



# 63<sup>rd</sup> Annual PPS Convention



# PEDIATRIC SYNERGY

Collaborative Approaches to  
Modern Healthcare Challenges

April 27-30, 2026 | SMX Manila  
Mall of Asia Complex, Pasay City

# TABLE OF CONTENTS

## **3 MESSAGES**

President, Republic of the Philippines  
Secretary, Department of Health  
President, Philippine Medical Association  
President, Asia Pacific Pediatric Association  
President, Philippine Pediatric Society  
Over-All Chair, 63<sup>rd</sup> Annual Convention

## **10 PPS ORGANIZATIONAL STRUCTURE**

National Officers and Board of Trustees  
Chapter Presidents  
Specialty Board Officers

## **12 63RD ANNUAL CONVENTION ORGANIZING COMMITTEE**

Executive Committee and Advisory Council  
Working Committees

## **16 PPS HISTORICAL HIGHLIGHTS**

## **21 OBJECTIVES OF THE CONVENTION**

## **22 CONVENTION GUIDELINES**

## **33 CONVENTION PROGRAMME**

Pre-Convention Programme  
Scientific Programme

## **44 SPEAKERS' PROFILE**

Pre-Convention  
Plenary Sessions  
Simultaneous Symposia

## **65 RESEARCH ABSTRACTS**

Interhospital Oral Presentation Research Contest  
Interhospital Research Poster Contest

## **92 PPS ADMINISTRATIVE STAFF**

# MESSAGES





MALACAÑAN PALACE  
MANILA



I extend my warmest greetings to the **Philippine Pediatric Society, Inc.** as you hold your **63rd Annual Convention.**

The progress of a nation begins with the care that we provide for our children. By safeguarding their health and well-being, we secure their future and equip them with the means to flourish. Through your leadership and guidance, pediatricians continue to protect the welfare of young children, ensuring their survival, safety, and development.

On this day, may you further strengthen collaboration and partnerships that serve the best interests of infants, children, and adolescents. Remain steadfast in advancing excellence in compassionate care—an advocacy you have long upheld—through meaningful knowledge exchange and encouraging innovations in your field. May the insights and shared experiences gained from this convention serve as a springboard for further elevating your practice and contributing to the continued improvement of our health system, especially for the youth who need quality healthcare the most.

I am confident that, through unity and shared purpose, you will remain responsive to the evolving challenges of modern healthcare. As you pursue professional growth, it is my earnest hope that you will continue to inspire hope among our children, affirming that they can aspire, dream, and thrive in this era of Bagong Pilipinas.

I wish you a productive and successful event.

**MANILA**  
27 April 2026

FERDINAND R. MARCOS JR.

A handwritten signature in blue ink, appearing to read 'Ferdinand R. Marcos Jr.', positioned above the printed name.



Republic of the Philippines  
DEPARTMENT OF HEALTH  
*Office of the Secretary*



**The health of the Filipino children is the clearest measure of our nation's progress.** As the Philippine Pediatric Society (PPS) convenes for its Annual Convention under the theme, **"Pediatric Synergy: Collaborative Approaches to Modern Healthcare Challenges,"** I extend my warmest greetings and commendations to an organization that has long stood at the forefront of child health in the Philippines.

Since its founding in 1947, the PPS has grown into a strong and credible professional community, uniting thousands of pediatricians across all regions of the country.

Through its chapters, PPS has consistently demonstrated leadership in training, research, and advocacy, while remaining deeply committed to the development, safety, and protection of Filipino children. This enduring mission closely aligns with the Department of Health's own mandate and aspirations.

The pursuit of Universal Health Care demands the very synergy highlighted in this convention, with pediatric care at its core. By protecting the health and development of children, we invest in a stronger, more productive, and more resilient future. By prioritizing nutrition and immunization in the early years, we build the foundation for a sustainable society, an objective that can only be realized through the active partnership of pediatricians in clinical service, community engagement, and public health.

On behalf of the Department of Health, I congratulate the Philippine Pediatric Society on this gathering and thank its members for their unwavering dedication to the health and future of every Filipino child. May the discussions and commitments forged here further empower our pediatric workforce and contribute meaningfully to the full realization of Universal Health Care.

***Dahil sa Bagong Pilipinas, Bawat Bata Mahalaga!***

Handwritten signature of Teodoro J. Herbosa, MD.

**TEODORO J. HERBOSA, MD**  
Secretary of Health



**PHILIPPINE MEDICAL ASSOCIATION**



I am deeply honored to congratulate the Philippine Pediatric Society as you hold your 63rd PPS ANNUAL CONVENTION with the theme **"Pediatric Synergy: Collaborative Approaches to Modern Healthcare Challenges"**.

Your continued search for innovation and updates in your field of Pediatrics is truly admirable and a testament to your dedication to the continuous improvement of your skills and expertise to better serve the Filipino Child.

Your convention is an important means to address the medical challenges of children in your care. By collaborating and sharing your expertise through courses like this you are enhancing the delivery of a comprehensive care plan for Children. It ensures that despite numerous challenges the PPS remains resilient so the child receives the best possible medical care and support.

PMA is one with you in your aspirations and goals in providing a healthy environment for the Children of this nation . I wish you all the best in your endeavors.

Manatili po tayong Nagkakaisang PMA: Hatid ay Kalusugan para sa Lahat.

**Hector M. Santos, Jr. MD MMHA**  
President  
Philippine Medical Association



## ASIA PACIFIC PEDIATRIC ASSOCIATION



It is with great honor and immense pleasure that I extend my warmest greetings to the Board of Trustees, the organizing committee, and all the delegates of the 63rd Philippine Pediatric Society (PPS) Annual Convention.

The theme for this year's gathering, ***"Pediatric Synergy: Collaborative Approaches to Modern Healthcare Challenges,"*** could not be more timely or relevant. As we navigate an era defined by rapid technological advancements, shifting environmental landscapes, and evolving social determinants of health, the traditional "silo" approach to medicine is no longer sufficient. Our strength lies in our ability to harmonize our expertise, bridging the gap between various disciplines to provide holistic, patient-centered care.

This convention serves as a vital platform for the sharing of best practices and frontier knowledge. We are privileged to host a distinguished roster of subject matter experts who bring with them a wealth of experience and cutting-edge insights. By engaging with these thought leaders, we are better equipped to address the complex, modern-day healthcare challenges that face our youth—ranging from mental health crises and the impact of climate change to the integration of artificial intelligence in clinical practice.

I wish all delegates a series of very fruitful learning and sharing sessions. It is my hope that the sparks of inspiration ignited during these presentations will translate into meaningful action within your respective clinics, hospitals, and communities. The synergy we build here today is the foundation for the resilient healthcare systems of tomorrow.

I would like to take this opportunity to commend and thank all the convention organizers, most especially the Steering Committee. Your tireless dedication and meticulous planning have created an environment where innovation and camaraderie can thrive. Orchestrating an event of this magnitude is a monumental task, and your commitment to the excellence of Philippine pediatrics is truly inspiring.

Finally, I wish everyone a resoundingly successful convention.

I am confident that the deliberations and connections made during this event will redound to the significantly improved healthcare of children, not only in the Philippines but throughout the entire Asia Pacific region. Together, through synergy and collaboration, let us continue to champion the health and well-being of every child.

**Dr. Joselyn Alonzo Eusebio**

President

Asia Pacific Pediatric Association (APPA)



## Philippine Pediatric Society, Inc.

A Specialty Division of the Philippine Medical Association (PMA)



The Philippine Pediatric Society is proud to welcome all participants of the 63RD PPS Annual Convention. With this year's theme, *Pediatric Synergy: Collaborative Approaches to Modern Healthcare Challenges*, we gather to advance the health and well-being of every Filipino child through partnership, innovation, and collective expertise.

Modern pediatric practice increasingly calls for collaborations. The complexities of child health today require pediatricians to work closely with colleagues across disciplines, institutions, and sectors. By fostering synergy among healthcare professionals, educators, researchers, and policymakers, we strengthen our capacity to respond effectively to the challenges that confront child health in our time.

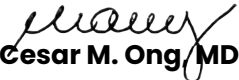
Modern pediatric practice increasingly calls for collaborations. The complexities of child health today require pediatricians to work closely with colleagues across disciplines, institutions, and sectors. By fostering synergy among healthcare professionals, educators, researchers, and policymakers, we strengthen our capacity to respond effectively to the challenges that confront child health in our time.

Through the various activities that define this convention, we reaffirm our commitment to evidence-based practice, lifelong learning, and the highest standards of pediatric care.

I would like to congratulate the Department of Pediatrics of MCU-FDTMF for hosting this year's convention and for their dedication in organizing a program that brings together leaders and practitioners in pediatric healthcare.

May we continue to build strong professional partnerships, inspire innovations, and deepen our collective resolve to advocate for the health and future of Filipino children.

Let us have a productive, enriching, and inspiring convention.

  
**Cesar M. Ong, MD**

President

Philippine Pediatric Society



With great pride and heartfelt gratitude, I warmly welcome you to the 63rd Annual Convention of the Philippine Pediatric Society. It is truly an honor to gather pediatricians whose life's work is dedicated to protecting, nurturing, and advocating for the health and future of Filipino children.

This year's theme, "Pediatric Synergy: Collaborative Approaches to Modern Healthcare Challenges," reflects a truth we have all come to recognize. The challenges faced by children today are increasingly complex. From emerging diseases and evolving healthcare systems to social determinants that affect child well-being, the path forward requires more than individual excellence—it calls for unity, cooperation, and shared purpose.

Synergy means that together, we are stronger. When pediatricians collaborate with fellow specialists, allied health professionals, educators, public health leaders, and communities, our collective efforts multiply in impact. When we listen to one another, learn from one another, and work side by side, we create solutions that no one discipline could achieve alone.

This convention is more than a scientific meeting. It is a celebration of our shared mission. It is a space where knowledge meets compassion, where experience meets innovation, and where colleagues become partners in advancing pediatric care in our country.

Over the next few days, may we open our minds to new ideas, challenge ourselves to think differently, and inspire one another through meaningful dialogue and collaboration. But beyond the lectures and discussions, may this gathering also remind us of why we chose this path—to serve children, to uplift families, and to contribute to a healthier, stronger Philippines.

Let this convention renew our passion, strengthen our connections, and deepen our commitment to the children who depend on us.

Together, let us move forward with hope, courage, and collaboration—so that every Filipino child may grow up healthy, protected, and empowered to reach their fullest potential. May we all have an inspiring and meaningful convention ahead.

Thank you very much.

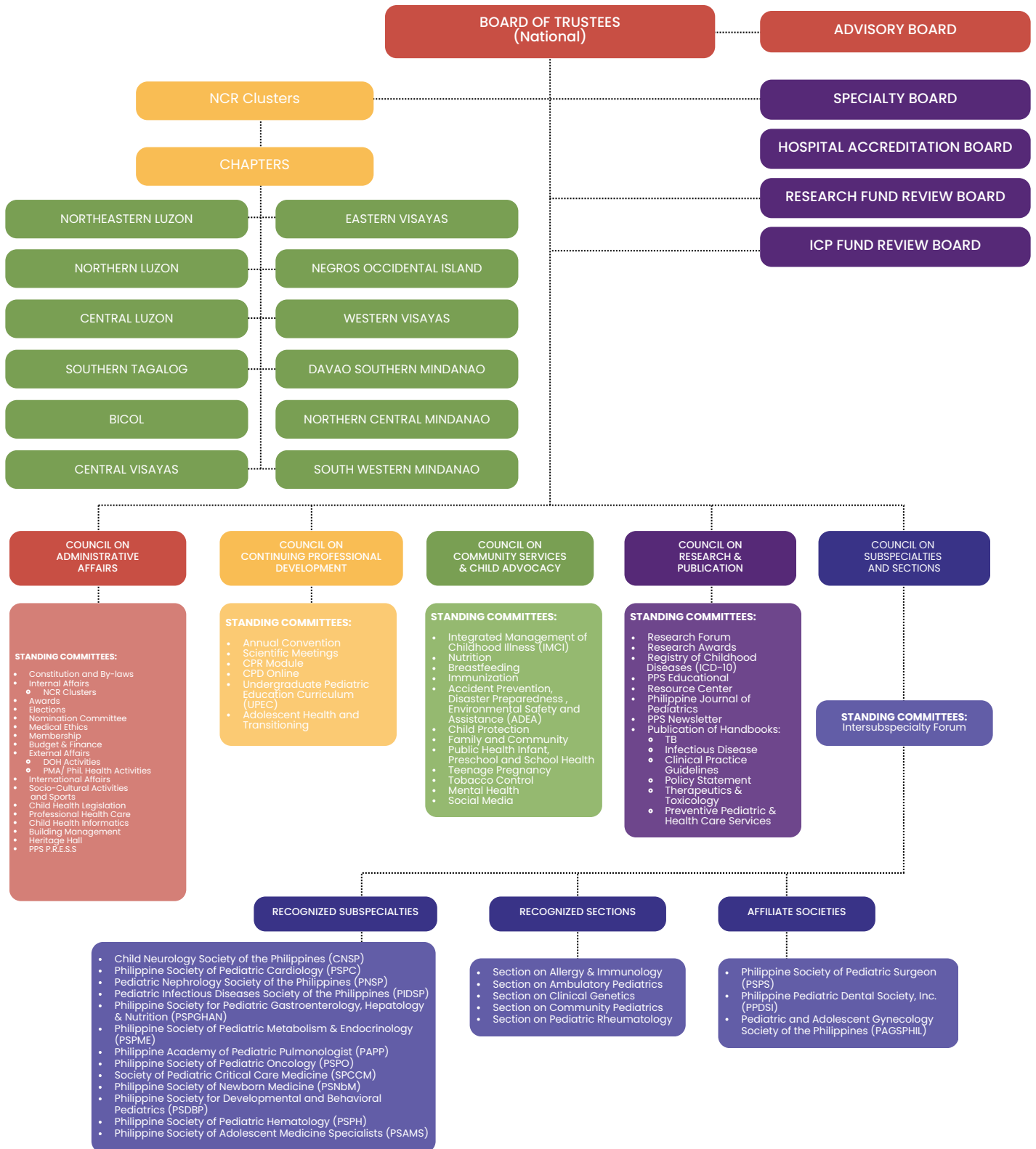
A handwritten signature in black ink, appearing to read 'Nephthalie R. Ordoñez'.

**NEPTHALIE R. ORDOÑEZ, MD**

Over-All Chair, 63<sup>rd</sup> Annual Convention

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# 63rd Annual Convention

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# PPS HISTORICAL HIGHLIGHTS

**Edwin V. Rodriguez, MD, MHPed., Ben Rod De Leon, MD,  
Maria Christina H. Ventura, MD, Elizabeth G. Tan, MD**

The Philippine Pediatric Society has remained a formidable pillar of medical professionals in the country. Throughout its more than seven decades of robust existence, it has represented the voice of child healthcare advocates in various issues that confronted the Filipino child. It has mirrored history in its countless landmark achievements through men and women who with passion and courage shaped the landscape of child health in the Philippines.

Undoubtedly, the individual and collective accomplishments of the Philippine Pediatric Society paved the way for the upliftment of standards and improvement of healthcare delivery strategies nationwide. Pediatricians linked by a common philosophy to serve became the tool for progress and advancement in communities across the archipelago.

This year, we pay tribute to the men and women, whose vision prompted action and whose action made possible the implementation of changes that shaped a brighter and more promising future to the hope of the Motherland – the Filipino child.

**DR. ALBERTO V. TUPAS** nurtured the roots of the PPS as he spearheaded some thirty (30) pediatricians in 1947 bringing into fruition the first organized society of pediatricians in the country. It led to the birth of what will become the Philippine Pediatric Society. The seminal meetings of this budding specialty group were conducted at the North General Hospital (now the Ramon Magsaysay High School in Espana, Manila) making it birthplace of the PPS.

**DR. RENATO MA. GUERRERO** as the second President of the society in 1949 blazed the trail for the establishment of the Philippine Journal of Pediatrics becoming its 1st Editor-in-Chief.

**DR. FE DEL MUNDO** was the first WOMAN to be elected President of the PPS. She was a key strategist who forged the collaboration of the PPS with mass media and established strong linkage with the World Health Organization (WHO). Foreseeing the need to level up the practice of pediatric medicine in the country, she organized the PPS Qualifying Boards during her incumbency.

**DR. FLORENCIO N. QUINTOS** worked for the registration of the PPS with the Securities and Exchange Commission in 1955. He spearheaded the successful launch of the first PPS sponsored pediatric research contest.

**DR. LEON V. PECACHE** focused on improving the conduct of pediatric seminars for generalists. He instituted measures to systematize regional educational encounters and established roving

clinics nationwide. He facilitated the completion of five (5) modules for continuing medical education (CME) and recognized the first “Most Outstanding Chapter in Continuing Medical Education”.

**DR. ARTEMIO P. JONGCO** facilitated the inauguration of chapters in Davao and Cebu in 1962 and 1963 respectively. He led the successful execution of the first PPS Annual Convention in 1963 held at the Children’s Medical Center Philippines (now the Fe del Mundo Memorial Medical Center).

**DR. LINO ED. LIM** spearheaded creation of a pediatric referral center and a malnutrition clinic in the old PPS Building. He supervised the release of the 1st Handbook on Infectious Diseases. He was instrumental in initiating the first Outstanding Pediatrician Award which was given to Dr. Eugene Stransky in 1965. During his watch, the PPS Cagayan de Oro Chapter was established. He also printed the first PPS Annual Report.

**DR. REMEDIOS GOQUIOLAY-ARELLANO** established and fortified the services of the “Indigency and Malnutrition Clinic” of the PPS and inaugurated the PPS Office in 1968.

**DR. CARMELITA BELMONTE-CUYUGAN** led the celebration of the PPS 25th Anniversary in 1972. She affiliated the society with the Philippine Medical Association (PMA) and saw the birth of PPS Chapters in Negros Occidental, Bicol, Central Luzon and Cagayan de Oro-Misamis Oriental. She established the Gallery of Honor in 1971.

**DR. SIMONA C. ALIKPALA** streamlined the PPS Qualifying Boards by setting the fundamentals of assessment for the written and oral examinations given by the society. She institutionalized the requirement regarding the acceptable duration of formal pediatric residency training at two (2) then later at three (3) years in a PPS-HAB accredited hospital as a qualification for certification. She was at the helm of the construction of the old Annex Building.

**DR. LUIS M. MABILANGAN** was instrumental in publishing the 1st PPS Newsletter in 1974. He awarded the “Most Active Affiliate Society of the Philippine Medical Association” for two (2) consecutive years. He also introduced the pre-convention workshops and started similar initiatives in infectious diseases and nutrition.

**DR. EUSTACIA M. RIGOR** established three (3) additional standing committees in infectious diseases, fetus and the newborn and prenatal conditions. She institutionalized the categorization of PPS-accredited hospitals into three (3) levels/phases based on the degree of specialization of institutional facilities and training faculty capabilities.

**DR. PERLA DIZON-SANTOS OCAMPO** was the champion of the "Child Advocacy Center" in 1978 with the support of UNICEF. She established standing committees on adolescent health, community development, family life education, manpower development for primary pediatric care, pre-school health, sports and recreation, rehydration, standards of child care and special categories for children. She set up the PPS Research Foundation and the PPS Registry of Childhood Diseases. She honored Dr. Alberto V. Tupas with the first Tupas Memorial Lecture and conducted the first PPS Interhospital Research Contest. Her term witnessed the birth of the PPS chapters in Northern Luzon and Southern Tagalog.

**DR. ESPERANZA FIGUEROA-RIVERA** created seven (7) coordinating councils each supervised by a member of the PPS Board of Trustees. She constituted two (2) standing committees on "interrupted pediatric residency training program and pediatric manpower development". She was instrumental for the publication of the first Manual of Standards for Pediatric Residency Training and conducted the first post-pediatric residency training program in Pediatric Pulmonology.

**DR. MIGUEL L. NOCHE JR.** called upon the PPS membership to ensure the success of the "Child Survival Program" of the UNICEF and led the society in the commemoration of the "National Advocacy Day". He was at the forefront of the National Movement for the Promotion of Breastfeeding and was the helm of the Society in the hosting of the 17th International Congress in Pediatrics. He established an ICP Fund Review during his incumbency.

**DR. TERESITA K. BRIONES** set up the RESYNET (Regional Systems Network For Child Advocacy) and facilitated the 1st Post-Graduate Course in Perinatology. She led the PPS' position on the "Effects of Nuclear Energy on the Fetus and the Newborn". During her term, the first Manual of Standards of Newborn Hospital Care was published.

**DR. FELICITAS SARMIENTO-AGUILA** was the President of the PPS in its RUBY Anniversary in 1987. She commissioned the composition of the PPS' 40th Anniversary song entitled, "Forty Years of PPS". She launched the URBANET (Urban Network System for Child Advocacy) focusing on "Growth Monitoring, Oral Rehydration, Breastfeeding and Immunization".

**DR. WILBERTO L. LOPEZ** published three (3) landmark researches in measles, urban adolescents and trauma and home accidents. He spearheaded the 1st PPS Young Pediatrician's Research Award and created the Committee on Therapeutics and Toxicology. He actively involved the PPS in the drafting of the National Drug Formulary. During his Presidency, the 1st Subspecialty Board in Neonatology was administered, and the PPS linked with the Critical Care Nurses' of the Philippines (CCNAP).

**DR. HERMOGENES B. PURUGGANAN** pushed for increased representation of PPS Chapter representatives from one (1) to three (3) with singular representatives from Luzon, Visayas and Mindanao. He initiated the annual subsidy for child advocacy projects nationwide. He created the Committee on "Fora Medica" and the Disaster

Committee to serve as a community-extension arm of the PPS in areas hit by natural calamities and disasters.

**DR. AMELIA R. FERNANDEZ** pioneered the computerization of the PPS through the PPS-DoRIS Project (Doctors' Record Information System) as well as the Membership ID program. She was instrumental in holding the first Midyear Convention of the PPS in Cebu in 1992. She created the "Child Survival Committee" and represented the PPS in the enactment of RA 7600 (Breastfeeding and Rooming Act). She was one of the framers of the Magna Carta for disabled children.

**DR. XERXES R. NAVARRO** implemented an objective and quantitative assessment for PPS-accredited hospitals. The "Council on Specialty and Subspecialties" was created during his watch. The first "Fe del Mundo Award for Outstanding Pediatrician in Community Service" and the "PPS Pediatric Fellowship Award" were introduced. The first PPS Employees' Manual was published and the PPS Museum was constructed. He led the PPS in position papers on the promulgation of the "Emergency Care Act, Alternative Authority Bill and the Milk Code Guidelines".

**R. MARY N. CHUA** led the 50th Anniversary of the Society. She commissioned the construction of the "Statue of the Filipino Child" as well as the composition of the official PPS Hymn. During her incumbency the third Midyear Convention was held in Tagaytay City. She published the first Consensus on Childhood Tuberculosis Manual. She advocated for the establishment of an Ad Hoc Committee on Child Protection and launched the Integrated Management of Childhood Illness (IMCI) project of the Department of Health.

**DR. ZENaida L. ANTONIO** conceptualized the preamble of the PPS Constitution and By-laws. She revised the PPS Mission and crafted the PPS Credo. She created the "TB Pilot Project, strengthened the PPS Indigency Clinic, improved the PPS Library, introduced Community Health Development for the pediatric residency training program and engaged the PPS in projects on environmental safety and injury prevention".

**DR. CARMELO A. ALFILER** restructured the PPS at the turn of the millennium. He conceptualized and operationalized a central administration with five (5) councils, forty five (45) component committees, nine (9) regional chapters and nine (9) subspecialty societies. The Child Health Informatics Program (CHIP) was his brainchild. He was instrumental in the 1st computerized elections in the society in 2002. He held the 1st PPS-HAB Chairs' Meeting and created the Undergraduate Pediatric Education Curriculum (UPEC).

**DR. JOEL S. ELISES** created new PPS Sections on adolescent medicine, allergology and immunology, ambulatory pediatrics, clinical genetics and developmental pediatrics. He spearheaded the "Adopt-an-Orphanage" project which gave the PPS, the coveted Philippine Medical Association's Award for "Specialty Society with the Most Outstanding Project". He completed the revision of the PPS Handbook on Infectious Diseases and the Handbook on Preventive Health Care. He started the foundation for the construction of the PPS Building.

**DR. ESTRELLA B. PAJE-VILLAR** institutionalized the “Medical Home Initiatives” during her term. Tagged as “KKK: Kalusugan ng Kabataan Ating Kinabukasan”, a program which integrated a health professional-family partnership approach towards a family-centered community-based healthcare plan. For the second straight year, the Philippine Medical Association awarded the PPS with the “Specialty Society with the Most Outstanding Project”. She set up the “Dr. Perla Santos Ocampo Award for Child Advocacy, Dr. Rolando Songco Award for Continuing Medical Education, and handed the first Outstanding Chapter in Research Award”. Her Presidency generated twenty three (23) policy statements and six (6) new clinical practice guidelines. The relative unit value (RUV) for pediatric consultations was forwarded to the Philhealth. An ONLINE ICD-10 Registry of Diseases was established.

**DR. JOCELYN J. YAMBAO-FRANCO** was key in the construction of the PPS Building along Kalayaan Avenue in Quezon City. She led the PPS in complying to the ten (10) year program of the national government in addressing the United Nations Millenium Development Goals (MDG) particularly the reduction of child mortality and morbidity by 2015. She pushed for the computerization of the PPS and published several PPS manuals.

**DR. VICTOR S. DOCTOR** forged a dynamic partnership with the American Academy of Pediatrics (AAP). During his Presidency, the PPS Journal of Pediatrics was reformatted to subscribe to international publication standards. The Committee on Basic and Advanced Life Support was recognized and the PPS through this committee has been accredited as an “International Training Center for PALS and BLS Courses for Health Care Providers” by the American Heart Association.

**DR. GENESIS C. RIVERA** was instrumental in resolving the issue involving recertification of PPS diplomates. He pioneered the monthly video conferences and updated the PPS website. The PPS Newsletter, Continuing Professional Education and the Registry of Childhood Diseases were placed online. The PPS Auditorium was inaugurated. Preventive pediatrics and disaster preparedness were highlighted as priority areas. Revision in the Residency Core Curriculum was implemented. Provision for chapter representation in the Hospital Accreditation Board and Specialty Board were approved. The chapters in Eastern Visayas and Southwestern Mindanao were established.

**DR. MELINDA MILLARES-ATIENZA** anchored her term on “personalizing and professionalizing services” for the PPS membership. She established the PPS PRESS (Public Relations Engagement Systems and Services) to serve as the “voice” of the Society in echoing its position on contemporary issues affecting the Filipino child. The PPS Museum has been refurbished and renamed as the “PPS Heritage Center”, a testament of the society’s living history. The “PPS Hub” was set up to serve as a respite for PPS members visiting the PPS Headquarters. The one- time amnesty certification examination for associate and affiliate members was conducted. The WISE (written in-service examination) was launched during her term.

**DR. MILAGROS SALVANI-BAUTISTA** spearheaded the “era of frameworks” to help strengthen and streamline the various endeavors under the umbrella of the PPS. She took the difficult task of retrofitting the PPS Building to improve its physical structural framework. She facilitated the improvement of technical training frameworks through the publication of the revised Textbook of Pediatrics and Child Health and the Manual of PPS Standards for Fellowship and the Guidelines on Continuing Professional Development. She introduced operational frameworks to ensure accurate credit recording in scientific sessions through the radio frequency ID (RFID) and the solidification of regional representation in the Hospital Accreditation Board through the addition of new members from the Visayas and Mindanao. She was a staunch supporter of shifting the regulatory frameworks governing the practice of pediatric medicine by collaborating with the Food and Drug Administration in the finalization of the “Implementing Guidelines on the Promotion and Marketing of Prescription Pharmaceutical Products and Medical Devices” as well as the harmonization of the Professional Regulation Commission – Board of Medicine Code of Ethics. In publication and research, she pushed for the ISSN registry of the Philippine Journal of Pediatrics realigning the publication framework of the Society. She formed an alliance with the Philippine Pediatric Dental Society Inc. making it an affiliate society of the PPS. She also received in behalf of the PPS a grant from the American Academy of Pediatrics for disaster preparedness and the American Academy of Pediatrics for immunization advocacy and education to increase literacy on the advantages of immunization in the grassroots level.

