Adrenal Hyperplasia Diagnostic & Management Strategies - **Dr Kenichi Kashimada** 


09:30 AM Congenital Hypothyroidism Among Preterm Newborns: Transient or Real - **Dr Sylvia Estrada** 


10:00 AM Questions & Answer Session

10:30 AM Break

Metabolic Disorders

10:45 AM Type 1 Diabetes in the 21st Century - Progress & Possibilities - **Professor Maria Craig** 


11:15 AM PCOS in Adolescent: Evidence-based Approach for the Paediatricians - **Professor Alexia Pena** 


11:45 AM Hidden Fats, Hidden Facts: Paediatric Lipid Disorders - **Dr Joanna Tung** 

12:15 PM Questions & Answer Session


12:45 PM Lunch Break

Bone & Growth Disorders

01:30 PM Bone Pains & Fragile Bones: What Can You Do? - **Dr Azriyanti Binti Anuar Zaini** 

02:00 PM Diagnosis & Treatment of McCune Albright Syndrome - **Professor Junfen Fu** 

Sharing the Chinese Experience

02:30 PM Genetics of Growth - **Dr Noriyuki Namba** 

03:00 PM Questions & Answer Session

03:30 PM Lunch Break

Optimising Outcomes

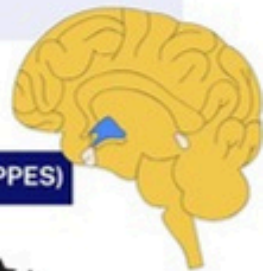
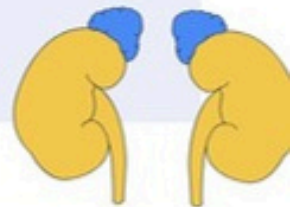
03:45 PM Hypoglycaemia - **Professor Wu Wei** 

04:15 PM Too Soon or Too Late: Case-based Discussion on Pubertal Disorders in Children - **Dr Sharmin Mahbuba** 

04:45 PM Childhood Cancer: What Happens After Cure - **Dr Cindy Ho** 

05:15 PM Questions & Answer Session

05:30 PM Closing Remarks



Sri Lanka College of Paediatricians in collaboration with Asia Pacific Paediatric Endocrine Society (APPES)



Registration Now Open!

Early : 3500LKR

Late : 5000LKR



CLICK HERE 



PAEDIATRIC SEPSIS: AN UPDATE

What's New in 2026



Sepsis Week: 19th - 25th April 2026
Discussion on Updates of Surviving Sepsis Campaign Guideline 2026



DATE 20th April 2026



TIME 8:00AM onwards



VENUE New Auditorium, Lady Ridgeway Hospital



DR NILUPULEE SUMANASEKERA

Overview of Paediatric Sepsis and Pathophysiology

Consultant Paediatric Intensivist



DR DESHAN ADHIHETTY

Evaluation and Management of Sepsis

Consultant Paediatric Intensivist



DR NALIN C. KITULWATTE

Septic Shock

Consultant Paediatric Intensivist



DR MANJULA HEWAGEEGANA

Sepsis-Induced Cardiac Dysfunction

Consultant Paediatric Intensivist



DR SHAM WEERASINGHE

Sepsis-Induced Organ Dysfunction

Consultant Paediatric Intensivist

Organised by Paediatric Intensive Care Chapter
of Sri Lanka College of Paediatricians

📞 0777508218

🌐 www.slcp.lk

Registration Open: 1000 LKR
Limited Seats Available!



CLICK HERE 

PAEDIATRICS



ASIA PACIFIC PEDIATRIC ASSOCIATION
WEBINAR

ARBOVIRUS INFECTION IN THE ASIA PACIFIC - THE GROWING CONCERN

SPEAKERS



ARBOVIRUS INFECTION IN THE ASIA PACIFIC: BASIC CARE STRATEGIES
PROF. PUJITHA WICKRAMASINGHE (SRI LANKA)



DENGUE FLUID MANAGEMENT: NAVIGATING THE TIGHTROPE
DR. LAKKUMAR FERNANDO (SRI LANKA)



TACKLING ARBOVIRUS IN ASIA PACIFIC: CONTROL & PREVENTION
PROF. WANTPREEYA PHONGSAMART (THAILAND)



12 April
2026, Sunday
3:00 PM (HK Time)



zoom
Registration

ARBOVIRUS INFECTION IN THE ASIA PACIFIC - THE GROWING CONCERN

PROGRAMME



3:00 PM - 3:05 PM
OPENING REMARKS
DR. JOSELYN A. EUSEBIO
President, Asia Pacific Pediatric Association



3:00 PM - 3:20 PM
ARBOVIRUS INFECTION IN THE ASIA PACIFIC: BASIC CARE STRATEGIES
PROF. PUJITHA WICKRAMASINGHE (SRI LANKA)
Senior Professor in Paediatrics, University of Colombo, Sri Lanka
President, Sri Lanka College of Paediatricians