**DR. ALEXANDER O. TUAZON** believed that there was a need to strengthen the PPS as an organization. During his term, two major activities geared to equip key and future leaders of the Society were conducted: a Leadership and Management Course for Pediatricians co-developed with the Asian Institute of Management and a Project Management Workshop. He made the national leadership more palpable to the general membership as the entire Board of trustees held direct, interactive meetings with the different chapters of the Society nationwide. Dr. Tuazon met face to face with different sectors in the National Capital Region. The start of digital communication technology was embraced and inclusive participation was achieved through the improved PPS Website, Facebook and Viber messaging apps. This provided a venue for more direct interaction and dialogue with our individual members. A full financial and systems audit of the PPS paved the way for the immediate improvement and stricter daily accounting. To strengthen the capabilities and encourage the involvement of the members, numerous projects were put into place. The PPS Code of Ethics was revised and updated to keep abreast of the explosion of Digital communication. The PPS Tools App for Android and iOS devices was launched. The Clinical Practice Guidelines on Dengue and Community Acquired Pneumonia were made available through publication and the PPS website. The PPS Newsletter was fully embedded in the PPS Website as well. New CPD Guidelines were also formulated. As child advocate, statements on then Dengue Vaccine, First 1000 Days, and Age of Criminality

were issued. Other projects that were pursued were related to breastfeeding, accident prevention, first 1000 days, vaccine surveillance, medical home initiative and IMCI sessions. The following projects were also initiated: Teenage Pregnancy, Online Addiction, Tobacco Control, Mental Health, Depression and Suicide, Social Media and Tuberculosis. Continued were collaborations with the Department of Health (DOH), International Pediatric Association (IPA), Asia Pacific Pediatric Association (APPA) and the American Academy of Pediatrics (AAP) working closely with the Vaccine Surveillance and Tobacco Control. It was during his time that the Society was able to sign the Memorandum of Agreement with the Association of Health Maintenance Organization (AHMOPI) a partnership for member-participation with the Organization on healthcare delivery. The term of Dr. Tuazon envisioned a new breed of Filipino pediatricians ready to discover novel ways to address the clinical concerns in his workplace and the needs of children and communities under their care using a combination of talent and technology, determination and digital proficiency anchored on excellence, passion for service and ethical practice.

**DR. SALVACION R. GATCHALIAN** Her flagship project was the Adolescent Transitioning Health Care Program. Her term saw the successful collaboration of PPS with the Department of Health (DOH), Food and Drug Administration (FDA), and the Department of Education (DepEd) for the PPS Tobacco Control Advocacy. This paved the recognition and successful passage of laws to raise tobacco tax as well as e-cigarette regulation in the country. The PPS hosted the 14th Congress of the Asian Society for Pediatric Research. The PPS also created a Tool to enable parents and educators to identify potential problems and measure a child's experience in accident and home disaster preparedness at home, bullying, depression and suicide prevention, internet addiction, teenage pregnancy risk and tobacco cessation. The PLAY SMART program was also developed. This was distributed to members during the Business Meeting in 2019.

**DR. JOSELYN A. EUSEBIO** ushered the society to overcome the hurdles with resiliency, innovation and creativity. During her term, she faced significant challenges including the eruption of the Taal Volcano, the onset of the COVID-19 pandemic, and the passing of her predecessor, Dr. Salvacion Gatchalian. PPS was an integral part in addressing the needs of the community during the pandemic. PPS, through its subspecialties and in coordination with the Philippine Medical Association (PMA) and Department of Health (DOH), released practice guidelines for COVID-19. The society joined the healthcare workers in the country in the Health Professionals Alliance Against COVID-19 (HPAAC) as we fought for reforms in the handling of the pandemic. The society also took a huge role in the COVID-19 vaccine roll out for pediatric patients. Under her leadership, the PPS swiftly adapted to digital platforms for elections, membership, and conferences, ensuring continuity of operations amid the pandemic. The society prioritized COVID-19 response efforts, collaborating with medical associations and government agencies, while also focusing on professional development, mental

health support, and advocacy initiatives. Dr. Eusebio's tenure saw advancements in pediatric training where an interim guideline for residency training was released in order to adapt to the decline in usual pediatric cases with guidelines for telemedicine, innovations with teaching-learning activities as well as virtual assessments. Also, training on developmental surveillance and screening was included in the pediatric training program and was cascaded by the Philippine Society for Developmental and Behavioral Pediatrics to all residents nationwide in 2021. The module on Adolescent Health and Transition Care spearheaded by the Philippine Society of Adolescent Medicine Specialists was launched. Through the vision and hard work of the Undergraduate Pediatric Education Curriculum Committee, the UPEC Manual 2022 edition was completed which aimed to enhance the teaching and practice of Pediatrics in the undergraduate level and provide a strong foundation for future general practitioners and pediatric specialists and subspecialists. Dr. Eusebio successfully organized virtual conventions and digitized CPD activities, ensuring members' continued growth and engagement. She advocated for members' rights, renewed partnerships with healthcare organizations. The PPS successfully negotiated the protected professional fees for the members of the Association of Health Maintenance Organization of the Philippines, Inc. (AHMOPI). She also spearheaded initiatives in areas such as breastfeeding promotion; tobacco control with the Asian Regional Leadership Advocacy Workshop, entitled: "Protecting Children from Tobacco" that was made possible through an educational grant from AAP; mental health with the module for mental health support for pediatricians in training and in practice "Project REACH (Resiliency, Empathy, Acceptance, Connection, Hope)"; and disaster preparedness. The successful celebration of the PPS diamond anniversary milestone during her term is a testament to the commitment and resilience of the society through the years in the delivery of excellence in pediatric education, training and child advocacy. The PPS under her guidance demonstrated adaptability, perseverance, and a commitment to serving its members and the community, culminating in sustained success amidst unprecedented challenges.

**DR. FLORENTINA U. TY's** presidency marked a defining period for the Philippine Pediatric Society (PPS), where her leadership was grounded in the belief that governance is a "sacred trust." With a strong foundation of moral stewardship, she inspired a transformational shift within the organization, cultivating a culture of collaboration while ensuring accountability and radical transparency.

Dr. Ty provided unwavering support for the Specialty Board's comprehensive reforms to the certification process. Working in close partnership with the Board's expert members, she helped facilitate adaptations necessary to meet the evolving professional demands of our time. This collaborative approach honored the Specialty Board's essential autonomy while ensuring alignment with the Society's broader mission of excellence in pediatric healthcare. Through

thoughtful dialogue and mutual respect, the certification enhancements such as accelerated Special Examination Pathway, Removal of Research Requirement, Revised Examination Schedule reflect our collective commitment to maintaining the highest professional standards amid changing healthcare landscapes.

Under the leadership of Dr. Michael M. Resurreccion, Dr. Marianne Naomi N. Poca, and Dr. Elizabeth G. Tan, the Council of Advocacy and Community Service, in collaboration with local chapters, clusters, and various committees, spearheaded impactful initiatives addressing critical health issues nationwide including Locally Adapted Pediatric CPR Module, Effective Rollout of the Dengue Integrated Program, AAP-Funded Workshop: Combating Vaccine Hesitancy, Tobacco and Nicotine Control Advocacy Group (TNCAG) Initiatives, Innovative Educational Outreach via Digital Platform, Launch of the PPS-PCP Adolescent to Young Adult Health Care Transition Project and Foundation for Child Welfare: "Lingap at Aruga sa Batang Pinoy (LAB\_PINOY)".

The PPS reaffirms its commitment to excellence and continuous learning by fostering academic discourse and sharing practical resources through the following key initiatives: Handbook and Publications - The development of essential resources including the Pediatric Drug Handbook, the Handbook on Pediatric Infectious Disease, the second edition of Fluid & Electrolytes, and the Handbook on Pediatric Preventive Care—each representing the collective expertise of dozens of specialists who volunteered their time and knowledge. Digitization of the Hospital Accreditation Board (HAB) Manual and Reviving the Philippine Journal of Pediatrics.

PPS amplifies its voice in tackling global child health challenges and reinforces its commitment to improving pediatric care both locally and internationally. It has expanded its advocacy efforts through strategic collaborations with national and international partners. Notable achievements include participation in the Asia Dengue Summit in Singapore (June 2022), the Zero Vaccine Initiative with UNICEF in Rwanda (January 2023), and the Big Catch-Up Campaign for World Immunization Week (2023). In April 2024, Dr. Ty facilitated the signing of a Memorandum of Agreement (MOA) between PPS and the Alliance of Health Maintenance Organizations of the Philippines, Inc. (AHMOPI).

The National Board of Trustees (BOT), under the leadership of Dr. Ty, made it a priority to visit all 12 chapters of the Philippine Pediatric Society to foster inclusivity and unity within the organization. These visits allowed the BOT to meet face-to-face with the army of brave, brilliant, and compassionate men and women who are the unsung heroes of the society—working tirelessly to advance our shared mission. The interactions were filled with warmth and camaraderie, creating meaningful connections that benefitted both parties. These exchanges reinforced our collective sense of purpose, deepening our commitment to pediatric healthcare and ensuring that every chapter feels valued and united in their contributions toward improving the health of Filipino children.

Under Dr. Ty's leadership, IT-related operational costs were reduced from P4.68 million annually to just P200,000, resulting in a total saving of approximately P8.96 million over her two-year tenure. This remarkable 96% reduction significantly enhanced operational efficiency, bolstered sustainability, and reinforced fiscal integrity.

As we reflect on Dr. Ty's presidency, it is clear that true leadership lies in inspiring unity and guiding a community toward shared goals. The legacy of this period is not only defined by the programs and reforms implemented but by the strengthened sense of community that now permeates our organization. Throughout her tenure, Dr. Ty consistently redirected praise to the officers, committee members, and general membership, recognizing their dedication as the true driving force behind every accomplishment. Her governance embodied a profound truth: when ethical leadership aligns with collective wisdom, governance becomes not just effective, but truly transformative.

The story of Dr. Ty's presidency is ultimately the story of **"each one of us,"** who contributed to this remarkable chapter in our Society's history—a testament to the power of combining **"our"** diverse strengths in service of a shared purpose.

**DR. CESAR M. ONG** "The PRIME time of PPS" (Professionalization, Rationalization, Integrity, Multidimensional Engagement). During his term, key milestones in the unfolding history of PPS were achieved. The "Professionalization and Rationalization of Employees Program (PREP)" went into full swing fine-tuning operational excellence involving human resource reorganization, delineation of ways of working and the recruitment of an external management team to assist in the day-to-day operations of the PPS. The "enhancement of the PPS digitalization of system" continued with improved results in areas of data gathering, engagement documentation and cashless transactions to the PPS. The "PPS Cluster Advocacy Project (CLAP)" provided a "structured template for the archiving and reporting" of PPS Cluster activity inspired by the time-tested annual reports of the PPS Chapters. The 18th Asia-Pacific Congress was successfully held in Cebu City, marking the return of the Philippines in the Asia Pacific Pediatric Association (APPA) scene. Dr. Ong also worked to streamline PPS Committees by providing clear functions expected of each committee avoiding duplication of work. Likewise, he spearheaded the creation of "governance frameworks" like the "Pediatricians United by Responsible and Ethical (PURE) Guidelines" to help the PPS navigate its engagement with corporate and pharmaceutical partners. The Philippine Society of Pediatric Emergency Medicine (PSPSEM) was approved to be an affiliate society of the PPS during his watch and as a medical educator, worked for the "integration of UHC principles in the pediatric residency training curriculum" as well as the "seminal groundwork for collaboration with the Philippine Academy of Family Physicians" on the harmonization of child health care in training institutions and hospitals in the Philippines. During his term, the PPS complied with the Career Progression and Specialization Program (CPSP) of the Professional Regulation Commission.



## 63<sup>rd</sup> Annual PPS Convention **PEDIATRIC SYNERGY**

# OBJECTIVES OF THE CONVENTION

The conference focuses on synergy in pediatric healthcare. It aims to align current patient and family needs with clinician competencies to optimize outcomes in child care. With the theme “Pediatric Synergy: Collaborative Approaches to Modern Healthcare Challenges”, this CME activity hopes to answer the need for collaborative and concerted action from all stakeholders upholding the best interest of the Filipino child, the family and health care workers.

Reaffirm a holistic approach to child and adolescent health, emphasizing the importance of physical, developmental, mental, and emotional well-being, while considering the family as an integral part of the care team.

# CONVENTION GUIDELINES

## A. PPS MEMBERS

### ANNUAL DUES

PAYMENT IS A PREREQUISITE FOR REGISTRATION

1. Members are encouraged to settle and update their annual dues thru the PPS payment portal. Visit **portal.pps.org.ph** using google chrome.
2. To check your financial statement
  - o you may visit the PPS portal website.
  - o call the PPS secretariat at 0917-113-9416 (Cashier)

### PAYMENT OPTIONS:

1. Pay thru the PPS portal payment scheme (paymongo)
  - o Gcash
  - o Paymaya
  - o Credit Card (VISA, Mastercard)
2. Over the counter payment
  - o PPS office (Kalayaan Avenue, Quezon City)

*Note: Online payments to PPS China Bank account will NOT be accepted.*

### REGISTRATION FEES

TYPE OF PARTICIPANT	EARLY REGISTRATION December 16, 2025 Until February 28, 2026	REGULAR REGISTRATION March 1, to April 26, 2026 (11:59 PM)	ONSITE, IN PERSON REGISTRATION April 27-29, 2026
Member*	Php 4,500	Php 6,000	Php 8,000
Non-Member	Php 5,500	Php 7,000	Php 9,000
Government Physicians**	Php 4,500	Php 6,000	Php 8,000
Trainees**/Allied Health Professionals	Php 3,500	Php 5,500	Php 7,500
International Delegates	\$200 USD	\$250 USD	\$300 USD

\*IF PPS MEMBER, must pay the PPS member rate

\*\*Government physicians and Allied health professionals must show a certificate of employment and/or current employment ID.

\*\* Trainees (Residents and fellows in training [non-PPS member] are required to submit a certificate of training signed by their respective Chairs or Training officer to avail of the discounted fees.

**On-site registration**, only **cash** payments will be accepted. Kindly proceed to the registration counter to register in person

**Accompanying person** is allowed only for individuals with ambulation difficulties or elderly participants. They will have no access to the meals of the luncheon symposia nor giveaways from the Commercial Exhibitors. An 'Accompanying Person' ID will be issued.

**No confirmation email** will be sent. Please check your PPS account for verification.

If you need an official receipt, show proof of payment and an official receipt will be issued by the cashier.

**For Emeritus Fellow, Past National Presidents, Incumbent members of the Board of Trustees, Incumbent and Past Chapter Presidents, Incumbent Presidents of PPS Subspecialty Societies and PPS Section Heads**

No need to register on line. They will be registered automatically.

**Fellows in good standing** (65 years old and above, non-Emeritus Fellow)

- Annual dues exempted
- Registration fees required

**Organizing Committee, Speakers**

- Annual dues required
- Registration fees exempted

## B. NON-PPS MEMBERS

- No existing account: visit [portal.pps.org.ph](http://portal.pps.org.ph) using Google Chrome
- Click **Register Now** and fill up the form

(Resident/Fellows in training/government physician or allied professional):  
Attach PRC license and Certificate of training from training officer and/or  
Chair.

Wait for the notification in 1-3 working days before proceeding to pay the  
corresponding fee.

For any concerns, please contact the secretariat during office hours from  
Monday to Friday (9:00AM to 6:00PM)

Email: [ppsannualconvention@gmail.com](mailto:ppsannualconvention@gmail.com)  
Viber: Lezleeh Lodronio (Annual Convention Secretariat) 09171225036  
Josh Mier (PPS IT) 09559410235

# IMPORTANT REGISTRATION UPDATES

## 1. Registration Deadline Extension

The regular registration has been extended from March 16 to April 26, 2026 (11:59PM).

*\*Registration fee is non-refundable/non-transferable.*

## 2. Registration Process

All pre-registered delegates are reminded to present their QR code located in the dashboard of the PPS Portal for scanning at the registration area during the convention.

For your convenience, a courtesy copy of your QR code will be sent via email from [noreply-ppsreg2026@mail.synergyph.com](mailto:noreply-ppsreg2026@mail.synergyph.com) two weeks and again one week before the convention by our registration support team. Please save or take a screenshot of your QR code for easy access during registration.

Those who register from April 20-26, 2026 will no longer receive a courtesy copy of their QR code via email. Kindly access your QR code directly from your dashboard in the PPS portal.

## 3. On-Site Registration

On-site registration will still be available during the convention dates, subject to the applicable on-site registration fee. Only cash payment will be accepted.

## 4. Convention Badge and Kit

Upon successful QR code scanning, delegates will receive their convention badge and convention kit.

## 5. Bulk Registration

For bulk registration, an authorization letter from the delegate, together with a copy of their QR code, must be presented and submitted to the Registration Desk.

## 6. Certificates of Appearance / Official Time

Certificates of Appearance/Official Time may be accessed via QR code at the Registration Area. Hard copies will be available on a limited basis while supplies last.

## **7. Replacement of lost IDs**

Replacement of lost IDs will be subject to a fee of ₱1,500

## **8. Venue**

SMX Hall 2, GF

April 27, 2026, Monday

April 28, 2026, Tuesday

SMX Built-in counter, GF

April 29, 2026, Wednesday

April 30, 2026, Thursday

## **9. Schedule of registration**

April 27, 2026, Mon – 8:00 AM–3:00 PM

April 28, 2026, Tue – 7:00 AM–4:00 PM

April 29, 2026, Wed – 8:00 AM–4:00 PM

April 30, 2026, Thu – 8:00 AM–12:00 PM

## **10. Children Policy**

Children are STRICTLY NOT ALLOWED inside the convention premises/commercial exhibits.

## **11. Convention ID**

The Convention ID should be worn/used at all times while inside the convention premises. It will serve as sessions and commercial exhibit area. an official entry pass to the convention

# GUIDELINE IN EARNING CPD

MODES OF ATTENDANCE	PLENARY SESSIONS	SIMULTANEOUS SESSIONS	CPD UNITS EARNED
F2F	9 plenary sessions 6 CPD units each <b>9 x 6 = 54 units</b>	1 SS per day 4 CPD units each <b>4 x 2 = 8 units</b>	<b>62 units</b>
VOD	9 plenary sessions 4 CPD units each <b>9 x 4 = 36 units</b>	12 simultaneous sessions 2 CPD each <b>12 x 2 = 24 units</b>	<b>60 units</b>

# COMMERCIAL EXHIBITORS GUIDELINES

1. Booth assignments will be finalized by the Committee on Commercial Exhibits.

2. Payment should be settled on or before March 15, 2026.

On a FIRST-COME, FIRST-SERVED basis.

**NO payment, NO booth**

3. Booths

Booth size HALL 3 (The Convergence Hall) and HALL 4 (Exhibit Hall) – 3 x 3 meters with a maximum height of 7 meters for booths

Display(s) should not extend beyond the perimeter of the booth, so as not to encroach on the other companies' booths.

4. Ingress & Egress

(A) Ingress of booth contractors (MCA-EMSTAR) will be on Monday, April 27, 2026, at 5:00 AM – Tuesday, April 28, 2026, at 12:00 AM.

(B) Ingress of Exhibitors will be on Monday, April 27, 2026, at 6:00 AM – Tuesday, April 28, 2026, at 5:00 AM.

(C) Egress of Exhibitors will be on Thursday, April 30, 2026, from 5:00 PM-10:00 PM.

5. Commercial Exhibits will be open daily from 8:00 AM to 5:00 PM, from April 28 – 30, 2026.

6. The following activities by exhibitors are strictly prohibited:

SUBLEASING

DISTURBING/LOUD ACTIVITIES

DISTRIBUTION OF FLYERS OUTSIDE OF THE CONFINES OF THE ASSIGNED BOOTH

NO RAFFLE

MASCOT SHOULD STAY WITHIN THE CONFINES OF THE ASSIGNED BOOTH

ONLY HOSPITALITY SUITE CAN SERVE CONSUMABLE FOOD & DRINKS

ALL BOOTHS MUST BE EQUIPPED WITH APPROPRIATE TRASH BINS TO MAINTAIN CLEANLINESS

7. Booth activities and giveaways shall conform to the guidelines set by the IRR of EO51, the Department of Health AO No. 2015-0053, and the Food and Drug Administration (FDA).

8. One participant, one giveaway policy will be strictly implemented during the entire convention period. The PASSPORT issued will be required as an acknowledgement for giveaways.

Booth personnel will scan the participant's QR code and stamp the passport to validate and release the giveaway.

9. All concerns of Commercial exhibitors will be addressed to and resolved by the Committee on Commercial Exhibits.

#### 10. Identification Badges

(A) IDs for Booth Contractors and Exhibitors will be issued on April 6– 17, 2026, 9:00 AM – 4:00 PM, at the PPS Building. A deposit of P1,000.00 per ID will be collected upon issuance of IDs.

There will be a penalty for those who will not get their IDs on time.

(April 24, deposit of PHP 1,200, PHP 200 non-refundable)

(April 27 onwards, PHP 1,500, PHP 500 non-refundable)

(B) For EXHIBITORS with 5 or more booths, a maximum of 30 IDs will be issued; otherwise, a booth exhibitor will be issued a maximum of 5 IDs. No photocopied IDs will be allowed.

(C) For BOOTH CONTRACTORS working on 5 or more booths, a maximum of 60 IDs will be issued; otherwise, a booth contractor will be issued a maximum of 5 IDs.

Note: Exhibitor's ID will be different from Contractor's ID. No ID, No Entry

# COMMERCIAL EXHIBITORS GUIDELINES FOR DELEGATES

## Exhibitor Frequently Asked Questions (FAQs)

### What's new with the Commercial Exhibit of the 63<sup>rd</sup> Annual Convention?

NO printed passports! Booth visits will be logged via the delegate's QR code printed on their convention IDs.

#### 1. Are the exhibitors required to scan the delegates' QR codes?

YES. Exhibitors must scan the QR code of every delegate who visits their booth. No QR code, no entry applies to all commercial exhibits.

#### 2. What delegate information do the exhibitors extract when they scan the QR code?

They will only be able to extract the following information embedded in the delegate's QR code:

- Delegate's full name
- PRC license number
- Contact number
- Email address

Exhibitors may verbally ask the delegate for their place of practice or hospital affiliation.

#### 3. Why is QR code scanning important?

QR code scanning is required in order to:

- Record delegate attendance and engagement at the booths
- Facilitate official event-related communication
- Document convention activities for reports and evaluation

#### 4. Can the exhibitors refuse a visit if a delegate declines QR code scanning?

YES. Exhibitors may refuse booth visits and may also decline to issue freebies if a delegate does not allow their QR code to be scanned.

#### 5. How many freebies can the exhibitors give to each delegate?

Each exhibitor may give only one freebie per delegate for the entire duration of the convention.

**6. Are the exhibitors allowed to serve food and drinks at their own booth?**

YES. Exhibitors may offer food and beverages to delegates at their own discretion.

**7. Who provides the QR code scanning devices?**

Exhibitors must bring their own scanning devices. Devices that support Windows OS are preferred for compatibility.

**8. Who is responsible for securing the booth and devices?**

The safeguarding and safekeeping of the commercial booth and all scanning devices are the sole responsibility of the exhibitor.

**9. Who has access to the delegate data from the QR codes?**

Only the principal exhibitors have full rights and privileges to access the data and information obtained from the delegates' QR codes.

No third party other than the PPS and the exhibitors will have access to the data generated from the QR codes.

**10. Where are the exhibitors allowed to conduct their commercial exhibition?**

All exhibitors must conduct their commercial exhibition only within their specified, assigned areas. Exhibitors must not occupy any other areas of the exhibition hall beyond what is officially assigned.

**11. What booth and exhibit standards must the exhibitor follow?**

All exhibit booths must conform to the guidelines set by the Philippine Pediatric Society (PPS) and the venue.

Failure to comply with these guidelines, or any violation thereof, will incur a corresponding fine.

**12. What are our responsibilities regarding cleanliness and waste?**

All exhibitors and participants must ensure proper disposal of trash and rubbish during the conduct of the exhibition and help maintain cleanliness in the exhibit area.

**13. What are the ingress and egress rules for exhibitors?**

All exhibitors must ingress (set up) and egress (pack up) only at the times specified by PPS and the venue.

**14. What are the official exhibit venue hours?**

The exhibit venue will be open on April 28-30, 2026 from 8:00 AM to 5:00 PM.

### **15. What should we do in case of an emergency?**

Medic stations are located within the exhibit area, and security staff are available on-site to immediately assist in case of any emergency and report to the PPS Commercial Exhibit Committee.

### **16. Who to contact for exhibit or technical concerns?**

For exhibit or technical concerns, please:

- Visit the PPS IT and Commercial Help Desk onsite, or
- Contact the PPS Commercial Exhibit and IT Committees

*Have a productive and responsible exhibition!*



# CONVENTION PROGRAMME

## 1 Pre-Convention Programme

## 2 Scientific Programme

Plenary Lectures  
Simultaneous Sessions

# PRE-CONVENTION PROGRAMME 2026 PROGRAMME SCHEDULE

**April 27, 2026 (Monday)**

## **Symposium I:**

### ***Abdominal Pain in Children: Beyond Functional***

*Moderator: Randy P. Urtula, MD*

 Venue: **CONRAD** Room: *Taft Ballroom 1*

8:00 – 9:00 am

#### **Registration**

9:00 – 9:15 am

#### **Opening Ceremonies**

9:15 – 9:45 am

#### **Lecture 1**

##### ***Gastroenterology: IBD in Pediatrics: Clues in Recurrent Abdominal Pain***

*Speaker: Karen Sophia Calixto-Mercado, MD*

9:45 – 10:15 am

#### **Lecture 2**

##### ***Nephrology: Infections and Obstructions as Pain Presenters***

*Speaker: Rachele C. Dela Cruz, MD*

10:15 – 10:30 am

#### **Nutritional Break**

11:45 – 12:00 nn

#### **Awarding of Certificates / Closing Ceremonies**

## Symposium 2:

### **The Febrile Child with Cytopenias**

Moderator: *Lea G. Galia, MD*

📍 Venue: **CONRAD** Room: *Taft Ballroom 2*

8:00 – 9:00 am

#### **Registration**

9:00 – 9:15 am

#### **Opening Ceremonies**

9:15 – 9:45 am

#### **Lecture 1**

***Hematology/Oncology: Pancytopenia in the Febrile Child: how Far Should We Go?***

*Speaker: Michelle F. Rodriguez, MD*

9:45 – 10:15 am

#### **Lecture 2**

***Infectious Disease: Fever and Cytopenias: Not Always Viral***

*Speaker: Jay Ron O. Padua, MD*

10:15 – 10:30 am

#### **Nutritional Break**

10:30–11:00 am

#### **Lecture 3**

***Rheumatology: Macrophage Activation Syndrome: The Great Masquerader***

*Speaker: Sherbet Mae M. Rey, MD*

11:00–11:30 am

#### **Lecture 4**

***Critical Care: Effective Hemostasis in the Child with Cytopenias: (Antifibrinolytics, Tranexamic Acid and Epsilon-aminocaproic Acid)***

*Speaker: Mellinor Aspuria-Ang, MD*

11:30–11:45 am

#### **Last Chance with the Experts**

11:45– 12:00 nn

#### **Awarding of Certificates / Closing Ceremonies**

## Symposium 3:

### **The Adolescent with Puberty and Growth Concerns**

Moderator: Mylene J. Eleuterio, MD

📍 Venue: **CONRAD** Room: Forbes Ballroom 1

8:00 – 9:00 am

#### **Registration**

9:00 – 9:15 am

#### **Opening Ceremonies**

9:15 – 9:45 am

#### **Lecture 1**

##### **Adolescent Medicine: Identifying and Managing Risk Taking Behavior**

Speaker: Deborah A. Red, MD

9:45 – 10:15 am

#### **Lecture 2**

##### **Adolescent Gynecology: Irregular Menstruation, PCOS**

Speaker: Ma. Socorro C. Bernardino, MD

10:15 – 10:30 am

#### **Nutritional Break**

10:30 – 11:00 am

#### **Lecture 3**

##### **Endocrinology: Short Stature: When to Worry and Refer**

Speaker: Eve G. Fernandez, MD

11:00 – 11:30 am

#### **Lecture 4**

##### **Gastroenterology: Obesity and the Metabolic Syndrome (Fatty Liver and Dyslipidemia)**

Speaker: Joy Kimberly N. Militante, MD

11:30 – 11:45 am

#### **Last Chance with the Experts**

11:45 – 12:00 nn

#### **Awarding of Certificates / Closing Ceremonies**

## Symposium 4:

### **Cyanosis and Hypoxemia in Infants and Children**

Moderator: Maria Conchitina T. Bandong, MD

📍 Venue: **CONRAD** Room: Forbes Ballroom 2

8:00 – 9:00 am

#### **Registration**

9:00 – 9:15 am

#### **Opening Ceremonies**

9:15 – 9:45 am

#### **Lecture 1**

**Cardiology: Heart Disease: Cyanosis that Oxygen Won't Fix**

Speaker: Juliet J. Balderas, MD

9:45 – 10:15 am

#### **Lecture 2**

**Critical Care: Pediatric ABG's in Hypoxemia States**

**Interpretation and Management**

Speaker: Meadina C. Cruz, MD

10:15 – 10:30 am

#### **Nutritional Break**

10:30 – 11:00 am

#### **Lecture 3**

**Neonatology: Non-invasive Ventilatory Support in Infants:  
Optimizing Oxygenation**

Speaker: Maria Conchitina T. Bandong, MD

11:00 – 11:30 am

#### **Lecture 4**

**Pulmonology: Pulmonary Complications of Critical Congenital  
Cardiac Diseases**

Speaker: Maria Lea C. Rivera, MD

11:30 – 11:45 am

#### **Last Chance with the Experts**

11:45 – 12:00 nn

#### **Awarding of Certificates / Closing Ceremonies**

**\*PHP 1,500.00 all symposia per attendee**

# 63RD PPS ANNUAL CONVENTION SCIENTIFIC PROGRAMME

April 27 – 30, 2026 • SMX Function Rooms 1-5 • CONRAD Forbes & Taft Ballrooms

## PRE-CONVENTION

• April 27, 2026 📍 Venue: **CONRAD**

### Crossroads in Pediatric Care: Navigating Where to Go

8:00 AM – 12:00 NN

**Room:**  
Taft Ballroom 1

**Symposium 1:**  
Abdominal Pain in Children: Beyond Functional

**Room:**  
Taft Ballroom 2

**Symposium 2:**  
The Febrile Child with Cytopenias

**Room:**  
Forbes Ballroom 1

**Symposium 3:**  
The Adolescent with Puberty and Growth Concerns

**Room:**  
Forbes Ballroom 2

**Symposium 4:**  
Cyanosis and Hypoxemia in Infants and Children

**Room:**  
Forbes Ballroom 3  
8:00 AM – 12:00 NN

**HAB Summit**

**Room:**  
Ballroom Foyer

April 27 – 30, 2026  
**Research Poster Exhibits**

**Venue:**  
SMX | Meeting  
Rooms 4, 5 & 6  
12:00 NN

**Interhospital Quiz Contest Elimination Round**  
No CPD Units

**Room:**  
Forbes Ballroom  
4:00 PM

**Eucharistic Celebration**

**Room:**  
Forbes Ballroom  
5:00 PM

**Opening Ceremonies and Fellowship Night**

# DAY 1

April 28, 2026 • 9:00 AM • SMX Function Rooms 1-5 • CONRAD Forbes & Taft Ballrooms

## Plenary Lectures

9:00 AM – 10:00 AM

### 40th Dr. Alberto V. Tupas Memorial Lecture

#### ***Beyond the Hospital Without Walls: A Life Course Framework for Preventive Pediatrics and Adult Longevity***

Speaker: Professor Gemiliano D. Aligui, MD

Chair: Jocelyn J. Yambao-Franco, MD

10:00 AM – 10:45 AM

### Plenary 1

#### ***The Magna Carta for the Filipino Child: Creating a Safe Philippine Environment***

Speaker: Mariella A. Sague-Castillo, MD

Chair: Victor S. Doctor, MD

10:45 AM – 11:30 AM

### Plenary 2

#### ***The Impact of Transnational Care and Communications on the Left behind Children of Filipino Migrant Workers***

Speaker: Jeffrey R. Ballaret, MD

Chair: Alexander O. Tuazon, MD

12:00 NN – 2:00 PM

### Luncheon Symposia

# DAY 2

April 29, 2026 • 9:00 AM • SMX Function Rooms 1-5 • CONRAD Forbes & Taft Ballrooms

## Plenary Lectures

9:00 AM – 10:00 AM

### 14th Dr. Fe del Mundo Memorial Lecture

#### ***Health Equity and Solidarity through Vaccination in the Community***

Speaker: Isolde B. Mayo, MD

Chair: Florentina Uy-Ty, MD

10:00-10:45 AM

### Plenary 3

#### ***Kabayaranang Sapat, DRG's Dapat: Demystifying DRG's for Clinical Practice***

Speaker: Frances Dominique V. Ho, MD

Chair: Zenaida A. Antonio, MD

10:45- 11:30 AM

### Plenary 4

#### **Starting Strong: Strengthening Early Childhood Education**

Speaker: Bernadette Carpio-Benitez, MD

Chair: Joselyn C. Alonzo-Eusebio, MD

8:00 AM - 3:00 PM

### Election Day

ONLINE via Portal

12:00 NN - 2:00 PM

### Luncheon Symposia

## DAY 3

April 30, 2026 • 9:00 AM • SMX Function Rooms 1-5 • CONRAD Forbes & Taft Ballrooms

## Plenary Lectures

9:00 AM - 10:00 AM

### 13th Dr. Perla D. Santos Ocampo Memorial Lecture

#### **The Journey of Pediatric Palliative Care in the Philippines: From Beginning and Beyond**

Speaker: Ma. Liza T. Naranjo, MD

Chair: Carmelo A. Alfiler, MD

10:00-10:45 AM

### Plenary 5

#### **The 2026 Philippine Clinical Practice Guidelines in Pediatric Obesity**

Speaker: Ninfa J. Villanueva, MD

Chair: Melinda M. Atienza, MD

10:00-10:45 AM

### Plenary 6

#### **Real Talk: The Compassionate Pediatricians- Where Are They Now?**

Speaker: Eden D. Latosa, MD

Chair: Amelia Fernandez, MD

11:30 AM

### Closing Ceremonies

Venue: SMX | Function Rooms 1-5

12:00- 2:00 PM

### Business Meeting

Venue: SMX | Function Rooms 1-5

5:00 PM

### Induction of Emeritus Fellows, Fellows and Diplomates

Venue: CONRAD | Forbes Ballroom

**DAY 1**

April 28, 2026

## SIMULTANEOUS SESSIONS

### **SS1** 📍 CONRAD | Taft Ballroom

#### **An Intersectional Framework of Gender Affirmation and Transition Empowerment**

Chair: Teresita Risalyn V. Villanueva, MD

**SS1A** • 2:00 – 2:30 PM

#### **The Youth in the Sexual Crossroads**

Speaker: Erlinda Susana Cuisia-Cruz, MD

**SS1B** • 2:30 – 3:00 PM

#### **Navigating the Medical Journey in Gender Transition**

Speaker: Cynthia G. Feliciano, MD

**SS1C** • 3:00 – 3:30 PM

#### **The Ethical and Legal Aspects of Gender Affirming Care**

Speaker: Maria Katerina G. Bustamante, MD

**OPEN FORUM** • 3:30–4:00 PM

### **SS2** 📍 SMX | Function Room 2 & 3

#### **Proactive Analgesia & Rehabilitation: Best Practices & Developing Approaches**

Chair: Amelen V. Palanca, MD

**SS2A** • 2:00 – 2:30 PM

#### **Effective Pain Management: A Proactive Approach**

Speaker: Kathrina Isabel M. Epino, MD

**SS2B** • 2:30 – 3:00 PM

#### **Pediatric Rehabilitation: Proactive Approaches for Optimal Recovery**

Speaker: Monalisa L. Lim-Dungca, MD

**SS2C** • 3:00 – 3:30 PM

#### **Heart of a Nation: Pediatric Cardiac Rehabilitation Transitioning from Hospital to Home**

Speaker: Maria Ina P. Dela Paz-Bunyi, MD

**OPEN FORUM** • 3:30 – 4:00 PM

### **SS3** 📍 SMX | Function Room 4

#### **Ambulatory Management of the Malnourished Child**

Chair: Emmalyn L. Reveldez, MD

**SS3A** • 2:00 – 2:30 PM

#### **Undernutrition**

Speaker: Jan Pofer A. Santos, MD

**SS3B** • 2:30 – 3:00 PM

#### **Overnutrition**

Speaker: Anna Nicola R. Calleja, MD

**SS3C** • 3:00 – 3:30 PM

#### **Micronutrients Deficiencies**

Speaker: Eleonor G. Rodenas-Sabico, MD

**OPEN FORUM** • 3:30 – 4:00 PM

### **SS4** 📍 SMX | Function Room 5

#### **Fluid Management in Children with Unique Needs**

Chair: Donna M. Quevenco, MD

**SS4A** • 2:00 – 2:30 PM

#### **Fluid Management in the Sick Neonate**

Speaker: Ma. Theresa G. Cacas, MD

**SS4B** • 2:30 – 3:00 PM

#### **Fluid Management in Acute Kidney Injury**

Speaker: Janice R. Thiam-Tuazon, MD

**SS4C** • 3:00 – 3:30 PM

#### **Fluid Management in Dengue**

Speaker: Audrey Anne Najarro-Diaz, MD

**OPEN FORUM** • 3:30 – 4:00 PM

**SS5** 📍 SMX | Function Room 1

**The Child in the Throes of Climatic and Environment Challenges: Fostering Strength and Endurance**

Chair: Eden E. Bague, MD

**SS5A** • 2:00 – 2:30 PM

**Invisible Threats: Environmental Toxins and Its Impact**

Speaker: Tisha Ysabel Torres-Briola, MD

**SS5B** • 2:30 – 3:00 PM

**The Air We Breathe: Is It Fresh & Safe?**

Speaker: Maria Rowena R. Bautista-Valerio, MD

**SS5C** • 3:00 – 3:30 PM

**Behavioral and Cognitive Outcome of Nuerotoxicity**

Speaker: Ma. Estrella G. Ibe-Ilustre, MD

**OPEN FORUM** • 3:30 – 4:00 PM

**SS6** 📍 CONRAD | Forbes Ballroom

**Potpourri Of Hematologic Issues: Focusing on Management**

Chair: Jonah Suzette A. Geralde, MD

**SS6A** • 2:00 – 2:30 PM

**Rational Blood Use in Pediatrics: Balancing Need and Safety**

Speaker: Lorraine Marie S. Item, MD

**SS6B** • 2:30 – 3:00 PM

**Bone Marrow Transplantation: Its Applicable in Pediatric Hematologic Disorders**

Speaker: Anna Marie D. Espaldon, MD

**SS6C** • 3:00 – 3:30 PM

**Drug- Related Options for Hematological Conditions**

Speaker: Cynthia Rosario C. Castro, MD

**OPEN FORUM** • 3:30 – 4:00 PM

**SPECIAL EVENT #1** • 2:00 – 4:00 PM

📍 SMX | Meeting Room 4, 5 & 6

**Interhospital Case Report Contest**

No CPD Units

**10<sup>th</sup> UPEC Forum** • 4:30 – 6:30 PM

📍 Conrad | Taft Ballroom

**DAY 2**

April 29, 2026

**SS7** 📍 CONRAD | Taft Ballroom

**Uncovering Urticaria: Crossroads of Care**

Chair: Ma. Agnes C. Andanar, MD

**SS7A** • 2:00 – 2:30 PM

**Update on Guidelines in Pediatric Urticaria**

Speaker: Frances M. Tan, MD

**SS7B** • 2:30 – 3:00 PM

**Skin Deep: Dermatologic Manifestations**

Speaker: Abigail Angeline N. Rubiano, MD

**SS7C** • 3:00 – 3:30 PM

**More than Skin Deep: Rheumatologic manifestations**

Speaker: Carien G. Carvajal, MD

**OPEN FORUM** • 3:30–4:00 PM

**SS8** 📍 SMX | Function Room 4

**Issues on Immunizations: New Options, Old Threats and Growing Hesitancy**

Chair: Bernadette C. Macrohon, MD

**SS8A** • 2:00 – 2:30 PM

**Current Trends on New Vaccines and Its Development**

Speaker: Maria Liza Antoinette M. Gonzales, MD

**SS8B** • 2:30 – 3:00 PM

**Re-Emergence of Vaccine Preventable Diseases**

Speaker: Carmina A. Delos Reyes, MD

**SS8C** • 3:00 – 3:30 PM

**Handling Vaccine Hesitancy: Technique & Talking Points**

Speaker: Mayan Uy- Lumandas, MD

**OPEN FORUM** • 3:30 – 4:00 PM

**SS9** 📍 SMX | Function Rooms 2 & 3

**Making Pediatric Healthcare Go Viral .. For the Right Reason**

Chair: Marimae R. Balauag-Lopez, MD

**SS9A** • 2:00 – 2:30 PM

**Options for Pediatric Education: Maximizing the Digital Media**

Speaker: Marthony P. Basco, MD

**SS9B** • 2:30 – 3:00 PM

**Impact of Digital Media on the Developing Brain**

Speaker: Francis Xavier M. Dimalanta, MD

**SS9C** • 3:00 – 3:30 PM

**Beyond the Digital Media: Its Ethical Boundaries for Physicians**

Speaker: Antonio Alejandro D. Rebosa, MD, LLB

**OPEN FORUM** • 3:30-4:00 PM

**SS10** 📍 CONRAD | Forbes Ballroom

**Neonate in Crisis**

Chair: Patrizia M. Nafarrete, MD

**SS10A** • 2:00 – 2:30 PM

**Revisiting the Sick Neonate**

Speaker: Marian G. Colasito, MD

**SS10B** • 2:30 – 3:00 PM

**Nourishing the Sick Neonate**

Speaker: Gregorio M. Leonardo, MD

**SS10C** • 3:00 – 3:30 PM

**Post Discharge Care of the NICU Graduate**

Speaker: Ma. Cristina Woo, MD

**SS10D** • 3:30 – 4:00 PM

**Innovating to Save Mothers, Babies and Young Children 2030 and Beyond**

Speaker: Thomas Burke, MD

**SS11** 📍 SMX | Function Room 5

**The Child with the Lingering Fever**

Chair: Celina M. De Ocampo, MD

**SS11A** • 2:00 – 2:30 PM

**Infectious Diseases**

Speaker: Ma. Delta S. Aguilar, MD

**SS11B** • 2:30 – 3:00 PM

**Rheumatological Concerns**

Speaker: Lea G. Galia, MD

**SS11C** • 3:00 – 3:30 PM

**Hematological-Oncological Conditions**

Speaker: Kris Isaac A. Brugada, MD

**OPEN FORUM** • 3:30 – 4:00 PM

**SS12** 📍 SMX | Function Room 1

**Behavioral Challenges in Children**

Chair: Maria Julieta I. Salvosa, MD

**SS12A** • 2:00 – 2:30 PM

**Dealing with Anti-Social Behavior & Truancy**

Speaker: Edna Sarah Clemente-Morada, MD

**SS12B** • 2:30 – 3:00 PM

**Neuropsychiatric Manifestations of Systemic Illness**

Speaker: Edgardo B. Epe, MD

**SS12C** • 3:00 – 3:30 PM

**Eating Disorders in Adolescents**

Speaker: Moses C. De Guzman, MD

**OPEN FORUM** • 3:30 – 4:00 PM

**SPECIAL EVENT #2** • 12:00 – 2:00 PM

📍 CONRAD | Ballroom Foyer

**Research Poster Contest**

No CPD Units

**SPECIAL EVENT #3** • 2:00 – 4:00 PM

📍 CONRAD | Roosevelt

**Interhospital Research Paper Contest**

No CPD Units

**SPECIAL EVENT #4** • 2:00 – 4:00 PM

📍 SMX | Meeting Rooms 4, 5 & 6

**Interhospital Quiz Contest Finals**

No CPD Units

# PRECONVENTION SPEAKER'S PROFILE & ABSTRACT

## Symposium 1:

### **Abdominal Pain in Children: Beyond Functional**

Moderator: Randy P. Urtula, MD

#### Lecture 1

### **Gastroenterology: IBD in Pediatrics: Clues in Recurrent Abdominal Pain**



#### **Karen Sophia Calixto-Mercado, MD**

Dr. Karen Sophia Calixto-Mercado earned her Doctor of Medicine degree from the University of Santo Tomas Faculty of Medicine and Surgery. She completed her Pediatric Residency Training at Makati Medical Center and subsequently pursued fellowship training in Pediatric Gastroenterology at Starship Children's Hospital in New Zealand and the Philippine General Hospital. She currently serves as a Medical Specialist at the Philippine Children's Medical Center, a Consultant at Makati Medical Center, and a Visiting Consultant at The Medical City Ortigas.

#### Lecture 2

### **Nephrology: Infections and Obstructions as Pain Presenters**



#### **Rachelle C. Dela Cruz, MD**

Dr. Rachelle Dela Cruz earned her Doctor of Medicine degree from the University of Santo Tomas Faculty of Medicine and Surgery. She completed her Pediatric Residency and Fellowship Training in Pediatric Nephrology at the Philippine Children's Medical Center. She further pursued a Clinical Fellowship at the Shaw-NKF Children's Kidney Centre, National University Hospital in Singapore.

She currently serves as the Head of the Hemodialysis Unit at the Philippine Children's Medical Center and is an active consultant at both Philippine Children's Medical Center and San Lazaro Hospital.

#### Lecture 3

### **Radiology: Imaging Studies for RAP: Interpretation for the General Pediatrician**



#### **Michael Salvador D. Cabato, MD**

Dr. Michael Salvador Cabato obtained his Doctor of Medicine degree from the University of the Philippines College of Medicine.

He further trained in Radiology and underwent subspecialization in Interventional Radiology, CT-MRI and Ultrasound.

He is currently the Chair of Radiology Division of the Philippine Children's Medical Center, Training Officer, CT-MRI Department of Medical Imaging and Therapeutic Radiology, NKTl, Section Head, Interventional Radiology, Manila Med: Medical Center Manila and Visiting Consultant at Providence Hospital and Zamboanga Doctors Hospital.

He is a member of the Philippine College of Radiology, national auditor of the Philippine Society of Vascular and Interventional Radiology and National President of the Philippine Society of Abdominal Radiology

Lecture 4

**Pediatric Surgery: When to Intervene Urgently**



**Willie T. Hao, MD**

Dr. Willie Hao earned his Doctor of Medicine degree from the Far Eastern University–Dr. Nicanor Reyes Medical Foundation. He completed his General Surgery residency at Metropolitan Medical Center, followed by fellowship training in Pediatric Surgery and Pediatric Urology at the Philippine Children's Medical Center. He further advanced his expertise through a Pediatric Surgery Laparoscopy course at the National Hospital of Pediatrics in Hanoi, Vietnam.

He currently serves as a member of the academic staff at Metropolitan Medical Center–College of Medicine. In addition, he is the Head of the Section of Pediatric Surgery at both Metropolitan Medical Center and Veterans Memorial Medical Center, and is a board member of the Philippine Board of Pediatric Surgery.

Dr. Hao is affiliated with several leading medical institutions, including Philippine Children's Medical Center, Cardinal Santos Medical Center, Metropolitan Medical Center, Chinese General Hospital and Medical Center, Our Lady of Lourdes Hospital, World Citi Medical Center, Mary Johnston Hospital, Fe Del Mundo Medical Center, Metro North Medical Center, and Veterans Memorial Medical Center.

## Symposium 2:

### ***The Febrile Child with Cytopenias***

Moderator: *Lea G. Galia, MD*

#### Lecture 1

### ***Hematology/Oncology: Pancytopenia in the Febrile Child: How Far Should We Go?***



#### **Michelle F. Rodriguez, MD**

Dr. Michelle F. Rodriguez obtained her Doctor of Medicine degree from the University of the Philippines, pediatric residency training and pediatric Hematology-Oncology Fellowship at Philippine Children's Medical Center and pursued further training in Pediatric Oncology Fellowship at Westmead Children's Hospital, Sydney NSW, Pediatric Hematology & BMT at Women's & Children's Hospital Adelaide WA. Dr. Rodriguez was the Immediate Past President of Philippine Society of Pediatric Oncology, Founding Member of Philippine Society of Fertility Preservation, Chair, Committee on Hematopoietic Stem Cell Transplant and Member, Cancer & Hematology Fellowship Training Committee at Philippine Children's Center, Chair, Section of Hematology-Oncology, Dept of Pediatrics at Asian Hospital. She is an active consultant at Philippine Children's Medical Center, Asian Hospital and Medical Center, Healthway Cancer Care Hospital, Arca South, Taguig City.

#### Lecture 2

### ***Infectious Disease: Fever and Cytopenias: Not Always Viral***



#### **Jay Ron O. Padua, MD**

Dr. Jay Ron Padua earned his Doctor of Medicine degree from the University of Santo Tomas. He completed his Residency Training in Pediatrics and Fellowship in Pediatric Infectious Disease at the Philippine Children's Medical Center.

He currently serves as a Medical Specialist at the Philippine Children's Medical Center and San Lazaro Hospital. He is also a Visiting Consultant at the University of Santo Tomas Hospital, Perpetual Succor Hospital and Maternity, Inc., Hospital of Infant Jesus, Adventist Medical Center, Providence Hospital, and Dr. Jesus Delgado Memorial Hospital.

#### Lecture 3

### ***Rheumatology: Macrophage Activation Syndrome: The Great Masquerader***

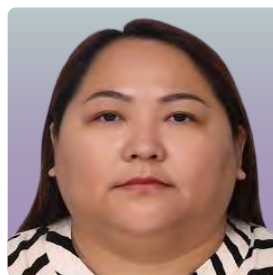


#### **Sherbet Mae M. Rey, MD**

Dr. Sherbeth Mae Rey is a Pediatric Rheumatologist who earned her Doctor of Medicine degree from Far Eastern University-Nicanor Reyes Medical Foundation. She currently serves as a Medical Specialist at Pasig City General Hospital.

#### Lecture 4

### ***Critical Care: Effective Hemostasis in the Child with Cytopenias: (Antifibrinolytics, Tranexamic Acid and Epsilon-aminocaproic Acid)***



#### **Mellinor Aspuria-Ang, MD**

Dr. Ang pursued additional professional development through online training in Introduction to Pediatric Onco-Critical Care and Pediatric Palliative Care at St. Jude Children's Research Hospital in Memphis, Tennessee, USA, as well as an Online Course in Nutrition Science at the Stanford Center for Health Education, Stanford Medicine, USA. She is currently undergoing further training in Advanced Pediatric Onco-Critical Care. She previously served as President of the Society of Pediatric Critical Care Medicine. At present, Dr. Ang is an Assistant Professor at the Department of Child Health, FEU-NRMF Medical Center, a Medical Specialist at the Philippine Children's Medical Center and Quirino Memorial Medical Center, and a Consultant at St. Luke's Medical Center - Global City and Healthway FEU-NRMF Medical Center.

### Symposium 3:

#### **The Adolescent with Puberty and Growth Concerns**

Moderator: Mylene J. Eleuterio, MD

#### Lecture 1

#### **Adolescent Medicine: Identifying and Managing Risk Taking Behavior**



**Deborah A. Red, MD**

Dr. Deborah Red is an Adolescent Medicine Specialist who earned her Doctor of Medicine degree from Saint Louis University. She previously served as President of the Society of Adolescent Medicine Philippines, Inc. She currently serves as the Head of the Section of Adolescent Medicine at the Philippine Children's Medical Center and St. Luke's Medical Center – Quezon City.

#### Lecture 2

#### **Adolescent Gynecology: Irregular Menstruation, PCOS**

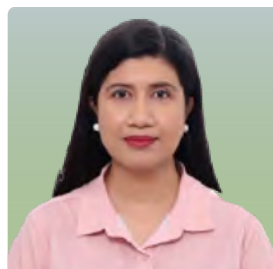


**Ma. Socorro C. Bernardino, MD**

Dr. Ma. Socorro Bernardino is a Pediatric and Adolescent Gynecologist who earned her Doctor of Medicine degree from Far Eastern University–Nicanor Reyes Medical Foundation. She previously served as President of the Pediatric and Adolescent Gynecology Society of the Philippines. She currently serves as the Head of the Division of Perinatology at the Philippine Children's Medical Center.

#### Lecture 3

#### **Endocrinology: Short Stature: When to Worry and Refer**



**Eve G. Fernandez, MD**

Dr. Eve Fernandez is a Pediatric Endocrinologist who earned her Doctor of Medicine degree from the University of Santo Tomas. She also completed her Master's degree in Health Management at St. Joseph's College of Quezon City. She currently serves as a Medical Specialist at East Avenue Medical Center and Amang Rodriguez Memorial Medical Center.

#### Lecture 4

#### **Gastroenterology: Obesity and the Metabolic Syndrome (Fatty Liver and Dyslipidemia)**



**Joy Kimberly N. Militante, MD**

Dr. Joy Kimberly Militante earned her Doctor of Medicine degree from the Cebu Institute of Medicine. She completed her Pediatric Residency Training at Chong Hua Hospital, Cebu City, and her Fellowship in Pediatric Gastroenterology, Hepatology, and Nutrition at the University of Santo Tomas Hospital. She further pursued a Clinical Observership at the Paediatric Liver, GI and Nutrition Centre of King's College Hospital, Denmark Hill, London, and completed an online course in Nutrition Science at the Stanford Center for Health Education.

Dr. Militante currently serves as the Head of the Section of Pediatric Gastroenterology at Chong Hua Hospital. She is also a member of the Asian Pan-Pacific Society for Pediatric Gastroenterology, Hepatology and Nutrition and a member of the PSPGHAN Liver Committee.

She is affiliated with Chong Hua Hospital – Mandaue, Cebu Doctors' University Hospital, Cebu Velez General Hospital, Perpetual Succour Hospital, St. Vincent General Hospital, University of Cebu Medical Center, and The Hospital at Maayo.

## Symposium 4:

### **Cyanosis and Hypoxemia in Infants and Children**

Moderator: *Maria Conchitina T.  
Bandong, MD*

#### Lecture 1

### **Cardiology: Heart Disease: Cyanosis that Oxygen Won't Fix**



#### **Juliet J. Balderas, MD**

Dr. Juliet Balderas is a Pediatric Cardiologist specializing in Non-Invasive Echocardiography. She pursued further studies at the UERMMM Graduate School, where she majored in Epidemiology.

She currently serves as a Board Member of the Philippine Society of Pediatric Cardiology and as Chair of the Committee on Elections of the Philippine Pediatric Society.

#### Lecture 2

### **Critical Care: Pediatric ABG's in Hypoxemia States Interpretation and Management**



#### **Meadina C. Cruz, MD**

Dr. Meadina Cruz is a Pediatric Critical Care Specialist who earned her Doctor of Medicine degree from Fatima College of Medicine. She previously served as Chair of the Department of Pediatrics at World Citi Medical Center and as Division Head of the Pediatric Critical Care Division at the Philippine Children's Medical Center.

#### Lecture 3

### **Neonatology: Non-invasive Ventilatory Support in Infants: Optimizing Oxygenation**

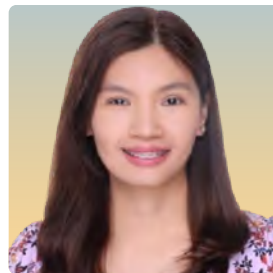


#### **Maria Conchitina T. Bandong, MD**

Dr. Maria Conchitina Bandong is a Neonatologist who earned her Doctor of Medicine degree from the University of Santo Tomas Faculty of Medicine and Surgery. She completed her Pediatric Residency and Fellowship Training in Neonatology at the same institution. She currently serves as a Medical Specialist at East Avenue Medical Center and Tondo Medical Center and is an active consultant at VRP Medical Center and UST Hospital.

#### Lecture 4

### **Pulmonology: Pulmonary Complications of Critical Congenital Cardiac Diseases**



#### **Maria Leah C. Rivera, MD**

Dr. Maria Leah Rivera earned her Doctor of Medicine degree from Far Eastern University–Dr. Nicanor Reyes Medical Foundation. She completed her Pediatric Residency and Fellowship Training in Pediatric Pulmonology at the Philippine Children's Medical Center. She currently serves as an Assistant Professor I at the Department of Child Health, FEU-NRMF Institute of Medicine, and is an active consultant at the Philippine Children's Medical Center. Additionally, she is Co-Chair of the Philippine Academy of Pediatric Pulmonologists Committee on Lung Ultrasound and a member of the Committee on Pulmonary Hypertension.

# PLENARY SESSIONS

## SPEAKER'S PROFILE & ABSTRACT

40th Dr. Alberto V. Tupas Memorial  
Lecture

### ***Beyond the Hospital Without Walls: A Life Course Framework for Preventive Pediatrics and Adult Longevity***



#### **Gemiliano D. Aligui, MD, MPH, PhD**

Dr. Aligui graduated from Manila Central University – Filemon D. Tanchoco Memorial Medical Foundation. He holds a master's degree in Public Health from the University of the Philippines and a PhD from Brown University, Rhode Island, USA. He received graduate scholarships from the World Health Organization, the Tropical Disease Research program, and the German Foundation for International Development (GTZ). His dissertation is titled "Quantifying Human Schistosoma Japonicum Infection and Exposure: Errors in Field Diagnosis and Uncertainties in Exposure Measurements." In addition to his academic achievements, he is a diplomate of the Philippine Pediatric Society and holds the rank of Career Executive Service Officer III (CESO III). In September 2021, he completed the 12-week course Data Science and Machine Learning: Making Data-Driven Decisions at the Massachusetts Institute of Technology, Institute for Data, Systems, and Society.

In April 2022, he completed the High Performance Collaboration: Leadership, Teamwork, and Negotiation training on Coursera, offered by Northwestern University. Continuing his pursuit of knowledge, he also completed a course on Economic Evaluation in Global Health at the University of Washington in September 2022. He is a prolific researcher and established scientist. He ranked 169th among the top scientists in the Philippines in the 2022 Alper-Doger Scientific Index, representing UERMMMCI. He has published extensively both locally and internationally.

His research and teaching focus on the epidemiology of population-level diseases, particularly those where intergenerational prevention is possible through epigenetics and the life-span concept. He investigates how early-life exposures influence disease patterns across generations. He also applies Geographic Information Systems for disease tracking, healthcare management, marketing, segmentation, health systems development, and health technology assessment in public health and hospital management.

His work includes health informatics and AI applications in medical devices, predictive analytics and machine learning for disease surveillance, and adaptive learning in higher education for personalized strategies. His research covers infectious and tropical diseases, such as parasitic and viral hepatitis, as well as non-communicable diseases, including diabetes and nutrition.