3:20 PM - 3:40 PM
DENGUE FLUID MANAGEMENT: NAVIGATING THE TIGHTROPE
DR. LAKKUMAR FERNANDO (SRI LANKA)
Consultant Paediatrician - General Hospital Negombo, Sri Lanka & Clinical Head, Centre for Clinical Management of Dengue & Dengue Haemorrhagic Fever (CCMDHF), Negombo, Sri Lanka



3:40 PM - 4:00 PM
TACKLING ARBOVIRUS IN ASIA PACIFIC: CONTROL & PREVENTION
PROF. WANTPREEYA PHONGSAMART (THAILAND)
Associate Professor of Pediatric Infectious Diseases at the Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand



4:00 PM - 4:25 PM
Q&A AND PANEL DISCUSSION
Moderator: **PROF. DATUK DR. ZULKIFLI ISMAIL**
Secretary General, Asia Pacific Pediatric Association



4:25 PM - 4:30 PM
CLOSING REMARKS
PROF. IMALKE KANKANARAGUCHI
Professor in Paediatrics, University of Ruhuna & Secretary, Sri Lanka College of Paediatricians



26TH - 29TH JULY | BMICH
COLOMBO | SRI LANKA



Pre Congress Workshops of APCP 2026 on 26th July 2026 Venue: Colombo

Workshop 1	Advanced Seminar in Nephrology	Registration: LKR 1500
Workshop 2	Expert Forum in Neonatology	Registration: LKR 1500
Workshop 3	Masterclass in Developmental Paediatrics	Registration: LKR 1500
Workshop 4	Workshop on Career Development & Research Skills for Practising Clinicians & Postgraduate Trainees	Registration: LKR 1500
Workshop 5	A Deep Dive into Snakebite and Envenomation	Registration: LKR 1500

VISIT OUR WEBSITE
www.slcp.lk
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0777 508 218



Registration Open at www.slcp.lk



Pre-Congress Programmes

CLICK HERE

PAEDIATRICS



REGISTRATION FEES FOR LOCAL PARTICIPANTS - APCP - 2026

	Early bird Till 15 th May 2026	Late registration Till 25 th July 2026	On-site registration
Consultants	15,000 LKR	20,000 LKR	25,000 LKR
PGIM trainees, Medical officers	7,500 LKR	10,000 LKR	12,500 LKR

ALLIED HEALTH PRACTITIONERS & OTHERS - APCP 2026

Early bird Till 15 th May 2026	Late registration Till 25 th July 2026	On-site registration
5,000 LKR	7,500 LKR	10,000 LKR



Registration Open at www.slcp.lk

VISIT OUR WEBSITE
www.slcp.lk

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ART CREATION COMMEMORATING WORLD OBESITY DAY 2026

Organised by the Sri Lanka College of Paediatricians

Preschool & Grade 1 to 5 Theme: ***"Eat with joy, play with zest,
sleep tight and be your best!"***

Grade 6 to 10 Theme: ***"A weight that fits the height I stand,
brings a healthy tomorrow I understand"***

Island-wide Participation Open Submission Guidelines

- Draw on A4 paper using any colouring medium
- Original artwork by the child (not copied from the internet)
- Maximum 2 drawings per participant
- Each artwork must be certified by the Class Teacher & the Principal
- Submit by post or hand delivery to: **Sri Lanka College of Paediatricians
44/1, Gnanartha Pradeepa Mawatha, Colombo 08**

10 artworks will be recognised from each grade

Submission should include

Full Name

Age

Grade

School

Parent Name & Contact Number

Home Address

If available: Email & WhatsApp

Deadline: 10th May 2026



For more details contact us on:

0777 508 218

office@slcp.lk





කලා නිර්මාණ ලෝක ස්ථලතා දිනය

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6 සිට 10 ශ්‍රේණි තේමාව: "උසට සරිලන බරක් ගෙනෙයි සුවබර හෙටක්"

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- දැරුවාගේ මුල් කලා නිර්මාණයක් විය යුතුයි. (අන්තර්ජාලයෙන් පිටපත් කළ නොහැක)
- එක් සහභාගීවන්නෙකුට උපරිම වී 2ක් පමණක් ඉදිරිපත් කළ හැක.
- සෑම කලා කෘතියක්ම පන්තිභාර ඉගැන්වීම සහ විදුහල්පති විසින් සහතික කළ යුතුය.
- පහත ලිපිනයට කැපැල් මගින් හෝ සෘජුව භාර දිය යුතුය: ශ්‍රී ලංකා ළමා රෝග විශේෂඥ වෛද්‍යවරුන්ගේ විද්‍යායතනය, 44/1, දොනාර්ට් ප්‍රදීප මාවත, කොළඹ 08

සෑම ශ්‍රේණියකින්ම කලා කෘති 10ක් ඇගයීමට ලක් කෙරේ.