He previously served as Vice President for Academic Affairs at UERMMMCI, as a faculty member at the Ateneo Graduate School of Business MBA-H Program, and as a member of the Health Technology Assessment Council, Sub-Committee on Traditional Medicine, at the Department of Health.

He served as Editor-in-Chief of the Philippine Journal of Nutrition and as Dean of the University of the East Ramon Magsaysay Memorial Medical Center, Inc., Graduate School. He was an Associate Professor in Epidemiology and Public Health and served as Research Coordinator at the Ateneo School of Medicine and Public Health until 2013. He served as Chair of the FNRI Institutional Ethics Review Committee at the Food and Nutrition Research Institute.

He was a Member of the Training Advisory Committee for the Brown University-Tufts University Fogarty AIDS International Research and Training Program (AIRTP) Grant.

He served as Education Officer for the Forum for Ethical Review Committees in Asia and the Western Pacific (FERCAP) from 2003 to 2006, a member of the Department of Health Committee on Country Coordinating Mechanism for the Global Fund from 2002 to 2004. He served as a WHO Temporary Adviser, the SEARO/WPRO joint Regional Consultation on the World Report on Knowledge Management for Better Health, and regional inputs to the World Summit on Health research.

Dr. Aligui currently serves as Vice-Chair of the Medical Division of the National Research Council of the Philippines (May 2024 to April 2026). He is a Core Committee Member of the Department of Health, Health Technology Assessment Council and a member of the Clinical Trial Research Methods Expert group. He is a faculty member at the University of the East Ramon Magsaysay Memorial Medical Center Graduate School and has been a Technical Reviewer at PCHRD-DOST since 2011. He is also President of the Laguna Medical Society.

14th Dr. Fe del Mundo Memorial  
Lecture

**Health Equity and Solidarity  
through Vaccination in the  
Community**



**Isolde B. Mayo, MD**

Dr. Mayo is a graduate of Davao Medical School Foundation. She had her pediatric residency training at the Cotabato Regional and Medical Center. She pursued her Infectious Disease fellowship at the Philippine Children's Medical Center. She is a Fellow of the Philippine Pediatric Society and the Infectious Disease Society of the Philippines. In addition, she is a member of the Asian Society of Pediatric Infectious Diseases.

At present, she is a Medical Specialist IV at the Department of Pediatrics at the Cotabato Regional and Medical Center, where she also served as the Chair of the Antimicrobial Stewardship Committee.

Plenary Lecture 1

**The Magna Carta for the Filipino  
Child: Creating a Safe Philippine  
Environment**



**Mariella A. Sugue-Castillo, MD, MSc**

Dr. Sugue-Castillo graduated from the University of the Philippines College of Medicine and holds a Master of Science in Epidemiology from the same institution. She is a well-known pediatrician specializing in child protection. Her extensive professional experience demonstrates her dedication and commitment to service. Since 2022, she has served as Managing Director of the Consuelo Zobel Alger Foundation (Consuelo Foundation). For ten years, she was the Health and Nutrition Specialist at UNICEF Philippines.

From 2009 to 2012, Dr. Sugue-Castillo also served as Technical Officer for Maternal and Child Health at WHO Philippines.

Her work ethic speaks for itself. She constantly upgrades her knowledge and network. In November 2024, she participated in a learning session on meaningful child participation for the ASEAN Committee on Women and Children in Kuala Lumpur, Malaysia. In 2025, she attended the International Society for the Prevention of Child Abuse & Neglect (ISPCAN) Conference in Stockholm, Sweden.

Plenary Lecture 2

**The Impact of Transnational Care  
and Communications on the Left  
behind Children of Filipino Migrant  
Workers**



**Jeffrey R. Ballaret, PhD**

Jeffrey R. Ballaret, PhD, earned a Doctorate in Social Science and a Master's in Management (Public Administration). He is currently pursuing a Diploma in Women and Development at the University of the Philippines Open University.

He is a Full Professor (Professor I) at West Visayas State University, where he teaches research and social science courses at both undergraduate and graduate levels in the College of Arts and Sciences.

Dr. Ballaret is a prolific researcher, having presented and published studies on family, governance, and development. He serves as a peer reviewer for international journals published by Routledge and Taylor & Francis (UK & Asia-Pacific). He participated in global academic, research, and cultural exchange programs in Thailand (UN roundtable discussion & Southeast Asia Coalition for Academic Freedom), Japan (Tokyo), India (New Delhi), Vietnam (Hanoi), and China (Shanghai).

He is an Associate Member of the National Research Council of the Philippines. He is also a member of the WVSU Socio-Behavioral Science Research Ethics Review Committee. He currently serves as Academic Coordinator of the Master of Arts in Social Science Program at WVSU.

**Abstract:**

Parental migration has significantly transformed the dynamics and structure of Filipino families. Drawing from studies on nonparental caregiving, transnational motherhood, and redefined fatherhood, findings reveal that grandparents, particularly grandmothers, often assume primary caregiving roles, balancing love and duty while facing emotional and physical strains.

Migrant mothers, though motivated by the desire to provide financial security, endure the pain of distance and separation, relying on faith, work, and virtual communication to sustain family bonds. Meanwhile, stay-at-home fathers experience role reversals marked by stigma and the struggle for emotional recognition. These evolving family patterns expose left-behind children to emotional vulnerability, identity challenges, and shifting attachments. Addressing these complex realities requires collaborative action from all sectors—families, communities, educators, health and social institutions, and government agencies—to strengthen psychosocial support systems and nurture the holistic well-being of every child. Through compassion, coordinated programs, and culturally grounded interventions, Filipino families can be empowered to maintain connectedness and stability, ensuring that the best interests of the child remain at the heart of all care and development efforts.

**Keywords:** Transnational families, left-behind children, Filipino migration, nonparental caregiving, emotional well-being.

### Plenary Lecture 3

## **Kabayarang Sapat, DRG's Dapat: Demystifying DRG's for Clinical Practice**



### **Frances Dominique V. Ho, MD**

Dr. Ho is a graduate of the College of Medicine, University of the Philippines – Manila, Magna Cum Laude, and ranked 7th in the Physician Licensure Examination. Her excellent research earned her the most prestigious awards. She is a recipient of the Dr. Thelma J. Yambao Memorial Award, Dr. Evangelina Olivares Santos Memorial Award for Best Student Research Paper, Oreta-Dizon, Santos Ocampo Award for Medical Research, and Dr. Noel Juban Outstanding Research Award.

At present, she serves as a Core Data Group Member for The Lancet Respiratory Medicine Commission on Palliative Care Integration in Serious Respiratory Illness, contributing to data analysis and project development. She also works as a Technical Specialist II, focusing on health policy and systems research.

Within the Health Economics and Finance Program at the Philippine Institute for Development Studies, she conducts research and analysis on healthcare financing. Additionally, she provides specialized consultancy to the DOH-PHIC-PIDS Technical Assistance on UHC Provider Payment Reforms for Diagnosis-Related Groups. She advises on the development of the Comprehensive Outpatient Benefit Package and consults for the Center for Healthcare Finance and Economics, offering expertise in health financing strategies.

She leads the clinical validation process for the Thai Diagnosis-Related Groups (DRG) grouping algorithm in partnership with national specialty societies, overseeing data evaluation. Additionally, she works as a Research Assistant at the Ateneo Center for Research and Innovation, supporting various health research projects. To date, she has published voluminous scientific papers in international and local publications.

### Plenary Lecture 4

## **Starting Strong: Strengthening Early Childhood Education**



### **Bernadette C. Benitez, MD, MBAH, FPPS, FPSDBP**

Dr. Benitez is a distinguished leader in developmental and behavioral pediatrics. She launched her medical journey at the University of the East Ramon Magsaysay Memorial Medical Center, establishing a solid professional foundation. She honed her expertise through residency and fellowship training in developmental and behavioral pediatrics at the University of the Philippines-Philippine General Hospital. As a visionary Founding Fellow of the Philippine Society for Developmental and Behavioral Pediatrics (PSDBP), she actively shapes its direction as the current president. Simultaneously, she serves as the Department of Pediatrics Chair at Makati Medical Center. From 2014 to 2018, she drove innovative initiatives as Medical Director for Asia-Pacific RIM at Wyeth Nutrition. In 2018, she expanded her leadership arsenal by earning a certificate from London Business School.

Her passion for helping both the typical and atypical Filipino children reach their maximum potential is embodied in her work.

#### **Abstract:**

Early childhood education (ECE) lays the foundation for lifelong health, learning, and well-being. This lecture aims to highlight that the earliest years of life—particularly the first 2,000 days—represent a critical window when brain development is highly sensitive to both opportunity and adversity. Evidence from developmental science, neurology, education, and the econometrics of human potential consistently demonstrates that modifiable factors such as nutrition, responsive caregiving, developmental stimulation, and access to quality early learning environments have profound and lasting effects on cognitive, social, emotional, and physical development. By examining the biological underpinnings of early development, socio-cultural influences, and the economic returns of investing in ECE, the discussion emphasizes why sustained investment in quality ECE programs benefits not only children and families, but society as a whole.

This lecture also underscores how proper care and early learning begin in the home, shaped by informed and proactive parents and caregivers, and are further strengthened through developmentally appropriate, culturally sensitive, inclusive, and science-informed ECE programs as children approach formal schooling. Particular attention is given to the role of primary gatekeepers—especially pediatricians—who are uniquely positioned to identify developmental needs early, guide families, and advocate for timely access to quality ECE services. The discussion also aims to review key local programmatic challenges, policy frameworks, and the urgent need for multidisciplinary and multisectoral collaboration in the country to strengthen early childhood systems and outcomes.

13th Dr. Perla D. Santos Ocampo  
Memorial Lecture

**The Journey of Pediatric Palliative  
Care in the Philippines: From  
Beginning and Beyond**



**Maria Liza T. Naranjo, MD**

Dr. Maria Liza T. Naranjo is a pediatric hematologist, palliative care advocate, and educator with more than twenty years of experience in clinical care, medical education, professional society leadership, and patient partnership. She has devoted her career to the care of children with cancer and chronic blood disorders, integrating advocacy into health systems, training, and clinical practice. Her current work emphasizes advancing advocacy through collaborative efforts, reflective practice, and structured educational initiatives.

Dr. Naranjo earned her medical degree from the University of the East, Ramon Magsaysay Memorial Medical Center Inc., and completed her pediatric residency at the Philippine Children's Medical Center. She received training in Palliative Care Education and Practice at Harvard Medical School and Dana-Farber Cancer Institute (2014–2015), and completed the Renzo Galanello Thalassaemia Fellowship at UCLH-Thalassaemia International Federation, United Kingdom, in 2017. She is currently pursuing a Master's in Education (Values Education) at the University of Asia and the Pacific. Dr. Naranjo is a Fellow of both the Philippine Pediatric Society and the Philippine Society of Hematology and Blood Transfusion.

At the National Children's Hospital, Dr. Naranjo serves as Training and Research Coordinator for the Pediatric Palliative Care Center, Research Coordinator for the Blood and Cancer Care Center, and Chair of the Thalassaemia Care Program.

Dr. Naranjo leads the development of the Pediatric Palliative Care and Thalassaemia Care Programs at the National Children's Hospital.

She contributes to curriculum development for the proposed Pediatric Palliative Care Fellowship Program, mentors research trainees, and promotes interprofessional collaboration.

As Chair, Dr. Naranjo collaborates with clinical teams, patient groups, and hospital staff to improve access to care, blood services, iron chelation, and monitoring for children with thalassaemia. These responsibilities deepen her understanding of the intersection among clinical service, research, and advocacy, and underscore the importance of advocacy training.

Her extensive experience in patient and community advocacy began as a volunteer and later served as Medical Adviser for Balikatang Thalassaemia. She continues to support family-centered initiatives through the NCH Thalassaemia Kids Club and has worked with the Leukemic Indigent Fund Endowment, first as a medical volunteer and now as a member of the Board of Trustees. Her advocacy reinforced the importance of partnership, trust, and humility in health systems work.

Dr. Naranjo extends beyond caring for her patients and currently serves as Vice President of the Philippine Society of Hematology and Blood Transfusion. She is an Associate Professor IV, Department of Pediatrics / Department of Professionalism, Medical Ethics, and Humanities, and a Coordinator, Introduction to the Medical Profession Course at the St. Luke's Medical Center College of Medicine – WHQM. She teaches professionalism, empathy, and reflective practice in undergraduate medical education. Her expertise in values-based education paved the way for her initiatives to integrate advocacy education into health professions training and to promote socially accountable practice.

Plenary Lecture 5

**The 2026 Philippine Clinical  
Practice Guidelines in Pediatric  
Obesity**



**Ninfa J. Villanueva, MD, MHPEd, FPPS,  
FPCC, FPSPC, FPSE**

Dr. Joson-Villanueva graduated from the University of the East Ramon Magsaysay Memorial Medical Center. She had her pediatric residency at Capitol Medical Center and her fellowship in pediatric cardiology at the Philippine Heart Center. She earned her Master's in Health Professional Education at the Institute of Graduate School of Davao Medical School Foundation. Throughout her career, she held distinguished positions in various societies. She was a past president of the Philippine Society of Pediatric Cardiology, Philippine Pediatric Society Davao-Southern Mindanao Chapter, and the Philippine Heart Association Davao-Southern Mindanao Chapter. Furthermore, she was a former chair of the Department of Pediatrics at Davao Doctors Hospital.

Currently, she serves as Co-Lead of the 2026 Philippine CPG on Pediatric Obesity, Member of the PPS Board of Trustees representing Mindanao, and Secretary of the Philippine Rheumatic Fever and Rheumatic Heart Disease Foundation. Additionally, she is an Assistant Professor III at the Davao Medical School Foundation, reflecting her commitment to sharing her expertise with the next generation.

**Abstract:**

The rise of obesity and its comorbidities among Filipino children and teenagers is becoming a significant public concern. According to FNRI data, as of 2023, there is a 14% prevalence of overweight or obesity among children aged 5 to 10 years and 13% among adolescents aged 10 to 19 years, and exceeding 24% in some urban areas. Without timely and effective intervention, obese children are more likely to remain obese into adulthood, contributing to long-term morbidity and increased healthcare costs.

In the absence of local guidelines on pediatric obesity, clinicians rely on international guidelines that may not be appropriate for the local context.

The 2026 Philippine Clinical Practice Guidelines (CPG) on Pediatric Obesity aims to provide up-to-date, evidence-based recommendations on the screening, diagnosis, and treatment of obesity in Filipino children and its major co-morbidities. There are 16 recommendations to research questions on the diagnosis of obesity (body mass index and other parameters), on screening methods to detect insulin resistance and type 2 diabetes mellitus, dyslipidemia, renal complications, including hypertension, and metabolic steatotic liver disease, and on treatment strategies (diet, exercise, medications, and bariatric surgery).

Currently, she serves as the Chairman of the Department of Pediatric Cardiology and as Professor II at Centro Escolar University School of Medicine, continuing her commitment to the field.

Plenary Lecture 6

**Real Talk: The Compassionate  
Pediatricians- Where Are They  
Now?**



**Edén D. Latosa MD**

Dr. Latosa is a graduate of the University of the East Ramon Magsaysay Memorial Medical Center. She completed her pediatric residency at Mary Johnston Hospital and a cardiology fellowship at the Philippine Heart Center.

Building on her clinical experience, she received various awards and recognition for her dedication to her craft. She was bestowed the Distinguished Teacher Award by the Philippine Heart Association-Philippine College of Cardiology and the PHC Medical Alumni Society. She held past positions as chair of the Department of Pediatrics at the Jose R. Reyes Memorial Medical Center and Dr. Jose Fabella Memorial Hospital.

# SIMULTANEOUS SYMPOSIA SPEAKER'S PROFILE & ABSTRACT

## SSI:

### An Intersectional Framework of Gender Affirmation and Transition Empowerment

## SSIB

### Navigating the Medical Journey in Gender Transition

## SSIA

### The Youth in the Sexual Crossroads



#### Erlinda S. Cuisia-Cruz, M.D

Dr. Cuisia-Cruz is a pediatrician with specialized expertise in adolescent medicine. She earned her medical degree from the University of Santo Tomas and completed her pediatric residency at Makati Medical Center. She then pursued fellowship training in adolescent medicine at the Philippine Children's Medical Center (PCMC), followed by post-fellowship training in ambulatory and adolescent medicine at Montefiore Medical Center, New York.

Since 2019, she has served as Head and Medical Specialist IV of the Division of Adolescent Medicine at PCMC. She previously led the Section of Adolescent Medicine at the same institution and continues to practice as a Consultant at The Medical City. Beyond her clinical work, she has been an Assistant Professor at the Ateneo School of Medicine and Public Health since 2007, shaping future physicians with her expertise in adolescent health.

Her influence extends nationally through her leadership in professional societies. She is a Fellow of both the Philippine Society of Adolescent Medicine Specialists (PSAMS) and the Philippine Pediatric Society. She currently serves as Vice-President of PSAMS and has previously held the role of President of the Society of Adolescent Medicine of the Philippines, Inc. In these capacities, she has contributed to policy development, professional standards, and programs that advance adolescent healthcare across the country.



#### Cynthia G. Feliciano, MD

Dr. Feliciano brings together clinical expertise, a passion for education, and strong leadership in pediatric endocrinology. She earned her medical degree from Pamantasan ng Lungsod ng Maynila and completed her residency training at De La Salle University Medical Center. She later pursued fellowship training in Pediatric Endocrinology at UP-Philippine General Hospital (UP-PGH).

Since then, she has served as Clinical Faculty and Assistant Professor at the De La Salle Medical and Health Sciences Institute. At De La Salle University Medical Center, she is an Active Consultant and Assistant Training Officer, mentoring future pediatricians while delivering specialized care to children and adolescents.

Her contributions extend beyond hospital practice. Dr. Feliciano leads the Expert Panel on Congenital Adrenal Hyperplasia under the Department of Health – National Institute of Health and has played a key role in developing national clinical guidelines on hyperthyroidism and pediatric obesity—helping shape standards of care across the Philippines.

She has also held significant leadership positions, including serving as President of the Philippine Society of Pediatric Metabolism and Endocrinology (PSPME), chairing its Subspecialty and Accreditation Boards, and currently representing the region as a Council Member of the Asia Pacific Pediatric Endocrine Society (APPES). In recognition of her achievements, she was honored in 2023 as Outstanding Alumnus by the Pamantasan ng Lungsod ng Maynila Medical Graduates Association, Inc.

SS1C

### ***The Ethical and Legal Aspects of Gender Affirming Care***



**Maria Katerina G. Bustamante, MD**

Dr. Garcia-Bustamante exemplifies the rare combination of medical and legal expertise. She earned her medical degree from the FEU-NRMF Institute of Medicine and completed her pediatric residency at Mary Johnston Hospital. Expanding her professional scope, she pursued a law degree at the Bulacan State University College of Law. Since then, she has served as both a pediatric consultant and Juris Doctor across multiple hospitals. Today, she holds key roles as Medico-Legal Officer III at the Philippine Children’s Medical Center and Data Privacy Officer at Novaliches District Hospital, underscoring her commitment to patient safety, confidentiality, and professional accountability.

Her influence extends well beyond her institutional responsibilities. Dr. Garcia-Bustamante is an active member of the Philippine Medical Association – Manila Chapter, a fellow of the Philippine Pediatric Society – Central Luzon Chapter, and a member of the Integrated Bar of the Philippines – Bulacan-Valenzuela Chapter.

### **SS2: Proactive Analgesia & Rehabilitation: Best Practices & Developing Approaches**

SS2A

### ***Effective Pain Management: A Proactive Approach***



**Kathrina Isabel M. Epino, MD**

Dr. Epino is a pediatric anesthesiologist specializing in

pain medicine. She holds a B.S. in Psychology from the University of the Philippines–Diliman and completed her residency in Anesthesiology at the UP–Philippine General Hospital. She pursued advanced training through a Fellowship in Pain Medicine at Concord Repatriation General Hospital, Australia and a pediatric fellowship at The Children’s Hospital at Westmead, NSW, Australia.

She currently serves as Anesthesiology Consultant at the UP–Philippine General Hospital, Medical Center Manila, The Medical City, and Manila Doctors Hospital.

Dr. Epino is an active member of the International Association for the Study of Pain and President-Elect of the Pediatric Pain Study Group under the Asian Society of Paediatric Anesthesiologists (ASPA). Nationally, she contributes to the Philippine Society of Anesthesiologists (PSA) and the Philippine Society of Pediatrics (PSP), reflecting her commitment to advancing pediatric pain management and anesthesiology practice.

SS2B

### ***Pediatric Rehabilitation: Proactive Approaches for Optimal Recovery***



**Monalisa L. Lim-Dungca, MD**

Dr. Monalisa L. Lim-Dungca is a specialist in Physical and Rehabilitation Medicine with a focus on pediatric rehabilitation. She earned her B.S. in Basic Medical Sciences and Doctor of Medicine from the University of the Philippines College of Medicine and completed her residency in Rehabilitation Medicine at the UP–Philippine General Hospital (UP-PGH).

Her excellence has been recognized nationally and internationally. She was named Most Outstanding Physiatrist by the Department of Rehabilitation Medicine, UP-PGH, and received an International Scholarship from the American Academy of Cerebral Medicine.

Dr. Lim-Dungca is actively engaged in professional societies, including the Philippine Society for Ultrasound in Musculoskeletal Medicine (PASUCMU), the American Association of Cerebral Palsy and Developmental Medicine, and the Philippine Medical Association – Quezon City Chapter.

Currently, she serves as Associate Professor at the UP College of Medicine and Vice Chair for Undergraduate Training at the Department of Rehabilitation Medicine, UP-PGH, while continuing her clinical practice. Through her work, she empowers children to regain strength, independence, and confidence—restoring not only physical ability but also hope.

SS2C

### **Heart of a Nation: Pediatric Cardiac Rehabilitation Transitioning from Hospital to Home**



**Maria Ina P. Dela Paz-Bunyi, MD**

Dr. Maria Ina Dela Paz-Bunyi is a pediatric cardiologist with expertise in congenital and acquired heart conditions. She earned her Doctor of Medicine from the FEU-NRMF Medical Center, trained in pediatrics at the Philippine Children's Medical Center, and completed her fellowship in Pediatric Cardiology at the Philippine Heart Center.

She currently serves as MSIV at the Philippine Heart Center and MSIII at the Philippine Children's Medical Center, ensuring her specialized skills benefit both patient care and institutional standards. In 2025, she was recognized as Model Manager – Clinical Function at the Philippine Heart Center, reflecting her commitment to organizational excellence. Her leadership has also been honored with Philippine Heart Association Presidential Citations for her work as Council Chair of the RF-RHD program, alongside the Excellent Award in Clinical Service (2018).

Dr. Dela Paz-Bunyi is an active member of the Philippine Pediatric Society (NCR), the Philippine College of Cardiology (NCR), and the Philippine Society of Pediatric Cardiology.

**SS3:**

### **Ambulatory Management of the Malnourished Child**

SS3A

#### **Undernutrition**



**Jan Pofer A. Mantos, MD**

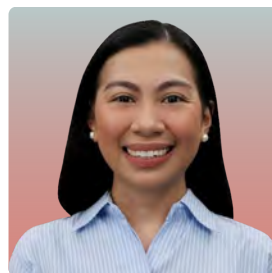
Dr. Mantos is a pediatric gastroenterologist with expertise in hepatology and nutrition. He earned his Doctor of Medicine from the Cebu Institute of Medicine, completed his residency in Pediatrics, and pursued fellowship-level training in Pediatric Gastroenterology, Hepatology, and Nutrition through PSPGHAN-affiliated programs.

He currently serves as Consultant at Chong Hua Hospital, providing specialized care for children with complex digestive and nutritional conditions. His leadership extends to the Philippine Pediatric Society – Central Visayas Chapter, where he is Co-Chair of the Committee on Nutrition.

Nationally, Dr. Mantos is recognized as a Fellow of the Philippine Pediatric Society and a National Diplomate of PSPGHAN, reflecting both his clinical expertise and professional distinction.

SS3B

#### **Overnutrition**



**Anna Nicola R. Calleja, MD**

Dr. Calleja is a pediatric gastroenterologist with specialized expertise in nutrition and gastrointestinal care. She earned her Doctor of Medicine from the University of Santo Tomas, completed her residency at Cardinal Santos Medical Center, and pursued fellowship training at the University of Santo Tomas Hospital.

Her dedication to advancing pediatric care has been recognized through multiple awards. In 2020, she received the Best Research Paper Award from the Philippine Society for Pediatric Gastroenterology, Hepatology and Nutrition (PSPGHAN), adding to earlier first-place honors in resident research presentations and grand rounds competitions.

Currently, Dr. Calleja serves as Active Consultant at Cardinal Santos Medical Center and as Medical Specialist at Pasig City General Hospital, Rosario Maclang Bautista General Hospital, and The Kids Clinic. Across these roles, she applies evidence-based practices in nutrition and gastrointestinal medicine to help children overcome conditions affecting growth, digestion, and overall well-being.

SS3C

**Micronutrients Deficiencies**



**Eleonor G. Rodenas-Sabico, MD**

Dr. Rodenas-Sabico earned her Doctor of Medicine from the University of Santo Tomas, Faculty of Medicine and Surgery, completed fellowship training in Pediatric Gastroenterology, Hepatology, and Nutrition at the UP-Philippine General Hospital, and further strengthened her leadership skills with a Master in Hospital Management from Emilio Aguinaldo College.

Her excellence has been recognized with the Most Outstanding Fellow Award (2018) from the Department of Pediatrics, UP-PGH. She is an active member of both international and national organizations, including the Asian Pan-Pacific Society of Pediatric Gastroenterology, Hepatology and Nutrition (AAPSPGHAN) and the Philippine Society of Pediatric Gastroenterology, Hepatology & Nutrition (PSPGHAN). Locally, she contributes to the Philippine Pediatric Society – Bicol Chapter, the Philippine Medical Association – Albay Chapter, and the Albay Medical Society.

Currently, she serves as Medical Specialist III at the Bicol Regional Hospital and Medical Center, combining clinical expertise, professional leadership, and advocacy to advance children’s health.

**SS4:  
Fluid Management in Children  
with Unique Needs**

SS4A

**Fluid Management in the Sick  
Neonate**



**Ma. Theresa G. Cacas, MD**

Dr. Ma. Theresa G. Cacas is a neonatologist and a graduate of the UST Faculty of Medicine and Surgery. She completed her residency in Pediatrics and her fellowship training in Neonatology at UST Hospital. She earned her Master’s degree in Public Health at the Institute of Community and Family Health, Inc. She is currently a consultant in Pediatrics and Neonatology at the following institutions: University of Perpetual Help Medical Center (Past Chair, 2015–2016), Gat Andres Bonifacio Medical Center (Medical Specialist II), and UERM Hospital/PDMC/MNMCH. She is also an Associate Professor II at the UERM College of Medicine, Department of Physiology.

SS4B

**Fluid Management in Acute  
Kidney Injury**



**Janice R. Thiam-Tuazon, MD**

Dr. Janice R. Thiam-Tuazon is a pediatric nephrologist and a graduate of the University of the East Ramon Magsaysay Memorial Medical Center (UERMMMC). She completed her residency in Pediatrics at the University of the East Ramon Magsaysay Memorial Medical Center and her fellowship training in Pediatric Nephrology at the National Kidney and Transplant Institute. She is currently a consultant at Allied Care Experts Medical Center-Valenzuela.

She is also a Medical Specialist III in the Department of Pediatrics at Valenzuela Medical Center, where she serves as the Residency Training Officer. In addition, she is an Assistant Professor in the Department of Pediatrics at UERM.

SS4C

### **Fluid Management in Dengue**



**Audrey Anne Najarro-Diaz, MD**

Dr. Audrey Anne Najarro-Diaz is a Pediatric Critical Care specialist and a graduate of the Cebu Institute of Medicine. She is currently the section head at PICU Chong Hua Hospital Fuente. She is an associate professor at Cebu Institute of Medicine. She is the committee head of PPS Cv for Resuscitation.

### **SS5: The Child in the Throes of Climatic and Environment Challenges: Fostering Strength and Endurance**

SS5A

### **Invisible Threats: Environmental Toxins and Its Impact**



**Tisha Ysabel Torres-Briola, MD**

Dr. Tisha Ysabel Torres-Briola is a Pediatric Toxicologist and a graduate of UP-Philippine General Hospital (UP-PGH). She completed her residency in Pediatrics at UP-PGH and her fellowship training in Clinical and Occupational Toxicology at the National Poison Management and Control Center, UP-PGH.

She is currently a Medical Specialist II (Full-Time) in the Department of Pediatrics at Rizal Medical Center, where she also serves as Head and Clinical Toxicologist of the Poison Control Unit/Toxicology Center. In addition, she is a member of the Therapeutics Committee and the Adverse Drug Reaction Subcommittee at the same institution. She is a visiting clinical toxicologist at World Citi Medical Center.

SS5B

### **The Air We Breathe: Is It Fresh & Safe?**

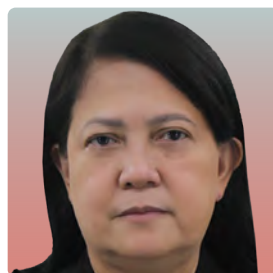


**Maria Rowena R. Bautista-Valerio, MD**

Dr. Maria Rowena Valerio is an Allergy and Immunology specialist and a graduate of Pamantasan ng Lungsod ng Maynila (PLM). She completed her residency in Pediatrics at UP-Philippine General Hospital (UP-PGH), where she also finished her fellowship training in Allergy and Immunology. She is currently the Chair of the Aerobiology Council of the Philippine Society of Allergy, Asthma and Immunology (PSAAI) and serves as Secretary of the Philippine Society of Reproductive Immunologists (PSRI). She is a member of the Section of Allergy and Immunology Training Program of the Philippine Children's Medical Center (PCMC), the Philippine Pediatric Society (PPS), the Tobacco Control Advocacy Group, and the Molecular Allergology and Allergens Committee of the Asia Pacific Association for Asthma, Allergy and Clinical Immunology (APAAACI). She is also a lecturer at Angeles University Foundation Medical Center, College of Medicine. Previously, she served as Director of the PPS Central Luzon Chapter – Metro Angeles (2009-2010).

SS5C

### **Behavioral and Cognitive Outcome of Nuerotoxicity**



**Ma. Estrella G. Ibe-Ilustre, MD**

Dr. Ma. Estrella G. Ibe-Ilustre is a Pediatric Neurologist and a graduate of UERMMMC.

She completed her residency in Pediatrics at the Philippine Children's Medical Center, where she also finished her fellowship training in Neurology. She is an active consultant at St. Luke's Medical Center and a visiting consultant at the Philippine Heart Center. She also serves as a consultant at the National Children's Hospital and Jose Reyes Memorial Medical Center. In addition, she is a part-time faculty member at the College of Medicine of St. Luke's Medical Center.

**SS6:**  
**Potpourri Of Hematologic Issues:  
Focusing on Management**

SS6A

**Rational Blood Use in Pediatrics:  
Balancing Need and Safety**



**Lorraine Marie S. Item, MD**

Dr. Lorraine Marie S. Item is a Pediatric Hematologist and a graduate from Pamantasan ng Lungsod ng Maynila. She completed her residency in Pediatrics at Ospital ng Maynila Medical Center and pursued fellowship training in Hematology and Oncology at Philippine Children's Medical Center. She is currently an active consultant at Bataan General Hospital and medical center and at Philippine Children's Hospital Medical center.

SS6B

**Bone Marrow Transplantation: Its  
Applicable in Pediatric  
Hematologic Disorders**



**Anna Marie D. Espaldon, MD**

Dr. Anna Marie D. Espaldon is a Pediatric Hematologist and a graduate from University of the East Ramon

Magsaysay College of Medicine. She currently serves as Chair of the section of Hematology and Oncology at the National Children's Hospital the Assistant Training Officer at East Avenue Medical Center. She is a faculty of UERMMMCI College of Medicine.

SS6C

**Drug- Related Options for  
Hematological Conditions**



**Cynthia Rosario C. Castro, MD**

Dr. Cynthia Rosario C. Castro earned her medical degree from University of the East Ramon Magsaysay College of Medicine. She completed her MHSE at the UERM Graduate School. She served as Head of Department of Pediatrics at UERM Medical center and currently serves as Head of Office for Strategy Management at the National Children's Hospital and as Vice President of PSPH.

**SS7:**  
**Uncovering Urticaria: Crossroads  
of Care**

SS7A

**Update on Guidelines in Pediatric  
Urticaria**



**Frances M. Tan, MD**

Dr. Frances M. Tan, had subspecialty training in Allergy and Immunology. She obtained her Doctor of Medicine degree from the University of the Philippines College of Medicine and completed her Residency in Pediatrics at the Philippine General Hospital. She subsequently pursued Fellowship training in Allergy and Immunology at the Philippine General Hospital, further specializing in pediatric allergic and immunologic disorders. She currently serves as Secretary of the Philippine Society of Allergy, Asthma and Immunology.

Dr. Tan is an Active Consultant affiliated with Victor R. Potenciano Medical Center, Marikina Valley Medical Center, and Amang Rodriguez Memorial Medical Center, where she is actively involved in clinical practice, research, and training of pediatric residents and fellows.

SS7B

### **Skin Deep: Dermatologic Manifestations**



#### **Abigail Angeline N. Rubiano, MD**

Dr. Abigail Angeline N. Rubiano, specializes in Pediatrics and Dermatology, earned her Doctor of Medicine degree from Our Lady of Fatima University (2009–2013). She finished her dermatology residency at the Jose R. Reyes Memorial Medical Center. Her listed work experience includes serving as Dermatologist/Pediatrician at Fatima University Medical Center, Novaliches General Hospital and Dermatologist at Valencia Skin MD.

She is a Diplomate of Philippine Pediatric Society since December 2021 and Diplomate of the Philippine Dermatological Society since July 2024 and

SS7C

### **More than Skin Deep: Rheumatologic Manifestations**



#### **Carien G. Carvajal, MD**

Dr. Carien G. Carvajal specializes in Pediatric Rheumatology. She obtained her Doctor of Medicine degree from Pamantasan ng Lungsod ng Maynila (PLM) College of Medicine. She completed her Residency Training in Pediatrics at Manila Medical Center and later pursued Fellowship Training in Pediatric Rheumatology at the University of the Philippines–Philippine General Hospital. She is an active member of several professional organizations, including the Philippine Medical Association, Philippine Pediatric Society, and the Philippine Rheumatology Association.

She currently serves as a Board Member of the Section of Pediatric Rheumatology under the Philippine Pediatric Society. At present, she works as a Part-Time Consultant at De La Salle University Medical Center, Active Consultant at St. Dominic Medical Center and Ospital ng Maynila Medical Center, and Visiting Consultant at ManilaMed Medical Center, Jose R. Reyes Memorial Medical Center, and Our Lady of Lourdes Hospital.

SS8:

### **Issues on Immunizations: New Options, Old Threats and Growing Hesitancy**

SS8A

### **Current Trends on New Vaccines and Its Development**



#### **Maria Liza Antoinette M. Gonzales, MD**

She is a Pediatric Infectious Disease specialist who earned her Doctor of Medicine degree from the University of the Philippines College of Medicine and completed her Pediatric Residency at the University of the Philippines, Philippine General Hospital and Fellowship in Infectious Diseases at Research Institute for Tropical Medicine. She also obtained a Master of Science in Clinical Epidemiology from the University of the Philippines College of Medicine.

She previously served as Associate Dean of the University of the Philippines College of Medicine, Assistant Chair of Pediatrics at Philippine General Hospital, and Section Head of the Pediatric Infectious and Tropical Diseases Section. She is also a former President of the Pediatric Infectious Disease Society of the Philippines, former Board Member of the Philippine Coalition Against Tuberculosis, and former President of the Philippine Foundation for Vaccination. She currently serves as Professor at the University of the Philippines College of Medicine.

SS8B

### **Re-Emergence of Vaccine Preventable Diseases**



**Carmina A. Delos Reyes, MD**

She is a Pediatric Infectious Diseases specialist who earned her Doctor of Medicine degree from the University of Santo Tomas Faculty of Medicine and Surgery and completed her residency Training at Philippines Children Medical Center. She had her Fellowship Training in Pediatric Infectious Diseases at the Philippine General Hospital. She currently serves as Medical Specialist IV at Amang Rodriguez Memorial Medical Center and Medical Specialist I at Pasig City General Hospital.

SS8C

### **Handling Vaccine Hesitancy: Technique & Talking Points**



**Mayan Uy- Lumandas, MD**

She is a Pediatric Infectious Diseases specialist who earned her Doctor of Medicine from the University of Santo Tomas Faculty of Medicine and Surgery. She completed her Pediatric Residency Training and Fellowship in Infectious and Tropical Diseases at the Philippine General Hospital. She also obtained a Master's degree in Vaccinology and Pharmaceutical Clinical Development from the University of Siena. She previously served as Global Safety Officer for Pharmacovigilance at Sanofi Pasteur and as Department Head of Virology at the Research Institute for Tropical Medicine. At present, she is a Clinical Associate Professor at the University of the Philippines College of Medicine, Medical Affairs Head at Faberco Life Sciences Inc., and currently serves as Secretary of Immunization Partners in Asia Pacific.

SS9:

### **Making Pediatric Healthcare Go Viral .. For the Right Reason**

SS9A

### **Options for Pediatric Education: Maximizing the Digital Media**



**Marthony P. Basco, MD**

He is a Pediatrician who obtained his Master in Public Health from the University of the Philippines Manila. He previously served as City Health Officer of Valenzuela City and currently serves as President of the Community Pediatrics Society of the Philippines.

SS9B

### **Impact of Digital Media on the Developing Brain**



**Francis Xavier M. Dimalanta, MD**

He is a Pediatrician specializing in Developmental and Behavioral Pediatrics. He earned his Doctor of Medicine degree from the University of the East Ramon Magsaysay Memorial Medical Center College of Medicine and completed his Pediatric Residency Training at St. Luke's Medical Center. He pursued his Fellowship in Developmental and Behavioral Pediatrics at the Multidisciplinary Child and Adolescent Unit of the University of the Philippines College of Medicine - Philippine General Hospital. He also completed International Training on Developmental Pediatrics at The Children's Hospital - Development Medicine Center Harvard Medical Center.

He previously served as Assistant Head and Residency Training Officer at St. Luke's Medical Center. And formerly served as Medical Director of the Philippine Cerebral Palsy Rehabilitation Center Inc.. He is also a former Director of the Council on Community Service and Child Advocacy at the Philippine Pediatric Society

At present, he is the Section Chief of Developmental and Behavioral Pediatrics at St. Luke's Medical Center, Clinical Assistant Professor at St. Luke's Medical Center College of Medicine, and an active consultant at the National Children's Hospital. He currently serves as Fellow Head of the Task Force on Mental Health for Children and Youth and . He is also the Medical Director of A Child's DREAM Foundation Inc. and the Developmental Center for Handicapped Foundation.

SS9C

### ***Beyond the Digital Media: Its Ethical Boundaries for Physicians***



**Antonio Alejandro D. Rebosa, MD, LLB**

He is both a Physician and a Lawyer who earned his Doctor of Medicine and Law degree from the University of Santo Tomas. He serves as an Associate Professor in multiple institutions, including the University of Santo Tomas Faculty of Medicine and Surgery, St. Luke's Medical Center College of Medicine, De La Salle Medical and Health Sciences Institute College of Medicine, and the University of the East Ramon Magsaysay Memorial Medical Center College of Medicine, to name a few. He is also a board reviewer in Legal Medicine and Medical Jurisprudence and currently serves as a Medico-legal consultant. In the field of law, he is a Senior Partner at Castro Rebosa and Associates Law Firm. He is also a founding member of the Philippine Association of Forensic Medicine Inc. and the Philippine Medico-Legal Society Inc..

### **SS10: Neonate in Crisis**

SS10A

### ***Revisiting the Sick Neonate***



**Marian G. Colasito, MD**

Dr. Marian G. Colasito is a Neonatologist and graduate of the Remedios T. Romualdez Medical Foundation. She completed her residency in Pediatrics and fellowship training in Neonatal Medicine at the Philippine Children's Medical Center. Further advancing her expertise, she undertook an observership in Neonatology at Wayne State University in Detroit, Michigan. Dr. Colasito also earned a Master's degree in Hospital Management from St. Joseph's College, strengthening her leadership and administrative capabilities in healthcare. She currently serves as the Medical Director of Unihealth Parañaque Hospital and Medical Center and as the Section Head of the Neonatal Intensive Care Unit at Asian Hospital and Medical Center.

SS10B

### ***Nourishing the Sick Neonate***



**Gregorio M. Leonardo, MD**

Dr. Gregorio M. Leonardo earned his medical degree from Far Eastern University – Dr. Nicanor Reyes Medical Foundation. He completed his residency in Pediatrics at Brookdale University Hospital and Medical Center and pursued fellowship training in Neonatal and Perinatal Medicine at Wayne State University, with clinical training at Children's Hospital of Michigan and Hutzel Hospital under the Detroit Medical Center program. Dr. Leonardo is a Professorial Lecturer at Angeles University Foundation School of Medicine. He currently serves as the Medical Director of Holy Trinity Medical Center and is an active consultant at Mount Carmel Medical Center, Mother Teresa of Calcutta Medical Center, and The Medical City Clark

SS10C

### **Post Discharge Care of the NICU Graduate**



**Ma. Cristina V. Woo, MD**

Dr. Cristina V.C. Woo earned her Doctor of Medicine degree from the University of Santo Tomas. She completed her residency in Pediatrics and fellowship training in Neonatal Medicine at the Philippine Children's Medical Center. She further broadened her expertise through visiting fellowships at Albert Einstein College of Medicine at Montefiore Medical Center and St George's Hospital. Dr. Woo pursued a Master's degree in Hospital Service Administration at the Ateneo Graduate School of Business. She also completed a Diploma Course in Health Care Leadership and Management and a Certification Course in Hospital Administration at the Philippine College of Hospital Administrators. She previously served as President of the Philippine Pediatric Society Western Visayas Chapter, Chairman of the Department of Pediatrics at Western Visayas Medical Center, and Board Member of the Philippine Society of Newborn Medicine and the Perinatal Association of the Philippines.

### **SS11: The Child with the Lingering Fever**

SS11A

### **Infectious Diseases**



**Ma. Delta S. Aguilar, MD**

Dr. Ma. Delta S. Aguilar earned her Doctor of Medicine degree from the University of the East Ramon Magsaysay Memorial Medical Center. She completed her residency training in Pediatrics and pursued fellowship training in Pediatric Infectious Disease. Dr. Aguilar currently serves as Medical Specialist III at the Southern Philippines Medical Center, where she holds several key leadership roles.

She is the Vice Chair for Patient COVID Services, Therapeutic Committee Head, and Pediatric COVID Vaccine Lead. She also serves as the Infectious Disease Specialist for the Children's Cancer and Blood Diseases Unit and is a member of the institution's Infection Control Committee.

SS11B

### **Rheumatological Concerns**



**Lea G. Galia, MD**

Dr. Lea G. Galia is a Pediatric Rheumatologist who earned her Doctor of Medicine degree from the Far Eastern University – Dr. Nicanor Reyes Medical Foundation. She currently serves as a Medical Specialist at Quirino Memorial Medical Center and at Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium. Dr. Galia is also an active consultant at FEU-NRMF Medical Center and an affiliate consultant at Philippine General Hospital.

SS11C

### **Hematological-Oncological Conditions**



**Kris Isaac A. Brugada, MD**

Dr. Kris Isaac A. Brugada earned his Doctor of Medicine degree from the Far Eastern University – Dr. Nicanor Reyes Medical Foundation. He completed his fellowship training in Pediatric Hematology and Oncology at the Philippine Children's Medical Center. Dr. Brugada currently serves as the Head of the Section of Hematology and Oncology at Medical Center Muntinlupa and as a Medical Specialist at President Ramon Magsaysay Memorial Hospital.

**SS12:**  
**Behavioral Challenges in Children**

SS12A

***Dealing with Anti-Social Behavior  
& Truancy***



**Edna Sarah Clemente-Morada, MD**

Dr. Edna Sarah M. Clemente-Morada is an Ambulatory Pediatric Specialist. She earned her Master's degree in Health Professions Education from the University of the Philippines Manila. At present, she serves as a Guest Faculty member at the Ateneo School of Medicine and Public Health and the Caraga State University School of Medicine. She is also a Medical Specialist at the East Avenue Medical Center and an Active Consultant at The Medical City Ortigas.

SS12B

***Neuropsychiatric Manifestations  
of Systemic Illness***



**Edgardo B. Epe, MD**

Dr. Edgardo B. Epe is a Child Neurologist who earned his Doctor of Medicine degree from the Mindanao State University. He also completed his Master's degree in Hospital Management at St. Joseph College. Dr. Epe was honored as Most Outstanding Physician by the Philippine Medical Association and the PMA-Bohol Medical Society in recognition of his exemplary service and leadership in the medical field. He currently serves as Department Chairman of the Gov. Celestino Gallares Memorial Medical Center.

SS12C

***Eating Disorders in Adolescents***



**Moses C. De Guzman, MD**

Dr. Moses C. De Guzman III is an Adolescent Medicine Specialist. He earned his Doctor of Medicine degree from the University of the East Ramon Magsaysay Memorial Medical Center and completed his fellowship training in Adolescent Medicine at the Philippine Children's Medical Center. At present, he serves as the concurrent Officer-in-Charge of the Office of the Deputy Executive Director for Education, Training, and Research Services at the Philippine Children's Medical Center.

# INTERHOSPITAL ORAL PRESENTATION RESEARCH CONTEST 2026

## THE KNOWLEDGE, PRACTICES, AND PERCEPTIONS ON THE BABY-LED WEANING COMPLEMENTARY FEEDING METHOD AMONG PACKAGE DEAL PARENTS ATTENDING THE OUTPATIENT DEPARTMENT OF A TERTIARY HOSPITAL IN MANDAUE CITY, CEBU

Authors: Rhennah Mae B. Bontuyan, MD, Melvina T. Baclayan, M.D., FPPS, FPSPGHAN

University of Cebu Medical Center

### ABSTRACT

#### Background

Baby-Led Weaning (BLW) is an alternative complementary feeding method that enables infants to self-feed, promoting autonomy, self-regulating appetite, and potentially fostering healthier eating behaviors. In the Philippines, BLW is gaining interest among younger parents, yet there is limited local data on how it is understood and applied.

#### Objective

This study aims to assess the knowledge, adherence to practices, and perceptions of parents regarding BLW as a complementary feeding method for infants.

#### Methodology

A cross-sectional analytical study was conducted among 104 parents of infants aged 6–23 months in the pediatric outpatient department. A self-administered, adapted Parents' Perceptions of Baby-Led Weaning (PaPerc-BLW) questionnaire was used. The data were analyzed using descriptive statistics, and associations between variables were identified.

#### Results

The majority of respondents were mothers (91%), who are also the predominant caregivers (69%). The respondents are mostly aged 30–39 years (55%), married (59%), and college graduates (79%). Most had one child (68%), with children primarily aged 6–11 months (60%). The respondents had a moderate mean knowledge score of 0.67. Practices reflected partial adherence, showing 54% modeled eating behavior, 75% offered soft foods, while only 20% consistently offered finger foods, and 27% allowed infants to determine meal duration. The average perception score was 4.0, indicating a generally positive view. Younger age was significantly associated with higher knowledge ( $\beta = -0.317, p < 0.001$ ) and better practices ( $\beta = -0.261, p = 0.020$ ). Education level and number of children were not significantly associated with outcomes.

#### Conclusion

The participants demonstrate moderate knowledge and positive perceptions of BLW; however, actual adherence to its principles in practice is inconsistent. Misconceptions and safety concerns, such as choking risks, contribute to hesitancy. Findings highlight the need for targeted education and guidance to support the safe implementation of BLW.

## A DESCRIPTIVE EPIDEMIOLOGIC ASSESSMENT OF HEALTH STATUS, SOCIOCULTURAL DETERMINANTS, AND ENVIRONMENTAL CONDITIONS IN THE SUBANEN COMMUNITY OF SITIO TONGGO, TUDELA, PHILIPPINES

Authors: Justin Clark Erigbuagas, Maria Nina Banque, Jennifer Figueroa, Junessa Murallon, Tiffany Ng, Ivy Salig, Gravimin Villanueva

Mayor Hilario A. Ramiro Senior – Medical Center

### ABSTRACT

#### Background

Indigenous communities in geographically isolated and disadvantaged areas (GIDAs) experience disproportionate child health burdens due to the interaction of sociocultural practices, environmental risks, and limited access to health services. The Subanen community in Sitio Tonggo, Barangay Namut, Tudela, Misamis Occidental represents one such underserved population, with sparse epidemiologic data to guide targeted interventions.

#### Objective

This study aimed to describe the health status of children in Sitio Tonggo and examine the sociocultural, environmental, and health system factors influencing health outcomes, as well as to identify priority health problems using the Hanlon method.

#### Methodology

A descriptive epidemiologic study was conducted among 85 households in Purok 7, Sitio Tonggo. Data were collected through household surveys, growth monitoring, review of available health records, and key informant and community interviews. Variables assessed included demographic characteristics, morbidity patterns, nutritional status, health-seeking behaviors, environmental conditions, and access to health services. Identified health problems were prioritized using the Hanlon method based on magnitude, seriousness, and feasibility of intervention.

#### Results

The population was predominantly young, with low parental educational attainment and limited livelihood opportunities. Most households reported monthly incomes between Php 3,000–4,999. Traditional healing was the initial response to illness in 82% of households. Access to formal health care was hindered by difficult terrain, seasonal isolation, and irregular presence of health personnel. The most common morbidities among children were acute respiratory infections, pneumonia, and skin diseases. Malnutrition was prevalent, affecting 42.2% of children, with stunting rates exceeding national targets. Environmental risks included dependence on communal water sources, inadequate sanitation facilities, and gaps in solid waste management. Based on Hanlon prioritization, the leading health problems identified were child malnutrition, poor access to primary and preventive health services, vaccine hesitancy, limited health workforce presence, and socioeconomic barriers to care.

#### Conclusion

Child health outcomes in Sitio Tonggo are shaped by the complex interplay of cultural practices, poverty, environmental risks, and geographic isolation. Addressing these challenges requires culturally sensitive, community-engaged, and terrain-adaptive health strategies that strengthen nutrition programs, improve access to preventive services, and ensure sustained health workforce presence in indigenous GIDA communities.

## FACTORS ASSOCIATED WITH THE UTILIZATION OF EVIDENCE-BASED AUTISM-RELATED REHABILITATION SERVICES AMONG FILIPINO CHILDREN AGED 2 TO 18 YEARS OLD IN NATIONAL CAPITAL REGION

Authors: Leah Grace A. Moreno-Javier, Jasmin A. Castillo

Philippine Children's Medical Center

### ABSTRACT

#### Background

Children diagnosed with Autism Spectrum Disorder (ASD) is rapidly growing over the last two decades. Timely introduction of early intervention and placement in special education is the most widely used intervention and results to gains in cognitive and socio-emotional aspects of development. However, families face the challenges of limited service capability, high cost of care, logistics and time-related difficulties in care coordination globally.

#### Objective

To identify the factors associated with the utilization of evidence-based autism-related rehabilitation services among children 2-18 years old diagnosed with Autism Spectrum Disorder for the last 12 months among Filipino household included in the study.

- To conduct pre-testing and validation of a self-drafted questionnaire determining the following:
  - Sociodemographic and Clinical Profile of Filipino children ages 2-18 years old diagnosed with Autism Spectrum Disorder
  - Healthcare utilization of occupational, speech, physical therapy, cognitive behavior therapy, applied behavioral analysis and SPED services.
  - Factors associated with the utilization of evidence-based autism-related services
- To determine the sociodemographic and clinical profile of Filipino children ages 2-18 years old diagnosed with Autism Spectrum Disorder using a pre-tested and validated questionnaire.
- Determine healthcare utilization of occupational, speech, physical therapy, cognitive behavior therapy, applied behavioral analysis and SPED services for the last 12 months using a pre-tested and validated questionnaire measured in terms of:
  - Recommended frequency of intervention per week
  - Frequency of received intervention per week
- Determine factors associated with the utilization of evidence-based autism-related services of respondents using a pre-tested and validated questionnaire and classify these factors into:
  - Sociodemographic factors
  - Service-related factors (quality, affordability, availability and accessibility)
  - Logistics and time related factors

#### Methodology

Utilization of autism-related rehabilitation among parents and guardians of children diagnosed with autism spectrum disorder was examined using a pre-tested and validated questionnaire. Demographics and clinical profile were summarized by descriptive statistics. Kruskal-Wallis test, Fisher's Exact test and logistic regression were used for statistical analysis.

#### Conclusion

Significant disparity was seen between recommended frequencies versus actual utilization of services emphasizing the increased need for publicly funded therapy services to improve utilization.

## PARENTAL KNOWLEDGE, AWARENESS, AND ATTITUDES REGARDING HUMAN PAPILLOMAVIRUS (HPV) VACCINATION FOR CHILDREN AGED 9-14: A CROSS-SECTIONAL STUDY

Authors: Maria Lourdes M. Laya, MD, Ma. Lucila E. Ilano, MD, FPPS

Visayas Medical Hospital, Cebu

### ABSTRACT

#### Background

Human Papillomavirus (HPV) vaccination is a critical public health strategy to prevent HPV-related cancers. However, uptake remains suboptimal in many regions, often influenced by parental knowledge, awareness, and attitudes. This study assessed these factors among parents to identify key barriers to vaccination.

#### Objective

The primary objectives were to determine the levels of HPV knowledge and vaccine awareness among parents, assess their attitudes towards the HPV vaccine, and examine the relationships between these variables and parental education.

#### Methodology

A cross-sectional study was conducted with 156 parent-participants. Data were collected using a structured questionnaire capturing demographic characteristics, an 18-item knowledge scale, a 5-item awareness scale, and a 6-item attitude scale measured on a 4-point Likert system. Data analysis employed descriptive statistics and inferential tests including ANOVA and Pearson correlation.

#### Results

Participants demonstrated high general awareness of HPV (81.4%) but significant knowledge gaps, particularly regarding the incurability of HPV (48.1% correct) and the ineffectiveness of condoms (46.2% correct). Attitudes were cautiously "somewhat positive" but vaccination rates were low (16% of eligible daughters). A critical barrier was the lack of a healthcare provider recommendation (reported by 60.9%). No significant correlations were found between knowledge, attitude, awareness, and parental education level ( $p > .05$ ).

#### Conclusion

Despite good baseline awareness, pervasive misconceptions and a weak healthcare provider recommendation are major barriers to HPV vaccination. Interventions must move beyond general education to include proactive provider communication and targeted campaigns debunking specific myths to improve vaccine uptake.

## DEVELOPMENT AND VALIDATION OF THE HEALTHCARE WORKER ADOLESCENT-FRIENDLINESS SCALE (HAFS) FOR ASSESSING ADOLESCENT-FRIENDLINESS AMONG PEDIATRIC STAFF IN THE PHILIPPINES

Authors: Miriam Joyce V. Domingo-Valenzuela, MD, Vanessa-Maria F. Torres-Ticzon, MD

University of the Philippines - Philippine General Hospital

### ABSTRACT

#### Background

A change in attitude is a desirable outcome in any educational training on adolescent healthcare. Currently, no validated tool exists to measure adolescent-friendly attitudes, especially within the context of an educational intervention.

#### Objective

To develop and validate the Healthcare Worker Adolescent-Friendliness Scale (HAFS), a self-assessment instrument designed to measure the adolescent-friendliness of pediatric staff in the Philippines.

#### Methodology

This validation study used a cross-sectional online study design. An assessment instrument development was conducted in three phases: item development, scale development, and scale evaluation. Items were generated using both deductive and inductive methods. Content validity was established through a review by eight experts to assess the relevance and clarity of the items. The content validity index (CVI) was subsequently calculated. Ten non-expert judges participated in cognitive interviews to assess the face validity of the items. The pre-final HAFS was then formatted on an online survey platform and administered to 300 pediatric residents and consultants nationwide. An exploratory factor analysis (EFA) was used to assess the scale's internal structure. The final HAFS was administered to 50 participants from the original cohort, and Cronbach's alpha was calculated to determine its internal consistency.

#### Results

Four domains, comprising an initial item pool of 124 observable behaviors reflecting adolescent friendliness, were generated through a review of the literature and focus group discussions with two adolescent medicine specialists. These items were further refined and subsequently reduced to 55 items. Content and face validation resulted in a 45-item HAFS with excellent content validity (CVI = 0.99). EFA revealed that 29 items loaded strongly onto four distinct factors, indicating good construct validity. EFA extracted six factors, but after removing cross-loadings and domains with insufficient items, four factors remained: compassionate, friendly, respectful, and trustworthy. The HAFS-29 demonstrated excellent internal consistency with a Cronbach's alpha of 0.95, and all four domains surpassed the threshold of 0.70, indicating acceptable to excellent internal consistency ( $\alpha=0.76-0.92$ ).

#### Conclusion

The HAFS-29 is a validated and reliable formative self-assessment tool for measuring adolescent-friendly attitudes among pediatric residents and consultants in the context of an e-learning course on adolescent health and transition care, as evidenced by its excellent content validity and internal consistency. This promising scale has the potential to make a significant contribution to building an adolescent-competent workforce in the Philippines.

## INCIDENCE OF EXTRAVASATION INJURY AMONG CRITICALLY ILL PEDIATRIC PATIENTS RECEIVING VASOACTIVE INFUSION THROUGH PERIPHERAL INTRAVENOUS ACCESS IN A TERTIARY HOSPITAL IN THE PHILIPPINES – A PROSPECTIVE OBSERVATIONAL STUDY

Authors: Julienne Grace E. Bautista, MD, Franco Carlos C. Liu, MD, Herbert G. Uy, MD, Charissa Sharmaine E. Cua, MD

Philippine General Hospital

### ABSTRACT

#### Background

Peripheral vasoactive infusions are commonly used in critically ill children especially when central access is limited. Extravasation is a recognized complication for this route of delivery, but prospective data from low- and middle-income countries is scarce.