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- කිවේ නම්: විද්‍යුත් කැපැල් ලිපිනය (Email) සහ WhatsApp අංකය

අවසන් දිනය: 2026 මැයි 10 වනදා

වැඩි විස්තර සඳහා අප හා සම්බන්ධ වන්න:

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சித்திரப் போட்டி

உலக உடல் பருமன் தினம் 2026 இனை நினைவுகூறும் முகமாக

இலங்கை குழந்தை மருத்துவர் சங்கத்தினால் ஏற்பாடு செய்யப்பட்டுள்ளது.

பாலர் / தரம் 1 முதல் 5 "கருப்பொருள்: மகிழ்ச்சியுடன் உணவு உண்ணுங்கள், ஆர்வத்துடன் விளையாடுங்கள், நன்றாகத் தூங்குங்கள், உங்களை சிறந்தவராக்குங்கள்!"

6 முதல் 10 "கருப்பொருள்: எனது உயரத்திற்கு ஏற்ற எடை, ஆரோக்கியமான எதிர்காலத்தை கொண்டுவருகிறது எனபது எனக்குத் தெரியும்"

அகில இலங்கை ரீதியான பங்கேற்பிற்பிற்கு திறக்கப்பட்டுள்ளது

சமர்ப்பிப்பு வழிகாட்டுதல்கள்

- ஏதேனும் ஒரு வண்ண ஊடகத்தைப் பயன்படுத்தி A4 தாளில் வரையவும்.
- குழந்தையின் அசல் கலைப்படைப்பு (இணையத்திலிருந்து நகலெடுக்கப்படவில்லை)
- ஒரு பங்கேற்பாளருக்கு அதிகபட்சம் 2 வரைபடங்கள்
- ஒவ்வொரு கலைப்படைப்பும் வகுப்பு ஆசிரியர் மற்றும் முதல்வரால் சான்றளிக்கப்பட வேண்டும்.
- இலங்கை குழந்தை மருத்துவர்கள் சங்கத்திற்கு தபால் மூலமாகவோ அல்லது நேரிலோ சமர்ப்பிக்கவும், 44/1, ஞானார்த்த பிரதீப மாவத்தை, கொழும்பு 08

ஒவ்வொரு தரத்திலிருந்தும் 10 கலைப்படைப்புகள் அங்கீகரிக்கப்படும்.

சமர்ப்பிப்பில் இருக்க வேண்டியவை
முழு பெயர்
வயது
தரம்
பள்ளி
வீட்டு முகவரி
பெற்றோர் பெயர் & தொடர்பு எண்
மின்னஞ்சல் & வாட்ஸ்அப் இருப்பின்
குறிப்பிடவும்

கடைசி தேதி: 10 மேமாதம் 2026

மேலும் தகவலுக்கு
0777 508 218
office@slcp.lk



PAEDIATRICS

Guidelines on submission of articles for the SLCP NEWSLETTER

All communications should be addressed to Dr Hasitha Gajaweera & Dr Kasun Jayasundara, Joint Editors of the Newsletter.

Only electronic submissions to the following email address are accepted and no hard copies will be entertained as submissions.

Email: paednewsletter@gmail.com

Intellectual responsibility for pictures/articles submitted lies with the person submitting the pictures/articles and The Sri Lanka College of Paediatricians (SLCP) will not assume any responsibility whatsoever for them.

Contents

- Cover Page/ Front Page

A photograph – Can be submitted by any member of Sri Lanka College of Paediatricians. It should be followed by the cover story not exceeding 150 words. A nature photograph/ a photograph of a college function will be accepted.

- Inner pages

You are kindly requested to submit articles under the following topics for the Newsletter in MS Word format. Tables and figures should be submitted separately. Pictures should be of high quality (at least 300 DPI).

Any article with an academic interest/ non-academic interest falling under following categories will be accepted. Maximum word count is 1000 for academic and 800 for non-academic articles. Only 2 pictures, photographs (300 DPI) or tables are allowed in one article.

ARTICLES RELATED TO PROFESSIONAL DEVELOPMENT

- Review articles/ Review of a review
- Case History or Case Based Discussion
- Patient Story with a picture
- Young Paediatricians' Niche – Open only for Registrars and Senior registrars in Paediatrics and related sub-specialties, and writing on current practice of a common disease. This has to be a detailed and up to date narrative. It will be checked for plagiarism.
- Monthly clinical update
- MCQ corner

ARTICLES RELATED TO PERSONAL DEVELOPMENT

- Non-technical article – An article on a song/ book/ painting/ cartoon/ movie
- Information Technology related articles
- Finance management
- Articles on any other topic of interest too can be submitted.

ARTICLES RELATED TO UNIT/TEAM DEVELOPMENT

- New innovations in your unit/ any new developments related to paediatrics and child health by a paediatrician.
- Briefings on regional sessions held.
- Any other collaborative sessions related to paediatrics.

Please submit the documents to paednewsletter@gmail.com with a cover letter.

Articles submitted before the 10th of each month will be considered for publication on that month's issue. Late submissions will be considered for the next issue. However depending on the availability of space and similarity of the articles they may be considered for upcoming issues.