#### Objective

To determine the incidence, predictors, and outcomes of extravasation among children receiving peripheral vasoactive medications in a tertiary hospital in the Philippines.

#### Methodology

In this prospective observational cohort, patients aged 1 month to 18 years receiving peripheral vasoactive infusions were monitored for extravasation. Incidence was reported per patient and per line exposure. Risk factors were analyzed using multivariate logistic regression, and a predictive model was developed.

#### Results

Among 48 patients receiving peripheral vasoactive infusions, 28 (58.3%) experienced at least one extravasation injury, accounting for 47 events across 97 unique peripheral intravenous lines (48.4% per-line incidence), or 14 events per 1000 IV-line hours. Independent predictors were lower extremity placement (OR 95.7; 95% CI, 4.3–2151.7) and number of peripheral accesses (OR 19.3; 95% CI, 1.7–212.1), with the predictive model showing excellent discrimination (AUC = 0.94, sensitivity 92.9%, specificity 85.0%). Median time to extravasation was 21 hours but most injuries (83%) were mild and self-limiting. Overall mortality was 52%, primarily due to underlying illness rather than as extravasation complication.

#### Conclusion

Extravasation is common but usually mild in children receiving peripheral vasoactive infusions. While lower extremity placement has been a previously recognized risk factor, the number of peripheral accesses emerged as a novel predictor, reflecting cumulative vascular burden. However, these findings remain exploratory and warrant validation in larger cohorts. Careful site selection, minimizing repeated cannulations, and timely escalation to central lines can enhance safety, supporting peripheral infusion as a feasible short-term strategy in low resource settings.

Keywords: vasoactive medications, shock, peripheral access, extravasation

# INTERHOSPITAL RESEARCH POSTER CONTEST 2026

## ASSOCIATION OF DEMOGRAPHIC PROFILE AND PSYCHOLOGICAL DISTRESS AND SPIRITUAL INJURY OF PRIMARY CAREGIVERS OF PATIENTS IN THE NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS OF A TERTIARY GOVERNMENT HOSPITAL

Authors: Jamaica Lorraine Abad, RND, MD; Jesus Nazareno Velasco, MD, FPPS, FSPCCMP; Selina Fernandez, MD, DPPS; Kris Ian Mendoza, MD, FPPS

Ospital ng Maynila Medical Center

### ABSTRACT

#### Background

Profound psychological and spiritual challenges are faced by caregivers of critically ill children, affecting their decision-making and well-being. Studies show that parents of critically ill patients developed a new mental health diagnosis and had significant increase in the diagnosis of acute stress disorder before and after admission of their children. By exploring both psychological distress and spiritual injury, this study offered insights into the unique needs of caregivers in the intensive care unit setting.

#### Objective

To determine the association between the demographic profile and psychological distress and spiritual injury of primary caregivers of patients admitted at the Neonatal and Pediatric Intensive Care Units (NICU, PICU) of a tertiary government hospital using Kessler Psychological Distress Scale (K10) and Spiritual Injury Scale (SIS).

#### Methodology

A cross-sectional analytical design was utilized, involving 113 caregivers of patients admitted at the NICU and PICU of a tertiary government hospital who completed Kessler Psychological Distress Scale and Spiritual Injury Scale. Excluded in the study are those who did not meet the age and presence criteria, and those with diagnosed mental health conditions. Data were analyzed using SPSS Version 26 to determine descriptive statistics and associations between variables.

#### Results

Most caregivers were female (92.92%), single (67.26%), and from low-income households (67.26%). Majority (30.97%) experienced mild to moderate psychological distress, while nearly one-fourth (23.89%) met the threshold for severe distress. Spiritual injury scores were moderate, with younger caregivers aged 21–30 years (mean rank=67.49) reporting higher spiritual strain. A significant positive correlation was observed between psychological distress and spiritual injury ( $r=0.651$ ,  $p<0.001$ ). Parents exhibited greater distress compared to non-parent caregivers, while age was significantly associated with spiritual injury.

#### Conclusion

Psychological distress and spiritual injury are prevalent and interrelated among caregivers of NICU and PICU patients, particularly among young, low-income parents. These findings emphasize the importance of holistic caregiver support, including mental health and spiritual care components.

Keywords: *psychological distress, spiritual injury, caregivers, NICU, PICU*

## SOCIODEMOGRAPHIC PREDICTORS OF KNOWLEDGE ON SYMPTOMS, TRANSMISSION, AND MANAGEMENT OF DENGUE FEVER AMONG GRADE 8 TO 10 STUDENTS

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### ABSTRACT

#### Background

Dengue fever remains a significant public health concern in the Philippines, particularly among school-aged children, who represent a vulnerable population during outbreaks. Adequate knowledge of its symptoms, transmission, and management is essential for effective dengue prevention and control. Hence, determining their level of awareness and understanding how sociodemographic factors shape students' knowledge of dengue is crucial for strengthening dengue prevention strategies.

#### Objective

To determine the sociodemographic predictors of Grade 8 to 10 students with respect to their level of knowledge on the symptoms, transmission, and management of dengue fever.

#### Methodology

A cross-sectional survey was conducted among Grade 8 to 10 students enrolled in a selected public high school in Apokon, Tagum City, utilizing stratified random sampling. Data were gathered through a self-administered, pilot-tested structured questionnaire that assessed knowledge of dengue fever in terms of symptoms, transmission, and management. Descriptive statistical methods were employed to summarize the participants' sociodemographic characteristics and levels of knowledge, while multiple linear regression analysis was used to determine significant sociodemographic predictors, including age, sex, grade level, socioeconomic status, and place of residence for each domain.

#### Results

The selected 311 students demonstrated moderate knowledge of dengue symptoms (Mean = 3.70), transmission (Mean = 9.51), and management (Mean = 2.87). Students' gender was the only statistically significant predictor of knowledge on both symptoms ( $\beta = 0.125$ ,  $p = 0.026$ ) and management ( $\beta = 0.145$ ,  $p = 0.014$ ).

#### Conclusion

The study found important gaps in students' knowledge of dengue. School-based health programs must use targeted strategies that actively involve both boys and girls, focusing on early symptom awareness and safe management practices to support effective dengue prevention and control in the community.

## CLINICODEMOGRAPHIC PROFILE OF CHILDREN YOUNGER THAN 20 YEARS OLD WITH BACTERIOLOGICALLY CONFIRMED TUBERCULOSIS IN BOHOL

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### ABSTRACT

#### Background

Tuberculosis (TB) is an infectious disease that imposes a huge burden on health worldwide. There are 8 countries that account for more than 2/3 of TB cases globally. The Philippines ranks fourth, after India, Indonesia, and China. It is reported that Philippines alone accounts for 7% of the global TB burden. Children are not spared from TB. However, there is a dearth of information on TB in Filipino children.

#### Objective

To determine the clinicodemographic profile of children younger than 20 years old who have bacteriologically confirmed tuberculosis.

#### Methodology

This is a retrospective cross-sectional study on all children younger than 20 years with bacteriologically confirmed TB from January 1, 2017 to December 31, 2022. Data were gathered from the Bohol Provincial Health Office iDOTS database. Categorical variables such as the clinicodemographic variables were described using frequencies and percentages. Chi-square analysis was used to determine the association between the clinicodemographic profiles and the development of drug-resistant TB.

#### Results

There were 694 bacteriologically confirmed TB cases among Boholano children over the study period. The prevalence of bacteriologically confirmed childhood TB is 0.123%. Drug-resistant TB was seen in 8.21% of children with TB. Age and sex, along with common symptoms like fever, cough, weight loss, and anorexia are not significantly associated with drug-resistant TB. Rural residence and less common symptoms like back pain, chest pain, dyspnea, and hemoptysis are significantly associated with drug-resistant TB. Majority of children with TB have family members as the index case but the index patient is not significantly associated with drug-resistant TB. The presence of BCG vaccination is associated with higher proportion of drug-sensitive TB. There is no significant difference in the chest radiograph findings between drug-sensitive TB and drug-resistant TB.

#### Conclusion

The prevalence of childhood TB in Bohol is 0.123% and the prevalence of drug-resistant TB in children is 8.21%. The clinicodemographic features of children significantly associated with drug-resistant TB are rural residence; less common symptoms that include back pain, chest pain, dyspnea, and hemoptysis; and, negative BCG vaccination. BCG vaccination protects against drug-resistant TB.

## PROFILE AND OUTCOME OF TEENAGE PREGNANCY CASES IN A TERTIARY HOSPITAL: A RETROSPECTIVE CROSS-SECTIONAL STUDY

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### ABSTRACT

#### Objective

Teenage pregnancy is a global public health issue, posing risks to both mother and newborn. Adolescent mothers are at risk of complications, while their infants are more susceptible to low birth weight, prematurity, and severe conditions. This study examines the clinicodemographic profile of teenage mothers and their correlation with neonatal outcomes to enhance maternal and neonatal care.

#### Methodology

A retrospective cross-sectional study using medical records of teenage mothers (ages 10-19) delivered at Mariano Marcos Memorial Hospital and Medical Center from January 1, 2017 to December 31, 2019. Maternal demographics and clinical characteristics, with neonatal demographics and clinical outcomes, were collected and analyzed using statistical methods to determine significant correlations.

#### Results

A total of 278 teenage pregnancies were reviewed. Most were between 17-19 years old, 96% unmarried, and primarily from District II (60%). The majority were primigravid (87%), with adequate prenatal care visits (83%) and normal ultrasound findings (51%), while abnormalities such as oligohydramnios and IUGR were uncommon. Majority delivered through normal vaginal delivery (71%) and 44% had infectious medical conditions while 17% were non-infectious. Most neonates were male (54%), APGAR scores between 7 and 10, delivered at term (90%) with an average birth weight of 2.7kg. However, 26% were low birth weight and 10% were premature. Majority were born uncomplicated (96%), while congenital anomalies and neonatal death (1%) were primarily associated with congenital anomalies and complications such as sepsis. Statistical analysis revealed that maternal demographic and clinical characteristics significantly correlated with the mode of delivery.

#### Conclusion

This study outlined the clinicodemographic profile and outcomes of teenage pregnancies at a tertiary hospital. Most mothers were late adolescents from urban areas, with normal BMI and adequate prenatal care. Neonates were predominantly male, term, with normal birth weights and APGAR scores. Vaginal delivery, the most common mode, was significantly associated with favorable neonatal outcomes. While most neonates were discharged uncomplicated, some had comorbidities and succumbed to pneumonia and sepsis.

## THE QUALITY OF LIFE AND PSYCHOLOGICAL WELL-BEING OF FILIPINO CHILDREN AND ADOLESCENTS (7-18 YEARS OF AGE) WITH INFLAMMATORY BOWEL DISEASE IN A PRIVATE, URBAN, TERTIARY HOSPITAL IN MAKATI CITY, PHILIPPINES USING THE WHO-5 INDEX OF WELL-BEING (WHO-5): A CROSS-SECTIONAL STUDY

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### ABSTRACT

#### Background

Inflammatory bowel disease (IBD) is a chronic gastrointestinal disorder that significantly impacts the physical and psychological well-being of children and adolescents. Although widely studied in Western populations, pediatric IBD (PIBD) remains underrecognized in the Philippines despite rising cases. Understanding its psychosocial burden is vital for improving patient care.

#### Objective

This study aimed to assess the psychological well-being of Filipino children and adolescents aged 7-18 years with Crohn's disease using the World Health Organization-Five Well-Being Index (WHO-5), and examine associations with demographic and clinical factors.

#### Methodology

A cross-sectional study was conducted among patients aged 7-18 years with Crohn's disease at the Pediatric Gastroenterology clinics of Makati Medical Center, Philippines. Data on demographics, clinical history, and treatment were collected alongside WHO-5 scores. Due to the small sample size, nonparametric analyses (Mann-Whitney U, Spearman's rho, Chi-square) were used in JASP 0.19.1.0.

#### Results

Most participants had stable disease, with few hospitalizations or flares. WHO-5 results showed that while several patients had good well-being, some scored below the 52-point cutoff, suggesting depression risk. Males reported higher well-being than females ( $p = 0.026$ ), and patients in remission scored higher than those with mild disease ( $p = 0.047$ ). No significant associations were found for age ( $p = 0.549$ ) or depression risk ( $p = 0.389$ ).

#### Conclusion

Psychological well-being in pediatric Crohn's disease varies by gender and disease activity, with lower scores among females and those with active disease. Routine psychosocial screening using tools like the WHO-5 may aid early detection of emotional distress. Larger multicenter studies are recommended to validate these findings and guide holistic IBD care.

## PREVALENCE, KNOWLEDGE, ATTITUDE, AND PRACTICES ON ELECTRONIC CIGARETTE USE AMONG ADOLESCENTS ENROLLED IN A PUBLIC HIGH SCHOOL IN DAVAO CITY

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### ABSTRACT

#### Background

Although there is the government's comprehensive anti-smoking legislation prohibiting electronic cigarettes (e-cigarettes) among adolescents, adolescents continue vaping.

#### Objective

To determine the prevalence of e-cigarette use, and the knowledge, attitudes, and practices towards its use among adolescents enrolled in a public high school in Davao City.

#### Methodology

This study employed a descriptive cross-sectional design conducted in a public school located in Matina, Davao City, involving adolescents aged 12 to 19 years who were currently enrolled in the institution. Data collection utilized a modified and validated questionnaire, administered with permission, to a total of 569 respondents between January and March 2025.

#### Results

Fourteen percent ( $n = 78$ ) of students smoke e-cigarettes. Most of the smokers are male ( $n = 50, 64.10%$ ), aged 18 ( $n = 23, 26.13%$ ), in Grade 12 ( $n = 35, 44.87%$ ) under the General Academic Strand ( $n = 20, 33.89%$ ) and receive daily allowance between 50-100Php ( $n = 47, 60%$ ). The earliest age of vaping was 8 years old. Most users smoke daily ( $n = 27, 34.62%$ ). Majority acquire e-cigarettes from vape shops ( $n = 41, 52.56%$ ) and are using pod-type ( $n = 46, 58.97%$ ). Majority started vaping due to its cheap cost ( $n = 63, 80.77%$ ). Most respondents demonstrated sufficient knowledge (Overall Knowledge Mean Score:  $10.84 \pm 2.24$ ) and a negative attitude towards e-cigarettes (Overall Attitude Mean Score:  $44.83 \pm 7.30$ ). Common misconceptions include E-cigarettes carcinogenic component is less than the regular cigarettes ( $n = 233, 40.95%$ ), and e-cigarettes are less harmful to health than traditional cigarettes ( $n = 225, 39.54%$ ). Neutral opinions regarding e-cigarettes include "women and girls can use e-cigarettes" ( $n = 196, 34.45%$ ), "e-cigarettes are not embarrassing like regular smoking" ( $n = 191, 33.57%$ ) and "it is socially acceptable to smoke E-cigarettes, compared to regular cigarettes" ( $n = 182, 31.98%$ ). Respondents with inadequate knowledge scores are 1.93 times more likely to use e-cigarettes (95% CI [0.99,3.77],  $p = 0.005$ ), and individuals with favorable attitudes towards e-cigarette usage are 6.59 times more likely to use e-cigarettes (95% CI [3.60,12.05],  $p < 0.001$ ).

#### Conclusion

Despite government efforts, adolescents continue to engage in vaping, often influenced by smoking family members and peers, and enabled by access to shops despite limited allowance and existing laws. Although they possess sufficient knowledge and negative attitudes toward vaping, the practice persists. Institutions must strengthen sales bans, enhance awareness campaigns, and integrate anticipatory recommendations into consultations to mitigate its dangers.

## INCIDENCE OF PROLONGED MOBILE GADGET AND INTERNET USE AFTER THE COVID-19 PANDEMIC AMONG GRADE 12 STUDENTS IN A PRIVATE SCHOOL IN BACOLOD CITY

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### ABSTRACT

#### Background

Adolescents utilize the Internet more than any age group and it is attributed to the increase usage during the COVID-19 pandemic that forced closure of educational institution and the commencement of online classes.

#### Objective

To determine the incidence of prolonged mobile gadget and internet use among grade 12 students after the COVID-19 pandemic.

#### Methodology

The data were gathered through an electronic questionnaire via Google Forms format. It was a two-part questionnaire, 1st part include their demographic data (age, sex, number of hours spent in the internet per day, and most common usage of the internet) 2nd part include the Chen Internet Addiction Scale (CIAS) survey, a 26 item self-reported questionnaire.

#### Results

Out of 300 eligible respondents, 150 (50%) spend 8-12 hours in the internet per day; both sex exhibit significant digital engagement. Social media platforms emerged as the dominant online activity with 199 (66.8%) of the total respondents. 170 (59%) participants belong to the above cut off point of the Chen Internet Addiction Scale (CIAS). The ANOVA analysis reveals a statistically significant difference in mean CIAS scores between the number of hours spent in the internet per day ( $F(2,300) = 6.56, p=0.002$ ).

#### Conclusion

The study reveals that a significant number of teenagers spend excessive time online, primarily on social media platforms. Both genders show significant digital engagement, with males slightly more prevalent. The use of the Chen Internet Addiction Scale (CIAS) indicates a higher likelihood of internet addiction among those spending over 12 hours online daily.

## KNOWLEDGE, ATTITUDES, AND PRACTICES OF PEDIATRIC RESIDENTS AND FELLOWS IN FACILITATING ADVANCE CARE PLANNING (ACPS) FOR TERMINALLY ILL PATIENTS ADMITTED AT THE PEDIATRIC WARDS IN A TERTIARY HOSPITAL IN THE PHILIPPINES

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### ABSTRACT

#### Background

Despite growing recognition of Advance Care Planning (ACP), its implementation in the Philippines remains limited, particularly in pediatrics, due to the absence of guidelines, legislation, and structured training. While adult ACP is gradually advancing, pediatric ACP (pACP) poses unique challenges, highlighting the need for pediatric-specific frameworks, education, and institutional support.

#### Objective

This study aimed to determine the knowledge, attitudes, and practices (KAP) of residents and fellows in facilitating ACP for terminally ill pediatric patients at a tertiary hospital in the Philippines.

#### Methodology

This descriptive cross-sectional study surveyed 127 pediatric residents and fellows at the Philippine General Hospital through convenience sampling. Data were collected using a validated online questionnaire and analyzed with descriptive and inferential statistics, with results contextualized against existing literature.

#### Results

Most respondents demonstrated moderate knowledge (4-5 of 7 points) (60.63%), particularly on patient rights and flexibility of directives, though gaps remained in timing and procedures. Attitudes were largely neutral to positive (mean 3.40-5.00) (96.85%), with strong agreement on ACP's importance and willingness to train, but hesitancy persisted regarding prognosis disclosure and emotional burden. In practice, respondents consistently documented and honored patient and family wishes but seldomly initiated ACP discussions and rarely involved legal professionals. Regression analysis identified knowledge as the only significant predictor of practice, with no demographic associations.

#### Conclusion

Overall, practices were limited and inconsistent. Strengthening knowledge, alongside addressing systemic and cultural barriers, will be crucial to embedding ACP as a routine component of pediatric care in the Philippines.

## PSYCHOSOCIAL ASSESSMENT OF ADOLESCENT PATIENTS WHO CONSULTED AT THE EMERGENCY DEPARTMENT OF A PRIVATE TERTIARY-HOSPITAL IN DAVAO CITY

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### ABSTRACT

#### Background

Adolescence is a crucial stage of development that is frequently marked by psychological difficulties that can promote risk-taking behaviors. In hectic clinical settings like emergency department (ED), psychosocial screening is often neglected despite its importance. Time constraints and the ED's rapid pace frequently prevent comprehensive assessments, leading to lost opportunities to recognize and treat psychosocial problems early. The HEEEDSSS evaluation is one technique that can be used to identify these issues and improve holistic care for adolescents.

#### Objective

To determine the psychosocial well-being using rapid HEEEDSSS questionnaire and thorough HEEEDSSS assessment tool of all adolescent patients in a private tertiary hospital.

#### Design

Prospective cross-sectional design

#### Setting

Private Tertiary Hospital

#### Patient/Participants

A total of 103 adolescents between the ages of 10 and 18 and 364 days were recruited for the study. Of these, 96 proceeded to finish the study.

#### Main Outcome Measure(s)

Various psychosocial issues affecting the adolescents from different facets of their lives based on the rapid HEEEDSSS questionnaire and thorough HEEEDSSS assessment tool.

#### Results

From the 96 respondents, the majority were early adolescents (54.2%) aged 10-13 years old. Most were female (60.4%), identified as catholic (71.9%), and in junior high school (43.8%). The frequently reported chief complaints were fever (41.7%), cough (16%), and abdominal pain (9.4%). The commonly reported psychosocial issues were being involved in romantic relationships (54.8%) experiences of bullying (47.5%), suicidal ideation (40.5%), and physical abuse at home (16.7%).

#### Conclusion

Romantic relationships were commonly reported and often associated with risky behaviors such as alcohol use, early sexual activity, and school dropout. Suicidal ideation was closely tied to emotional isolation and family conflict. These highlight the importance of age-appropriate psychosocial interventions, stronger support systems within schools, families and communities to protect and preserve an adolescent's well-being.

Keywords: adolescent, psychosocial issues, HEEEDSSS

## EFFECTIVENESS OF VITAMIN D SUPPLEMENTATION IN PREVENTION OF DISEASE SEVERITY AMONG PATIENTS WITH DENGUE FEVER IN A TERTIARY GOVERNMENT HOSPITAL

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### ABSTRACT

#### Background

Dengue fever remains to be a public health challenge both globally and locally, in the Philippines. Despite this, there is no specific antiviral therapy that currently exists. Vitamin D has been proposed as a potential adjunctive therapy to prevent dengue disease severity through its regulatory effects on immune response and endothelial function.

#### Objective

To determine the effectiveness of vitamin D supplementation in preventing disease severity among pediatric patients with dengue fever in a tertiary government hospital.

#### Methodology

A single-blinded, randomized controlled trial was conducted among 60 pediatric patients (3-18 years) admitted with dengue fever at a tertiary government hospital. Participants were randomly assigned to receive either standard dengue management with oral rehydration therapy with adjunctive vitamin D supplementation (800 IU/day) or standard care alone. Clinical outcomes, including progression to shock, mortality, and length of hospital stay, as well as laboratory indices such as hemoglobin, hematocrit, platelet count, and serum sodium levels were analyzed and compared among both groups.

#### Results

Vitamin D supplementation did not significantly reduce disease progression to shock or mortality compared with standard care. However, patients receiving vitamin D supplementation demonstrated favorable hematologic trends, including significantly greater improvements in hemoglobin, hematocrit, and platelet recovery by day seven of treatment ( $p < 0.05$ ). No adverse effects were observed, confirming the safety and tolerability of vitamin D in this population.

#### Conclusion

Adjunctive vitamin D supplementation did not significantly alter the overall disease course or severity of dengue fever in pediatric patients but demonstrated statistically significant beneficial effects on hematologic stability and platelet recovery. Given its safety, affordability, and accessibility, vitamin D supplementation may serve as a useful supportive measure in dengue-endemic regions. Larger multicenter trials are warranted to validate these findings and determine optimal dosing strategies.

Keywords: vitamin D, immunomodulation, dengue fever, dengue virus, vitamin D deficiency

## CLINICAL PROFILE AND OUTCOMES OF MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB) IN A TERTIARY PEDIATRIC HOSPITAL: A 5-YEAR REVIEW (2021-2025)

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### ABSTRACT

#### Background

Pediatric multidrug-resistant tuberculosis (MDR-TB) remains a major public health concern, particularly in low- and middle-income countries where diagnosis is frequently delayed and treatment outcomes are difficult to monitor. Children often present with nonspecific symptoms and have limited bacteriologic confirmation due to the paucibacillary nature of the disease. Local data describing the clinical characteristics and outcomes of pediatric MDR-TB remain limited.

#### Objective

To describe the demographic characteristics, clinical profile, diagnostic methods, and treatment outcomes of pediatric patients diagnosed with multidrug-resistant tuberculosis at a tertiary pediatric hospital from 2021 to 2025.

#### Methodology

A retrospective descriptive review was conducted among pediatric patients aged 0 to 18 years diagnosed with multidrug-resistant tuberculosis from January 2021 to August 2025. Data were obtained from the institutional tuberculosis directly observed treatment registry and medical records. Variables analyzed included age, sex, comorbidities, presenting symptoms, diagnostic modality, history of prior tuberculosis treatment, and treatment outcomes. Descriptive statistics were used for data analysis.

#### Results

A total of 1,310 pediatric tuberculosis cases were recorded during the study period, of which 22 patients (1.7%) were identified as having multidrug-resistant tuberculosis. The mean age was 9.9 years, with equal distribution between males and females. The most common comorbidities were respiratory diseases (54.5%) and malnutrition (50.0%). Fever (77.3%), weight loss (68.2%), and cough (40.9%) were the most frequent presenting symptoms. Most cases were clinically diagnosed (81.8%), while only 18.2% had bacteriologic confirmation through molecular testing. A majority of patients had a history of interrupted or incomplete prior tuberculosis treatment. Treatment outcomes showed low treatment success (4.5%), with notable mortality (18.2%) and treatment failure (9.1%). Nearly half of the patients (45.5%) were still undergoing treatment or had incomplete outcome evaluation at the time of data collection.

#### Conclusion

Most pediatric MDR-TB cases were clinically diagnosed, highlighting persistent diagnostic challenges in children. Respiratory comorbidities and malnutrition were common, while treatment success remained low. Strengthening access to bacteriologic confirmation, routine screening for latent tuberculosis infection and human immunodeficiency virus, and improved long-term follow-up systems may enhance treatment outcomes and surveillance among pediatric patients with MDR-TB.

## PREVALENCE AND RISK FACTORS OF BURNOUT AMONG JUNIOR AND SENIOR HIGHSCHOOL STUDENTS ENROLLED IN A PRIVATE SCHOOL IN MAKATI CITY

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### ABSTRACT

#### Background

School burnout is a detrimental set of symptoms of emotional exhaustion, reduced personal accomplishment, and cynicism which are known to increase the risk of dropping out from school. Adolescence is a critical phase from childhood to adulthood in which school burnout may affect its rapid cognitive and psychosocial changes.

#### Objective

The primary aim of the study was to determine the prevalence of school burnout among high school students and its risk factors and correlation to academic achievement.

#### Methodology

This was a single-center cross-sectional study involving Maslach Burnout Inventory (MBI) to assess school burnout among high school students in a private school in Makati City. It involved one-way ANOVA and Independent Sample T-test as appropriate.

#### Results

The study was participated in by 101 high school students most of them were females (55.4%). Majority were 10-13 years old (39.6%), and were in grade 11-12 (53.5%). Most lived with both parents (61.4%), and had siblings (63.4%). The income bracket of the majority of the respondents fell between Php 20,000 – Php 100,000 (82.2%), using public transportation (36.6%), and with GWA of 80-84% (34.7%). Further analysis revealed that there is less exhaustion and cynicism among the study population both being felt once a month or less. However, there is a high burden of reduced personal accomplishment as professional efficacy is felt once a month or less only. Significant factors for exhaustion include gender, age, grade level, primary guardian, and siblings. For cynicism, both age and grade level are significant factors. Academic achievement is not significantly associated with school burnout domains.

#### Conclusion

School burnout in terms of exhaustion and cynicism is less frequent among high school students in a private school but with a high burden in terms of reduced personal accomplishment.

## ACCURACY OF COMBINED NEUTROPHIL TO LYMPHOCYTE RATIO (NLR) AND PLATELET TO LYMPHOCYTE RATIO (PLR) IN PREDICTING EARLY ONSET NEONATAL SEPSIS IN THE NEONATAL INTENSIVE CARE UNIT OF A TERTIARY GOVERNMENT HOSPITAL

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### ABSTRACT

#### Background

Neonatal sepsis remains the leading cause of morbidity and mortality in neonates worldwide, particularly in low to middle income countries such as in the Philippines. Timely intervention with supportive care and management is necessary. However, early and accurate diagnosis remains a challenge due to nonspecific clinical signs and the delayed turnaround time of blood cultures. Hence, there is a need for simple and affordable tests that can help detect sepsis early, especially in hospitals with limited resources. The neutrophil-to-lymphocyte ratio (NLR) and platelet-to-lymphocyte ratio (PLR), which can be obtained from a routine complete blood count, may serve as potential indicators. However, their combined usefulness in diagnosing neonatal sepsis is not well studied.

#### Objective

To evaluate the diagnostic accuracy of NLR and PLR, individually and combined, for early-onset neonatal sepsis in a tertiary government hospital.

#### Methodology

A retrospective cohort study was conducted among 76 neonates admitted to the Neonatal Intensive Care Unit of a tertiary government hospital. 38 neonates had confirmed sepsis and 38 neonates served as non-septic controls. Data were collected from medical records, and NLR and PLR were computed from complete blood counts. Diagnostic accuracy was determined using receiver operating characteristic (ROC) analysis, with sensitivity, specificity, and area under the curve (AUC) calculated.

#### Results

Septic neonates had significantly lower platelet counts and PLR values compared to non-septic neonates. The optimal cut-off values were  $\leq 2.14$  for NLR and  $\leq 8.81$  for PLR. NLR yielded a sensitivity of 67.57% and specificity of 56.41% (AUC = 0.62,  $p = 0.064$ ), while PLR achieved a sensitivity of 72.97% and specificity of 61.54% (AUC = 0.67,  $p = 0.006$ ). The combined use of NLR and PLR showed increase in predictive value.

#### Conclusion

PLR demonstrated higher accuracy than NLR in predicting neonatal sepsis, while their combined use may increase their predictive value but not significantly different. Hence, PLR alone is enough to predict sepsis. Both markers, however, are inexpensive and readily available tools that can assist in the early identification of sepsis, particularly in settings with limited diagnostic resources.

**Keywords:** Neonatal sepsis, Neutrophil-to-Lymphocyte Ratio (NLR), Platelet-to-Lymphocyte Ratio (PLR), biomarkers, diagnostic accuracy, neonatal infection

## ACCURACY OF THE EUROPEAN MEDICINES AGENCY (EMA) NEONATAL SEPSIS SCORING SYSTEM AMONG NEONATES DELIVERED IN A TERTIARY HOSPITAL DIAGNOSED WITH EARLY ONSET SEPSIS (EOS) FROM JANUARY 2024 TO DECEMBER 2024

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### ABSTRACT

#### Background

Neonatal sepsis is a significant global issue as it still leads to a lot of disease and death. Early detection is critical, but it is challenging because newborns often exhibit non-specific signs and symptoms. To identify newborns most susceptible to sepsis, the European Medicines Agency (EMA) has developed a Neonatal Sepsis Scoring System. However, its diagnostic efficacy in daily clinical practice, particularly in tertiary hospitals, has not been thoroughly tested.

#### Objective

This study investigated the effectiveness of the EMA Neonatal Sepsis Scoring System in identifying cases of neonatal sepsis within the jurisdiction of a tertiary care hospital from January 2024 to December 2024.

#### Methodology

A retrospective cross-sectional chart review was conducted on newborns admitted to the neonatal intensive care unit, nursery, and maternity wards of a tertiary referral hospital. The EMA Neonatal Sepsis Scoring System was applied using the recorded clinical and laboratory evidence. The reference standard was confirmed neonatal sepsis. Sensitivity, specificity, positive predictive value, and negative predictive value were calculated.

#### Results

In the present study, a total of 111 mother-infant pairs were examined in terms of risk factors associated with the mothers, the clinical characteristics and laboratory results of the newborns, and the ability of the EMA Neonatal Sepsis Scoring System to diagnose sepsis. The large majority of mothers (96%) experienced no intrapartum fever during delivery, and no severe fever was recorded. Prolonged rupture of membranes was the case with 70% of mothers, and maternal Urinary Tract Infection occurred in 10%. Screening for Group B Streptococcus was not a common practice, and the number of positive results produced was very low. The newborns' condition showed that the majority were either full-term or early-term babies, with an equal ratio of boys to girls, good Apgar scores, and an average birth weight of around 2.7 kg. Clinical manifestations typically appeared within the first 24 hours of life, with respiratory distress, temperature instability, and skin or subcutaneous findings being the most frequent. Laboratory investigations were largely nonspecific: most neonates had normal White Blood Cell count, Absolute Neutrophil Count, and platelet counts, although elevated C Reactive Protein levels were observed in more than half. Blood and Cerebrospinal fluid cultures were rarely positive and included a small number of potentially contaminating organisms. The EMA Neonatal Sepsis Score, although imperfect, managed to detect sepsis in 68 babies. In the end, the accuracy was 52.3% overall as the specificity was low (34.4%) and the sensitivity was moderate (59.5%). The group may have encountered low reliability of the instrument, as the statistical analysis did not indicate any significant correlation between the EMA categorization and the definitive diagnosis of sepsis.

#### Conclusion

Maternal risk factors were minimal, with infrequent intrapartum fever, a very low incidence of UTIs, and inadequate GBS screening; however, in some cases, prolonged rupture of membranes was identified as a risk factor. The neonatal signs were premature and non-specific, primarily respiratory. Laboratory markers and cultures were not very good at distinguishing between different cases. The EMA sepsis criteria were not very accurate, hence their limitation in clinical usefulness when used alone.

**Keywords:** Neonatal sepsis, European Medicines Agency (EMA) Neonatal Sepsis Scoring System, Early Onset Sepsis

## EMOTIONAL INTELLIGENCE AND BURNOUT LEVELS AMONG PEDIATRIC RESIDENTS IN CEBU: A CROSS-SECTIONAL STUDY

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### ABSTRACT

#### Introduction

Burnout is a prevalent concern among pediatric residents due to the emotionally demanding nature of their training, and emotional intelligence (EI) has been proposed as a protective factor. This study aimed to explore the relationship between burnout, measured using the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), and trait emotional intelligence, assessed via the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue- SF), among pediatric residents training in hospitals located in Cebu.

#### Methodology

A cross-sectional survey was conducted involving 80 pediatric residents from both private and public training hospitals in Cebu. Demographic data were collected alongside scores for burnout dimensions—emotional exhaustion, depersonalization, and personal accomplishment—and global and subdomain trait EI scores. Pearson correlation and comparative analyses were employed to examine relationship between emotional intelligence, burnout, age, marital status, sex, and hospital affiliation.

#### Results

Findings showed that emotional exhaustion and depersonalization had moderate to high scores, indicating significant burnout levels. Using the TEIQue-SF and MBI-HSS questionnaires, results showed that emotional intelligence was moderately high overall. It was positively correlated with personal accomplishment ( $r = .673, p < .01$ ) and negatively correlated with emotional exhaustion ( $r = -.553, p < .01$ ) and depersonalization ( $r = -.400, p < .01$ ). Married residents demonstrated significantly higher emotional intelligence and personal accomplishment scores than unmarried counterparts. No significant differences were found based on gender or hospital type. Age showed positive correlations with emotional intelligence and personal accomplishment, while had negative correlations with depersonalization.

#### Conclusion

Emotional intelligence buffers against burnout among pediatric residents, with marital status and age influencing these relationships. Residency programs in Cebu should consider incorporating emotional intelligence development and tailored psychosocial support to mitigate burnout and enhance resident well-being.

Keywords: Burnout level, Emotional intelligence, Pediatric resident

## VALIDATION OF A CULTURALLY ADAPTED FILIPINO- TRANSLATED SCREEN FOR CHILD ANXIETY RELATED DISORDERS (SCARED) - CHILD VERSION AMONG ELEMENTARY AND HIGH SCHOOL STUDENTS AGES 8-18 YEARS OLD IN SAN JUAN CITY- A TRANSLATION STUDY AND A VALIDITY AND RELIABILITY STUDY

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### ABSTRACT

#### Introduction

Anxiety disorder is a common mental health condition among children and adolescents. 10-15% of Filipino children aged 5-15 years old are affected by mental health problems. SCARED is one of the most widely used questionnaires for assessing anxiety disorders in children. The SCARED tool has high reliability and validity. Compared to all these scales, the SCARED is advantageous as it can be applicable to a wide age range of children and adolescents and can assess generalized anxiety and specific anxiety disorders. While the SCARED tool has been validated in different languages, it has not yet been translated into the Filipino language. The objective of the study is to develop and determine the validity and reliability of a Filipino-translated version of the Screen for Child Anxiety Related Disorders (SCARED) - Child Version screening tool.

#### Methodology

A 41- item questionnaire was administered to 490 students (from grades 4 to 6 ages 8 to 13 from Pinaglabanan Elementary School and grades 7 to 11 ages 11 to 17 from San Juan National Science High School) between February to October 2024. This research is composed of two phases: a translation study and a psychometric study - validity and reliability study of the Filipino-translated SCARED tool.

#### Results

The Filipino-translated screen has five subscales: somatic/panic, general anxiety, separation anxiety, social phobia, and school phobia. For the total score, it showed an excellent internal consistency ( $\alpha = 0.926$ ). The subscale scores showed good internal consistency ( $\alpha = 0.749-0.862$ ) except for the school avoidance subscale ( $\alpha = 0.613$ ). The results also showed good test-retest reliability (ICC= 0.810), content validity (0.991-0.997), construct validity ( $<0.80$ ), and acceptable cross-cultural validity scores. Results were similar compared to the original version in gender differences, age differences and anxiety group differences.

#### Conclusion

The Filipino-translated SCARED version yielded good psychometric properties comparable to the established English SCARED version and therefore aids in clinical practice the early detection of anxiety disorder among Filipino pediatric patients aged 8 to 18 years old. It is a feasible, reliable, and valid screening instrument for children and adolescents, and thus support its application in schools, community organizations, child-caring agencies and institutions, primary, secondary, and tertiary clinics/hospitals, and research settings. The early detection of anxiety in children leads to early prevention of morbidity, as well as promoting better outcomes in mental health and well-being in the pediatric age group.

## EPIDEMIOLOGIC AND CLINICAL PROFILE OF CHILDREN WITH LABORATORY-CONFIRMED COVID-19 IN BOHOL

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### ABSTRACT

#### Background

The true incidence of COVID-19 infection in children is unknown. This is attributed to lack of widespread testing among children since testing among adults and those with severe illness has been prioritized. Furthermore, there is a significantly lower hospitalization rate in children compared to adults suggesting that children may have less severe illness from COVID-19 compared with adults.

#### Objective

To describe the epidemiologic and clinicodemographic features of coronavirus disease (COVID-19) in Boholano children.

#### Methodology

This study used the data from CIF from the molecular laboratory of GCGMMC and Bohol PHO and the database of DOH Bohol. This study included children 0–17 years old with laboratory-confirmed COVID-19 infection from March 16, 2020, to December 31, 2022. Frequencies and percentages were computed as well as incidence rate and mortality rate.

#### Results

The incidence rate of laboratory-confirmed COVID-19 infection in Boholano children is 16.1%. The positivity rate significantly increased after 1 year old. Children 11–15 years old have the highest positivity rate. Boys were more frequently afflicted than girls. Fever, cough and colds were the most frequent manifestations. Majority of the children had either asymptomatic or mild COVID-19 infection. Bronchial asthma was the most frequent comorbid condition. Outpatient treatment was predominantly given. Majority recovered. The mortality rate from COVID-19 is 0.5%.

#### Conclusion

The incidence of COVID-19 infection in children is low at 16.1%. COVID-19 affects children of all ages but is most prevalent in children aged 11 to 15 years, and more common in males. Majority of the infected patients are asymptomatic, and thus require only outpatient management. Symptomatic patients generally had mild infections and most frequently present with fever, cough and colds. Anosmia and ageusia are infrequent. Severe and critical infections are rare. Recovery is the norm. Death is rare and the mortality rate is 0.5%

## CLINICODEMOGRAPHIC PROFILE AND PREVALENCE OF PATIENTS WITH HYDROCEPHALUS WHO HAD SHUNT INFECTION ADMITTED AT A TERTIARY HOSPITAL IN MANILA FROM JANUARY 2021 TO DECEMBER 2023

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### ABSTRACT

#### Background

Hydrocephalus is commonly managed with cerebrospinal fluid shunt placement; however, shunt infection remains a major cause of morbidity in pediatric patients. Local data on the clinical profile and prevalence of shunt infection in the Philippines remain limited.

#### Objective

This study aimed to determine the clinicodemographic characteristics and prevalence of shunt infection among pediatric patients with hydrocephalus admitted to a tertiary hospital in Manila.

#### Methodology

A retrospective cohort study was conducted involving patients with hydrocephalus who underwent ventriculoperitoneal shunt insertion from January 2021 to December 2023. Demographic data, age group, etiology of hydrocephalus, and presenting symptoms were obtained through medical record review. Shunt infection prevalence was calculated. Associations between clinicodemographic variables and shunt infection were analyzed using the Chi square test or Fishers exact test, as appropriate.

#### Results

Seventy patients were included, of whom twelve developed shunt infection, yielding a prevalence of 17.1 percent. Most patients were male and were younger than three years old. Neonates showed a significantly higher association with shunt infection. Symptoms significantly associated with infection included fever, vomiting, increased sleeping time, bulging fontanelle, erythema along the shunt tract, decreased feeding, and decreased activity. Sex and etiology of hydrocephalus were not significantly associated with shunt infection.

#### Conclusion

Shunt infection remains a common complication in pediatric hydrocephalus, particularly among neonates and patients presenting with systemic or neurological symptoms. Early recognition and vigilant monitoring may improve clinical outcomes in this high-risk population.

## RELATIONSHIP BETWEEN ELECTROLYTE IMBALANCE AND MORBIDITY AND MORTALITY OF MECHANICALLY VENTILATED PATIENTS ADMITTED IN THE PEDIATRIC INTENSIVE CARE UNIT OF GOV. CELESTINO GALLARES MEMORIAL HOSPITAL

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### ABSTRACT

#### Background

Electrolyte abnormalities are commonly seen in children who are critically ill. Similarly, electrolyte abnormalities are frequently seen in mechanically ventilated patients. Early recognition of and prompt management of electrolyte abnormalities could lead to successful weaning from the mechanical ventilator and may significantly affect the final outcome of the patient.

#### Objective

To determine the relationship between electrolyte imbalance and the morbidity and mortality of mechanically ventilated patients at the PICU in GCGMMC.

#### Methodology

This is a retrospective cross-sectional study on randomly chosen 236 mechanically ventilated children at PICU of GCGMMC from January 1, 2018 to December 31, 2022. A chart review on eligible participants was conducted. Age, sex, serum levels of sodium, potassium, and ionized calcium, length of PICU stay, and outcome of participants were noted. Correlational analyses utilized Chi-square test as well as Fisher's exact test and Fisher-Freeman-Halton test.

#### Results

Of the 236 participants, 185 (78.4%) had electrolyte imbalances either singly or in combination. Disorders of sodium and calcium were noted equally at 65.9% while potassium imbalances were noted in 40.5% of the population. Hyponatremia (42.2%) was the most common electrolyte disorder noted, followed by hypocalcemia (40.5%), hypercalcemia (25.4%), hypernatremia (23.8%), hypokalemia (22.2%), and hyperkalemia (18.4%). More than half (52.4%) stayed in PICU for 2-4 days. A high mortality rate (62.2%) was noted. Neither age or sex was associated significantly with electrolyte disorders. Electrolyte disorders were not significantly correlated with length of PICU stay. Only ionized calcium disturbances were significantly correlated with mortality in mechanically ventilated children.

#### Conclusion

Electrolyte imbalances among mechanically ventilated children are highly prevalent with hyponatremia being the most prevalent, and hyperkalemia as the least prevalent. Age and sex are not significantly correlated with imbalances in serum sodium, potassium, and ionized calcium. The length of PICU stay is not significantly correlated with electrolyte disorders. Disturbances in ionized calcium levels are significantly correlated with mortality in mechanically ventilated children in PICU.

## AGREEMENT BETWEEN LEA SYMBOLS CHART AND OPHTHALMOLOGIST ASSESSMENT IN A COMMUNITY VISION SCREENING OF FILIPINO PRESCHOOL CHILDREN: A PILOT STUDY

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### ABSTRACT

#### Background

Early detection of visual impairment is crucial in preschool children because vision affects learning, social interaction, and long-term development. The LEA Symbols Chart is a child-friendly visual acuity test, but its performance in community settings in the Philippines requires further validation. This study evaluated the concordance of the LEA Chart with a gold-standard ophthalmological assessment in a Filipino preschool cohort.

#### Objective

The primary objective was to determine the level of concordance between visual impairment screening using the LEA Symbols Chart administered by barangay health workers and a comprehensive diagnosis by an ophthalmologist. Secondary objectives included determining the prevalence of visual impairments and describing the socio-demographic profile of the participants.

#### Methodology

A cross-sectional study was conducted among 30 children aged 3-5 years in a barangay in Cebu City. Trained community health workers performed vision screening using the LEA Chart. All children subsequently underwent a comprehensive examination by an ophthalmologist, who was blinded to the screening results. Concordance was analyzed using Percentage Agreement, and Prevalence and Bias-Adjusted Kappa (PABAK).

#### Results

The prevalence of visual impairment was 6.7% (2/30), comprising one case of amblyopia and one strabismus. The LEA Chart demonstrated perfect concordance with the ophthalmologist's assessment, yielding 100% agreement and a PABAK of 1.00. No false positives or false negatives were recorded.

#### Conclusion

The LEA Symbols Chart showed perfect concordance with specialist diagnosis in this small cohort, demonstrating its feasibility and potential reliability for community-based vision screening when administered by trained non-specialists. These findings support its consideration for integration into public health programs, although validation with a larger sample is recommended.

Keywords: Vision Screening, LEA Symbols Chart, Preschool Children, Concordance

## CLINICAL AND SOCIO- DEMOGRAPHIC PROFILE OF CAREGIVERS AND PEDIATRIC CANCER PATIENTS EXPERIENCING CHEMOTHERAPY ABANDONMENT IN A TERTIARY GOVERNMENT HOSPITAL

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### ABSTRACT

#### Background

Significant advances in pediatric cancer management over the past decade have markedly improved patient survival rates. However, these achievements are tempered by persistent challenges, particularly chemotherapy abandonment. Gaps in local research, especially on patient and caregiver demographics, hinder the development of targeted, culturally sensitive interventions needed to reduce abandonment and improve clinical outcomes.

#### Objective

Determined the clinical and sociodemographic profile of the caregivers and the pediatric cancer patients who experienced chemotherapy abandonment in a tertiary government hospital.

#### Methodology

This was a descriptive, quantitative, observational, cross sectional and analytical type of research utilizing medical records review. Inclusion criteria included the pediatric cancer patient, classified under within ICD10 Codes C00 to C97, who was admitted at tertiary government hospital within January 2020 to December 2024. Using total enumeration, eligible medical charts were screened based on inclusion and exclusion criteria, and relevant sociodemographic and clinical data were collected.

#### Results

Among pediatric cancer patients, the mean age was 7.29±4.78 years. Majority resided in rural areas (73%) and were males (67%). In terms of birth order, 40% were first born and 60% had less than secondary level. Caregivers averaged 34.77±8.83 years, mostly females (90%), unemployed (83%), and all were parents. Pediatric cancer patients, mean weight and height were 22.75±13.41 kg and 116.37±27.93 cm, respectively. Most had normal weight for age, height for age, BMI for age, and weight for height scores. Nutritional status included 57% normal weight, 13% normal weight with stunting, 10% severe acute malnutrition, 10% wasting, 3% obese, 3% overweight, and 3% stunting. Regarding cancer diagnosis, 43% had acute lymphoblastic leukemia-standard risk, followed by acute lymphoblastic leukemia-high risk, and osteosarcoma (10%). Common chemotherapy signs and symptoms included pallor and fever; and pallor. High risk symptoms clusters included fever+pallor, fever+abdominal pain, pallor+vomiting, bleeding+fever+pallor. Chemotherapy abandonment occurred in 18.75% of cases.

#### Conclusion

The high rate of chemotherapy abandonment reflects the heavy sociodemographic burdens faced by pediatric cancer patients and their caregivers, including rural residence, caregiver burnout and limited social support. These non-medical barriers are further compounded by nutritional disparities. These findings highlight the urgent need for comprehensive interventions that address both sociodemographic and medical determinants of treatment adherence and continuity.

Keywords: *pediatric cancer, chemotherapy, abandonment rate*

## PREDICTORS OF CLINICAL OUTCOMES IN PEDIATRIC PNEUMONIA-ASSOCIATED ACUTE RESPIRATORY DISTRESS SYNDROME: A RETROSPECTIVE STUDY OF CLINICAL PROFILES, LABORATORY PARAMETERS, AND MANAGEMENT STRATEGIES AT A TERTIARY HOSPITAL

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### ABSTRACT

#### Background

Pneumonia-associated pediatric acute respiratory distress syndrome (PARDS) is among the deadliest causes of respiratory failure, with mortality surpassing 60% in resource-limited settings. Defined by Pediatric Acute Lung Injury Consensus Conference (Second Edition) criteria, outcomes are influenced by comorbidities, biomarkers, and management. However, prognostic data from low- and middle-income countries, particularly the Philippines, remain scarce.

#### Objective

This study identified clinical, laboratory, and management predictors of mortality, length of stay, and ventilation duration in children with pneumonia-associated ARDS.

#### Methodology

A retrospective review was conducted on 71 children with pneumonia-associated ARDS admitted to the Philippine General Hospital from January 2023 to December 2024. Cases met PALICC-2 and national pneumonia guideline definitions. Outcomes included mortality, hospital stay, and ventilation duration. Data were analyzed using descriptive statistics, univariate tests, and multivariable regression.

#### Results

Overall mortality was 66.2%. Survivors had longer hospital stays (mean 50 vs. 26 days) and ventilation duration (30 vs. 19 days), reflecting earlier deaths in non-survivors. Elevated WBC counts and procalcitonin correlated with worse outcomes. Univariate analysis showed that BIOFIRE pathogen detection and neuromuscular blockade were associated with improved survival, while multivariable analysis demonstrated that early cephalosporin or carbapenem therapy shortened ventilation by ~28 days.

#### Conclusion

Pneumonia-associated PARDS in the Philippines carries high mortality. Rapid pathogen detection, timely antibiotic therapy, lung-protective ventilation, and selective neuromuscular blockade may improve survival. Guideline-based ARDS care remains critical to reducing mortality in resource-limited settings.

## RED CELL DISTRIBUTION WIDTH AND ITS ASSOCIATION WITH EARLY-ONSET NEONATAL SEPSIS IN PATIENTS ADMITTED TO THE NEONATAL INTENSIVE CARE UNIT OF GOV. CELESTINO GALLARES MEMORIAL MEDICAL CENTER

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### ABSTRACT

#### Background

Accurate and timely diagnosis of early neonatal sepsis is quite important; however, it remains a challenge to both general pediatricians and neonatologists alike. The clinical manifestations may be nonspecific and highlight the need for laboratory tests. Red blood cell distribution width (RDW) is a novel biomarker that is gaining interest as a possible diagnostic and prognostic marker for neonatal sepsis.

#### Objective

To determine the association between the red blood cell distribution width (RDW) and early-onset neonatal sepsis (EONS) in patients admitted at the Neonatal Intensive Care Unit (NICU) of Governor Celestino Gallares Memorial Medical Center (GCGMMC)

#### Methodology

This is a retrospective study of 263 neonates admitted at GCGMMC NICU from January 1, 2019 to December 31, 2022. Simple random sampling technique was used. A chart review of eligible participants was conducted. Sex, pediatric age, birthweight, baseline RDW and PCT after 72 hours of life were gathered. Descriptive statistics for categorical data, median and interquartile range for continuous data, Shapiro-Wilk test to determine normality of data, Chi square test or Fisher's exact test, and Spearman rho for correlation were used to analyze the data. Significance was confirmed a  $p < 0.005$ .

#### Results

Among 263 participants, 56.3% were male. Majority (63.5%) were term, and 49.0% had normal birth weight. Normal RDW levels were seen in 68.4% of neonates with EONS. Pediatric age and birth weight are significantly associated with RDW while sex is not. A positive correlation coefficient ( $r = 0.425$ ) is noted between RDW and PCT.

#### Conclusion

Red cell distribution width (RDW) is positively correlated with gestational age and birth weight of infants with EONS. However, it is a weak diagnostic tool to use in the diagnosis of early-onset neonatal sepsis.

## PREVALENCE AND TRIGGERING FACTORS OF ACUTE URTICARIA AND/OR ACUTE ANGIOEDEMA IN THE PEDIATRIC POPULATION IN A PRIVATE TERTIARY HOSPITAL IN THE PHILIPPINES

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### ABSTRACT

#### Background

Acute urticaria and angioedema are common complaints for pediatric emergency department (ED) visits. Describing their clinical characteristics, triggers and management can aid diagnosis, inform resource allocation, and support guideline development. Despite this importance, the etiologies of acute urticaria and angioedema often remain elusive, and data describing these conditions in the pediatric population in the Philippines are limited.

#### Objective

This study aimed to determine the prevalence of acute urticaria and/or angioedema among pediatric (0-18 years old) ED patients in a private tertiary hospital in the Philippines and to describe the possible risk factors, triggers, clinical manifestations, and management practices.

#### Methodology

A cross-sectional retrospective review was conducted of 18,271 pediatric ED visits between August 2024 and October 2025. Among these, 183 patients aged 0-18 years met international criteria for acute urticaria and/or angioedema and were individually assessed with an allergist. Clinical features, risk factors, triggers, and management were documented and described.

#### Results

Acute urticaria and/or angioedema accounted for 1.0% of pediatric ED visits (95% CI: 0.87-1.16). Most patients were aged 0-5 years (45.9%), with a mean age of  $6.85 \pm 4.86$  years and a male-to-female ratio of 1.26:1. An atopic background was documented in 43.2% of cases. Isolated urticaria was the most common presentation (92.3%), and frequently generalized (42.1%). Among patients with angioedema ( $n = 37$ ), eyelid involvement predominated (78.4%). Food was the leading identifiable trigger (53.6%). First- and second-generation H1-antihistamines were used in 28.9% and 28.4% of cases, respectively, with 9.8% receiving both. Systemic corticosteroids were administered in 28.4% and epinephrine in 2.6%. Most patients were discharged home (97.3%), 25.1% received specialist referral, and 2.2% required short-term hospitalization.

#### Conclusion

Acute urticaria and angioedema accounted for 1.0% of pediatric ED visits, with isolated urticaria and underlying atopy being common. Food was the most frequent identifiable trigger. Comparable use of first- and second-generation antihistamines, along with frequent corticosteroid administration, highlights opportunities to improve adherence to guideline-based management. These findings emphasize the need to develop local protocols and with the goal of providing the best management for the patients while minimizing unnecessary ED visits.

## ASSOCIATION OF PARENTAL ATTITUDES AND CHILDREN'S SCREEN TIME PRACTICES WITH THE RISKS OF DEVELOPMENTAL DELAYS. A POST-PANDEMIC CROSS-SECTIONAL STUDY.

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### ABSTRACT

#### Background

Alongside the COVID-19 pandemic emerged the "screen time pandemic," marked by the rapid integration of digital media into daily life. Screen use became central to communication, education, and recreation, often overshadowing concerns about its developmental risks. As child development is shaped by both nature and nurture—with parental presence playing a crucial role—this study examined the post-pandemic effects of digitalization on parental attitudes toward children's screen time and its potential association with developmental delays.

#### Objective

To determine the association between parental attitudes and children's screen time practices with the risk of developmental delays in the post-pandemic period.

#### Design

Prospective cross-sectional study.

#### Setting

Inpatient and Outpatient Departments of a Tertiary Hospital.

#### Patients/Participants

Purposive sampling was used to recruit parents or guardians of children aged 6–60 months, enrolling 110 participants, of whom 107 completed the study.

#### Interventions

Participant demographics, screen media profiles, and Parental attitudes on screen media were assessed through structured questionnaires, while developmental risk was screened using the Parents' Evaluation of Developmental Status (PEDS).

#### Main Outcome Measure(s)

Primary outcomes included parental attitudes toward children's screen exposure and risk of developmental delays; secondary outcomes included screen media profiles and family factors influencing media practices.

#### Results

Majority of the participants were from low-income households. Parents exhibited equivocal attitudes toward media, with many frequently expressing concern about its negative effects ( $M = 2.2359$ ); however, these attitudes were not significantly linked to children's screen time ( $p > 0.05$ ). Family income ( $p = 0.0039$ ) and birth order ( $p = 0.0057$ ) significantly influenced screen use. Over half of the children (54.2%) had developmental concerns, primarily behavioral (29.5%), though not significantly associated with parental attitudes or screen exposure.

#### Conclusion

Parents' equivocal attitudes toward screen media risks did not influence children's screen time. Screen behavior was significantly influenced by family income and birth order, while developmental concerns, though common, were not related to parental attitudes or screen exposure—underscoring the complex factors involved in child development.

Keywords: Parental Attitudes, Screen Time, PEDS

## CLINICO-DEMOGRAPHIC PROFILE OF PEDIATRIC PATIENTS AGES 1 MONTH TO 18 YEARS WITH ALL-CAUSE PNEUMONIA IN A TERTIARY GOVERNMENT HOSPITAL IN MANILA: A 3-YEAR RETROSPECTIVE CROSS-SECTIONAL STUDY

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### ABSTRACT

#### Background

Pneumonia remains a leading cause of morbidity and mortality among children, particularly in low- and middle-income countries. Despite its high disease burden in the Philippines, local data describing the clinico-demographic characteristics, management practices, and outcomes of pediatric pneumonia in tertiary government hospitals remain limited.

#### Objective

This study aimed to describe the clinico-demographic profile, clinical presentation, diagnostic findings, management strategies, and outcomes of pediatric patients aged 1 month to 18 years admitted with all-cause pneumonia in a tertiary government hospital in Manila.

#### Methodology

This was a retrospective cross-sectional descriptive study involving 592 pediatric patients admitted with all-cause pneumonia from January 2021 to December 2023. Data were obtained from discharge summaries and included demographic variables, clinical manifestations, comorbidities, feeding and immunization histories, laboratory and imaging results, treatment regimens, complications, length of hospital stay, and clinical outcomes. Data were summarized using frequencies and percentages.

#### Results

Pneumonia predominantly affected infants and toddlers, with the highest incidence among children aged 12 to 23 months (23.8%) and infants aged 1 to 11 months (42.6%). Male patients comprised 61.1% of cases. Exclusive breastfeeding was documented in only 3.6%, while 14.2% had incomplete primary immunization. Exposure to cigarette smoke was noted in 94.9% of patients with available environmental history. Severe community-acquired pneumonia accounted for 85.6% of cases. Leukocytosis (61.3%) and thrombocytosis (37.0%) were common laboratory findings, while blood cultures were infrequently positive. Penicillin G was the most commonly prescribed antibiotic (45.4%), with monotherapy used in 65.4% of patients. Complications occurred in 29.2%, most commonly hypoxia and sepsis. The mortality rate was 7.3%.

#### Conclusion

Pediatric pneumonia disproportionately affected younger children and was associated with modifiable risk factors such as low exclusive breastfeeding rates, incomplete immunization, and cigarette smoke exposure. While most patients had favorable outcomes, the observed complication and mortality rates underscore the need for strengthened preventive strategies, early recognition, and timely management to reduce pneumonia-related morbidity and mortality.

## PROFILE AND OUTCOME OF CHILDREN WITH NON-HODGKIN LYMPHOMA AT SOUTHERN PHILIPPINES MEDICAL CENTER CHILDREN'S CANCER INSTITUTE, DAVAO CITY: A RETROSPECTIVE 10-YEAR REVIEW

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### ABSTRACT

#### Background

Childhood cancer incidence is rising globally. While the World Health Organization Global Initiative for Childhood Cancer, launched in 2018, aims for a 60% survival rate by 2030, regional data on Non-Hodgkin Lymphoma (NHL) in the Philippines remains scarce.

#### Objective

This study aimed to determine the demographic profile, histopathology, treatment outcomes, and 5-year survival rates (Overall Survival and Event Free Survival) of pediatric NHL patients at the Southern Philippines Medical Center from January 2011 to December 2020.

#### Methodology

A descriptive retrospective cross-sectional design was used, reviewing records of patients aged <19 years diagnosed with NHL over a 10-year period.

#### Results

In a study of 70 children with non-Hodgkin lymphoma, the majority were female (68.6%) ages 5 to 14 years old (60%), and from Davao Del Sur (50%). Common presentations included abdominal mass (25.7%) and dyspnea (22.9%). The predominant NHL types were T-lymphoblastic lymphoma (22.9%), diffuse large B-cell lymphoma (20%), and Burkitt's type (20%), with masses primarily located in the neck (27.1%), mediastinum (24.3%), and abdomen (21.4%). Patients were mostly administered with the Lymphome Malins de Burkitt (LMB) 96 protocol (27.1%), the Malawi protocol (27.5%), and the Berlin-Frankfurt-Münster (BFM) protocol (18.6%). Outcomes showed high mortality (50%), and treatment abandonment (21.4%), with only 18 remaining alive (25.7%). Treatment toxicity was low (4.3%). The study found a significant mean event-free survival of 6.42 years (median 6 years). Specifically, 100% event-free for the initial two years, dropping to 81% by 3-4 years, and 70% by the fifth year. For overall survival, all patients survived the first two years, decreased to 90% at 3-4 years, and 65% at 5 years.

#### Conclusion

High mortality and abandonment rates highlight critical barriers to care in the region. While early staging significantly correlates with event-free survival, long-term outcomes are hindered by poor treatment adherence and socio-economic factors, necessitating integrated support systems alongside medical intervention.

Keywords: Non-Hodgkin Lymphoma, Outcome, Philippines

## EFFICACY OF LACTOBACILLUS REUTERI AND ZINC AS AN ADJUNCT TREATMENT ON SEVERE PEDIATRIC COMMUNITY-ACQUIRED PNEUMONIA IN PATIENTS 3 MONTHS TO 4 YEARS OLD IN A TERTIARY GOVERNMENT HOSPITAL IN MANILA

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### ABSTRACT

#### Background

Pediatric community-acquired pneumonia (PCAP) remains a major cause of morbidity among Filipino children, and recovery may be prolonged despite antibiotic therapy. Zinc and probiotics are proposed adjuncts due to their immune-modulating effects, but evidence in severe PCAP is limited. This is the first study to investigate the combined use of zinc and probiotics in pediatric pneumonia.

#### Objective

To determine the efficacy of zinc and Lactobacillus reuteri supplementation as adjunct therapy to standard antibiotic treatment among children aged 3 months to 4 years diagnosed with severe PCAP at Ospital ng Maynila Medical Center.

#### Methodology

An open-labeled randomized controlled trial was conducted among children aged 3 months to 4 years admitted for severe PCAP in a tertiary government hospital. Patients were randomized to receive standard antibiotics alone or antibiotics with zinc and Lactobacillus reuteri. Clinical outcomes were monitored daily until discharge. Between-group comparisons used Chi-square for categorical data and Mann-Whitney U or Wilcoxon signed-rank tests for non-parametric continuous data. Significance was set at  $p < 0.05$ .

#### Results

Sixty-two patients were enrolled (mean age 13.9 months; 50% male), with comparable baseline clinicodemographic characteristics, nutritional status, immunization status, and environmental exposures across groups. The treatment group had significantly faster resolution of cough ( $p = 0.011$ ), tachypnea ( $p = 0.002$ ), chest retractions ( $p = 0.025$ ), and crackles/rales ( $p = 0.031$ ). Median hospital stay was shorter with adjunct therapy (3 vs. 5 days;  $p = 0.045$ ). Improvements in fever, tachycardia, wheezing, and oxygen desaturation also favored the treatment group, although not statistically significant. No complications or adverse effects occurred, and all patients were discharged well.

#### Conclusion

Adjunct zinc and Lactobacillus reuteri were safe, well tolerated, and associated with faster clinical recovery in severe PCAP. Shortened symptom duration and hospitalization suggest potential value in routine inpatient care. Larger multicenter trials are needed to confirm clinical benefit and inform guideline recommendations.

Keywords: Pediatric community-acquired pneumonia, probiotics, zinc, adjunct therapy, Lactobacillus reuteri, severe pneumonia

## CLINICODEMOGRAPHIC PROFILE AND OUTCOMES OF PATIENTS AGED 29 DAYS OLD TO 18 YEARS OLD ADMITTED IN THE PEDIATRIC INTENSIVE CARE UNIT OF A TERTIARY GOVERNMENT HOSPITAL IN MANILA: A 5-YEAR RETROSPECTIVE CROSS-SECTIONAL STUDY

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### ABSTRACT

#### Background

Pediatric Intensive Care Units (PICUs) play a vital role in reducing morbidity and mortality among critically ill children, yet there is limited local data exist regarding their clinical and demographic trends in the Philippines.

#### Objective

This study aimed to determine the clinicodemographic profile, causes of admission, management, and outcomes of pediatric patients aged 29 days old to 18 years old admitted to the PICU of a tertiary government hospital from 2020 to 2024.

#### Methodology

A retrospective cross-sectional review of medical records of 516 patients aged 29 days to 18 years was conducted using hospital data. Variables analyzed included demographic information, presenting complaints, immunization and nutritional status, systems involved, management modalities, and outcomes.

#### Results

Admissions increased markedly post-pandemic, peaking in 2023. Most patients were aged 1–6 years (31.4%) and adolescents (26.7%), with slight male predominance (55.4%). Common complaints were fever, fast breathing, and weakness. Incomplete immunization (27.3%) and undernutrition ( $Z = -2$  to  $-3$ ) were frequent. Infectious diseases (65.5%), particularly severe pneumonia (19.9%) and septic shock (6.6%), were leading causes of admission. Ceftriaxone was the most used antibiotic (35.1%), and epinephrine (13.6%) was the main inotrope. Oxygen supplementation primarily utilized nasal cannula (28.9%). Mortality was noted to be 14.34% across all years largely infection-related, while most patients achieved recovery within one month.

#### Conclusion

The PICU population demonstrated an infection-heavy, respiratory-dominant case mix with increasing post-pandemic admissions. While improvements in outcomes and critical care practices were observed, persistent challenges remain, especially in managing sepsis, respiratory failure, and chronic comorbidities. Strengthened respiratory support, sepsis management, nutritional assessment, and immunization programs are essential to improving outcomes.

Keywords: Pediatric Intensive Care Unit, clinicodemographic profile, sepsis, pneumonia, Philippines

## ASSESSMENT OF OUT-OF-POCKET EXPENDITURE AND ITS DETERMINANTS IN PEDIATRIC ADMISSIONS AT A TERTIARY GOVERNMENT HOSPITAL IN THE PHILIPPINES: A DESCRIPTIVE STUDY

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### ABSTRACT

#### Background

Out-of-pocket expenditure is a marker of health care system effectiveness to protect the population from catastrophic health expenditure. Families caring for children with chronic conditions are vulnerable to increased financial burden.

#### Objective

To correlate the amount of direct out-of-pocket expenses incurred by families during their admission with demographic, clinical and socio-economic factors in a tertiary government hospital in the Philippines.

#### Methodology

This is a cross-sectional study that recruited 54 pediatric in-patients via convenience sampling who were admitted in the General Pediatric wards during August 2025. A questionnaire & record form was used to record out-of-pocket expenses incurred during the admission. Age, Sex, Educational Attainment, Occupation, Socio-economic Status, Residence and Hospital Length of Stay was correlated with Total Out-of-Pocket Expenditure incurred during the admission.

#### Results

Out-of-pocket expenditure causes financial burden even when admitted in government-funded hospitals. A breakdown of these out-of-pocket expenditures are varied, with the majority being used for food (59.15%), medication (14.28%) and transportation (11.64%). Thus, inadequate food provisions, consistent drug shortages in hospitals, and inequitable access to health services may contribute to an increase in out-of-pocket expenditures. Amongst all the variables, hospital length of stay is statistically significant, wherein an additional 1 day increase in hospital stay will increase out-of-pocket expenditure by PhP 207.88, other variables kept constant. ( $p < 0.001$ )

#### Conclusion

Despite existing national health policies, admitted patients continue to incur out-of-pocket expenses spent on food, medication, transportation, diagnostic tests, supplies and other medical devices. Addressing high out-of-pocket expenditure while admitted will require multi-sectoral collaboration and multidisciplinary interventions across health professionals focused towards decreasing hospital length of stay.

## ATTITUDES AND BELIEFS OF PEDIATRICIANS IN A TERTIARY HOSPITAL IN METRO MANILA TOWARDS TRANSGENDER PEOPLE: A CROSS-SECTIONAL STUDY

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### ABSTRACT

#### Background

Transgender and gender-diverse individuals represent a significant and growing population worldwide, yet they continue to face stigma, discrimination, and inadequate access to gender-affirming healthcare. Pediatricians play a crucial role as early points of contact for transgender youth, making their attitudes and beliefs essential in shaping the quality of care provided. This study assessed pediatricians' attitudes toward transgender individuals using the validated Transgender Attitudes and Beliefs Scale (TABS) in a tertiary hospital in Metro Manila.

#### Objective

To determine the pediatricians' attitudes and beliefs towards transgender people using the validated Transgender Attitudes and Beliefs Scale (TABS) in a tertiary hospital in Metro Manila.

#### Methodology

A cross-sectional analytical study was conducted among 90 pediatric consultants from the Chinese General Hospital and Medical Center. Participants completed a sociodemographic form and the TABS, which measures attitudes across three subscales: interpersonal comfort (IC), sex/gender beliefs (SGB), and human value (HV). Descriptive statistics, Mann-Whitney U and Kruskal-Wallis tests, and multivariate logistic regression were used to analyze relationships between TABS scores and demographic variables such as age, gender, religiosity, and years of practice.

#### Results

Most respondents were female (94.4%), religious (88.9%), and senior practitioners (74.4%). Median scores showed favorable attitudes in interpersonal comfort (81.5/87.3) and human value (32.5/35). However, sex/gender beliefs demonstrated predominantly unfavorable attitudes, with 94.4% scoring below the favorable cutoff (<60). No demographic variable—including age, gender, religion, or years of experience—showed significant associations with any TABS subscale in multivariate analysis. Small male representation limited comparisons by gender.

#### Conclusion

Pediatricians in this institution demonstrated generally positive attitudes toward transgender individuals in terms of interpersonal comfort and recognition of human value. However, significant gaps remain in understanding sex and gender concepts, reflected in unfavorable scores on the sex/gender beliefs subscale. These findings highlight a need for enhanced education, exposure, and training in transgender health within pediatric practice. Strengthening pediatricians' knowledge and sensitivity is crucial in ensuring appropriate, affirming, and timely care for transgender and gender-diverse youth.

## KNOWLEDGE, ATTITUDE AND PRACTICES OF PARENTS/PRIMARY CAREGIVERS IN A PRIVATE TERTIARY HOSPITAL AT DAVAO CITY TOWARDS CHILD IMMUNIZATION

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### ABSTRACT

#### Background

Infectious diseases remain a major cause of morbidity and mortality among children under five, particularly in low- and middle-income countries. Although, immunization is a highly cost-effective intervention, vaccination coverage remains suboptimal due to gaps in parental knowledge, negative attitudes, and misconceptions about vaccine safety. Moreover, most parents believed that vaccines provided by health centers are sufficient to prevent infectious diseases.

#### Objective

This study aimed to assess the knowledge, attitude, and practices of parents/primary caregivers towards child immunization.

#### Methodology

This study utilized a descriptive study design and was conducted at a Private Tertiary Hospital at Davao City. Parents/Primary Caregivers aged >18 years old who brought their children (0-18 years old) for consult or admission were included in this study. Data were collected using a modified questionnaire adapted from Bagasin et al. (2024), validated and translated in Filipino, and answered by 327 respondents.

#### Results

Majority were mothers, aged 30-39 years, female, and married. The subjects were well-educated, with the majority having reached at least the college level, and a substantial proportion were unemployed. Roman Catholic was the predominant religion. Household income varied, with nearly one-third earning below ₱9,520 monthly. Access to health facilities appeared similar across distance categories, suggesting proximity was not a major barrier. Parents with high school level or graduate education were slightly knowledgeable compared to parents with a college degree or higher which appears counterintuitive. Married respondents were about 84% and 86% less likely to have a positive attitude and good practice toward child immunization, respectively. Self-employed parents were over four and five times more likely to show negative attitude and poor practice toward child immunization, respectively. No significant association was observed between parents' KAP and their child's immunization status. Majority of children (95.9%) were fully immunized and received services at the health center (75.5%).

#### Conclusion

Parents/primary caregivers demonstrated good knowledge, positive attitude, and good practice regarding child immunization. Significant differences were observed between educational attainment and knowledge and between civil status and employment with respect to attitudes and practices. However, no significant association was found between parents' KAP and their child's immunization status.

## CLINICAL, EPIDEMIOLOGIC, AND OUTCOME CHARACTERISTICS OF PEDIATRIC PATIENTS WHO UNDERWENT MULTIPLEX RT-PCR RESPIRATORY PANEL 2.1 TESTING AT A TERTIARY HOSPITAL IN METRO MANILA, PHILIPPINES

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### ABSTRACT

#### Background

Pediatric respiratory infections are a leading cause of hospital admissions. Early pathogen identification is crucial for optimizing antimicrobial use and improving outcomes. The BioFire Respiratory Panel 2.1 (RP2.1) is a multiplex polymerase chain reaction assay detecting multiple pathogens simultaneously, yet local data on its use in hospitalized children are limited.

#### Objective

To describe the clinical, epidemiologic, and outcome characteristics of pediatric patients admitted to a tertiary hospital in Metro Manila who underwent RP2.1 testing from October 2023 to October 2024.

#### Methodology

This single-center, cross-sectional study reviewed medical records of patients aged 0 to 18 years. Descriptive statistics summarized variables. Group comparisons utilized Analysis of Variance or Kruskal-Wallis H tests for continuous variables, and Chi-square or Fisher's Exact tests for categorical data. Statistical significance was defined as a p-value less than 0.05. Post hoc analysis with Bonferroni correction was applied for significant differences.

#### Results

Of 215 patients, 76.74 percent were virus-positive, 2.79 percent bacteria-positive, and 19.53 percent pathogen-negative. The most frequent viruses were human rhinovirus/enterovirus (28.08 percent), adenovirus (19.21 percent), influenza A virus (15.76 percent), and respiratory syncytial virus (14.29 percent). *Mycoplasma pneumoniae* was the primary bacterial isolate. Co-infections (16.28 percent) were primarily virus-virus combinations. Viral detections peaked from October to December. Age and sex were significantly associated with infection. Viral infections predominated in preschoolers (median 3 years), whereas bacterial infections clustered in adolescents (median 13 years). Infection type was not associated with nutritional status, vaccination, breastfeeding, smoking exposure, or comorbidities. Most infections were lower respiratory tract infections. Fever, cough, rhinorrhea, crackles and retractions were frequent in viral infections. Laboratory, arterial blood gas, and chest radiograph abnormalities were nonspecific; blood cultures were negative. Low-flow oxygen was the main respiratory support when required. Empiric antibiotics were administered in 74.55 percent of virus-positive and 92.86 percent of pathogen-negative patients, while targeted antivirals were used in 2.33 percent. Median hospital stay was 3 days, and 99.53 percent were discharged.

#### Conclusion

Pediatric respiratory infections were predominantly viral, exhibiting distinct seasonal and age-related patterns. Clinical and laboratory findings were nonspecific. A significant disparity exists between diagnostic results and management, evidenced by high empiric antibiotic use despite confirmed viral etiologies. These findings highlight the urgent need for antimicrobial stewardship protocols to optimize care in hospitalized children.

## PREVALENCE AND OUTCOMES OF PEDIATRIC PATIENTS WITH ROTAVIRUS-CONFIRMED ACUTE GASTROENTERITIS IN A TERTIARY GOVERNMENT HOSPITAL: A THREE-YEAR DESCRIPTIVE STUDY

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### ABSTRACT

#### Background

Rotavirus remains a leading cause of acute gastroenteritis (AGE) in children under five, frequently resulting in dehydration and hospital admission. Despite the availability of effective rotavirus vaccines, vaccine uptake in the Philippines, particularly in Central Luzon, remains limited. In government hospitals, these preventable admissions contribute to substantial healthcare expenditures under the no balance billing policy.

#### Objective

To determine the prevalence, clinical outcomes, and associated hospitalization costs of rotavirus gastroenteritis (RVGE) among pediatric patients aged 0–5 years admitted with acute gastroenteritis in a tertiary government hospital, and to describe their demographic, clinical, and vaccination profiles.

#### Methodology

A retrospective, descriptive cross-sectional study was conducted at Jose B. Lingad Memorial General Hospital from January 2022 to December 2024. Medical records of pediatric patients aged ≤5 years admitted for AGE and enrolled in rotavirus surveillance were reviewed. Stool samples were tested for rotavirus using enzyme immunoassay. Data collected included demographics, clinical presentation, comorbidities, vaccination history, length of hospital stay, outcomes, and estimated hospitalization costs based on average government expenditure per admission.

#### Results

Among 263 children admitted with AGE and enrolled in rotavirus surveillance, 77 (29.28%) were confirmed to have RVGE. Children younger than two years accounted for 80% of cases, with the highest prevalence among those aged 6–11 months (32.7%) and a slight male predominance (60.83%). None of the patients had received rotavirus vaccination. Most RVGE-confirmed patients presented with moderate dehydration (91.21%), commonly accompanied by vomiting (57.65%) and fever (21.18%). Pneumonia (25.97%) and urinary tract infection (10.39%) were the most frequent concomitant infections. Three patients with mild dehydration were admitted primarily due to pneumonia. All patients recovered and were discharged improved, with a mean hospital stay of  $6.32 \pm 5.07$  days and no reported mortality. Each RVGE hospitalization incurred an estimated average cost of approximately ₱20,000, representing a substantial financial burden to the public healthcare system.

#### Conclusion

RVGE remains a significant cause of pediatric AGE admissions in Central Luzon, particularly among unvaccinated infants, resulting in avoidable hospitalizations and considerable healthcare costs. While clinical outcomes were favorable with supportive management, strengthening rotavirus vaccine coverage has the potential to reduce disease burden, prevent hospital admissions, and achieve more efficient use of limited government health resources.

## EFFECT OF PHYLLANTHUS NIRURI (STIMUNO) AS AN ADJUNCT TREATMENT ON THE CLINICAL OUTCOMES OF PEDIATRIC PATIENTS AGED 1 TO 18 YEARS OLD WITH PRESUMPTIVE URINARY TRACT INFECTION IN A TERTIARY GOVERNMENT HOSPITAL IN MANILA

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### ABSTRACT

#### Background

Urinary tract infection (UTI) is among the most common bacterial infections in children and a frequent cause of hospital admission. Increasing antibiotic resistance has driven interest in adjunct therapies such as *Phyllanthus niruri* (Stimuno), a herbal immunomodulator with reported antimicrobial and anti-inflammatory properties. This is a novel study which evaluated the effects of *P. niruri* as an adjunct treatment for pediatric UTI.

#### Objective

This study determined the effect of *Phyllanthus niruri* (Stimuno) as an adjunct treatment on the clinical outcomes of pediatric patients aged 1 to 18 years old diagnosed with presumptive urinary tract infection in a tertiary government hospital in Manila.

#### Methodology

A randomized controlled trial was conducted among 66 pediatric patients aged 1 to 18 years diagnosed with presumptive UTI. Participants were divided into two groups: one received standard antibiotic therapy (control), while the other received *P. niruri* (Stimuno) in addition to antibiotics for seven days (experimental). Clinical outcomes including resolution and duration of symptoms were compared between groups using Cochran Q test, Mann Whitney U test and chi-square analysis.

#### Results

Most patients were female and aged 6–10 years. Fever was the most common presenting symptom, followed by vomiting and abdominal pain. The majority of patients in both groups showed improvement within one to five days, with no significant difference in recovery time ( $p = .744$ ). For the experimental group, complete resolution of fever, vomiting and abdominal pain was attained on day 3 of intervention ( $p < .001$ ). Common urinalysis findings include pyuria, leukocyte esterase and bacteriuria while nitrite positivity was noted to be low for both groups.

#### Conclusion

Adjunct treatment with *Phyllanthus niruri* (Stimuno) may hasten clinical symptom resolution but was found not statistically significant as compared to standard antibiotic therapy alone. Despite its safe and well-tolerated features, its clinical efficacy remains inconclusive. Further large-scale studies with longer-duration are warranted to verify its potential role in the management of UTI in the pediatric setting.

## PARENTAL KNOWLEDGE, ATTITUDES, AND PRACTICES ON PROPER ANTIBIOTIC USE

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### ABSTRACT

#### Background

Antibiotics are used in the prevention and treatment of bacterial infections but inappropriate use could lead to antimicrobial resistance, adverse drug reactions, microbiome disruption, and increased healthcare costs.

#### Objective

The primary objective is to identify parental barriers to the proper use of antibiotics in children. Specifically, this study aims to describe the demographic characteristics of parents, assess parental knowledge on appropriate use of antibiotics, evaluate parental attitudes toward antibiotic use, analyze parental practices in administering antibiotics, and to determine the relationships between parental knowledge, attitudes, and practices on proper antibiotic use.

#### Methodology

This is a cross-sectional study that used a structured questionnaire administered to parents of students at A. Mirasol Elementary School, Mandurriao, Iloilo City. Descriptive statistics was utilized to summarize demographic characteristics, knowledge levels, attitudes, and practices. Frequency count and percentage was used to present categorical variables and for variables measured on a continuous scale, the mean and standard deviation was computed to determine the central tendency and variability of the data. Lastly, Pearson's correlation coefficient was employed to examine the relationship between knowledge, attitudes, and practices.

#### Results

The study involved 234 respondents, mostly were female, married, and aged 30–39 years. Nearly half were college graduates. A large proportion reported a monthly family income below Php 10,957. Most respondents reported good to very good access to health services. Nearly all respondents demonstrated moderate (45.3%,  $n = 106$ ) to high (45.7%,  $n = 107$ ) levels of knowledge, and only a small percentage had low knowledge (9.0%,  $n = 21$ ). Additionally, respondents had an average attitude score of 3.11 which falls within the "neutral" range (2.61–3.40). Majority of the respondents demonstrated good practices (62.8%,  $n = 147$ ) with a small portion exhibited moderate practices (28.6%,  $n = 67$ ) and poor practices (8.5%,  $n = 20$ ). Knowledge and attitude were negatively correlated ( $r = -.413$ ,  $p < .001$ ), attitude and practice showed a positive correlation ( $r = .197$ ,  $p = .003$ ), while knowledge and practice were not significantly related ( $r = -.044$ ,  $p = .498$ ).

#### Conclusion

Knowledge levels among parents were generally satisfactory. Attitudinal ambivalence and inconsistent practices remain areas of concern. These findings highlight the importance of comprehensive and context-sensitive health education strategies that not only disseminate factual information but also address parental beliefs, misconceptions, and behavioral motivations. Strengthening these components is essential for promoting rational antibiotic use and contributing to broader efforts in combating antimicrobial resistance in the community.

## EFFECT OF GUAVA (*Psidium guajava* folium) LEAF EXTRACT (Thrombolief) ON THE CLINICAL OUTCOME AMONG PEDIATRIC PATIENTS WITH DENGUE FEVER AT A TERTIARY LOCAL GOVERNMENT HOSPITAL IN MANILA: A PROSPECTIVE COHORT STUDY

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### ABSTRACT

#### Background

Dengue fever remains a major public health concern in the Philippines, particularly among children who are highly vulnerable to complications. In the absence of specific antiviral therapy and amid resource limitations, interest has grown in complementary treatments such as guava (*Psidium guajava*) leaf extract, which is traditionally believed to possess platelet-enhancing and anti-inflammatory properties. This study evaluated the clinical effects of guava leaf extract (Thrombolief) as an adjunct to standard therapy among pediatric dengue patients admitted to a tertiary government hospital in Manila.

#### Objective

To determine the effect of guava leaf extract (Thrombolief) on clinical outcomes and hematologic parameters of pediatric dengue patients.

#### Methodology

A single-blind randomized control trial was conducted among inpatients aged 3–13 years diagnosed with dengue fever. Simple randomization using hospital numbers assigned participants to either the control group, which received oral rehydration solution (ORS) alone, or the treatment group, which received Thrombolief 5 mL three times daily in addition to ORS, in a single-blind design. Primary outcomes included the percent change in hematocrit and platelet counts from baseline to serial complete blood counts (post-first dose, day 3, and last CBC before discharge). Secondary outcomes were length of stay, disposition, and adverse events. Statistical analysis employed the Mann-Whitney U test at  $\alpha = 0.05$ .

#### Results

Seventy-five patients were enrolled (37 ORS; 38 Thrombolief). Groups were comparable in demographic characteristics, illness day on consultation, and clinical presentation. No significant differences were observed in average daily percent change of hematocrit (0.37% ORS vs -1.50% Thrombolief;  $p = 0.109$ ) or platelets (28.01% vs 6.03%;  $p = 0.207$ ). Percent change from baseline to last CBC was likewise not significantly different for hematocrit ( $p = 0.468$ ) or platelets ( $p = 0.112$ ). A significant early difference in hematocrit change after the first dose ( $p = 0.0255$ ) did not persist by day 3. Length of stay, discharge rates, and mild gastrointestinal adverse events were similar between groups.

#### Conclusion

In this pediatric cohort, guava leaf extract (Thrombolief) was safe and well-tolerated but did not confer significant hematologic or clinical advantages over ORS.

*Keywords: Dengue fever, guava leaf extract, Thrombolief, platelet count, hematocrit, traditional medicine, herbal medicine*

## EFFECTIVENESS OF SKIN-TO-SKIN CONTACT IN REDUCING PAIN AMONG INFANTS UNDERGOING HEEL PRICK PROCEDURE IN A PRIVATE TERTIARY HOSPITAL IN QUEZON CITY, PHILIPPINES: A RANDOMIZED CONTROLLED TRIAL

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### ABSTRACT

#### Background

Infants, though very small, are also able to feel pain since their cortical pain perception is already developed. Pain can be assessed through physiologic and behavioral indicators, and alleviation of pain is done through pharmacological or non-pharmacological means. This study evaluates skin-to-skin contact as a method of pain relief.

#### Objective

To determine the effectiveness of skin-to-skin contact as a non-pharmacologic mode of pain relief in infants undergoing heel prick procedure.

#### Methodology

This study is a randomized controlled trial conducted at St. Luke's Medical Center - Quezon City, Philippines. Thirty (30) well infants were randomly assigned to either the control group or the skin-to-skin contact group. Pain score was assessed using the Neonatal Infant Pain Scale (NIPS), along with their heart rates, oxygen saturation before, during, and after the procedure, and cry duration.

#### Results

The NIPS scores and heart rates of infants in the skin-to-skin contact group consistently exhibited lower values 30 seconds into the procedure and 1 minute post-procedure, although not statistically significant. On the other hand, there was a statistically significant reduction in cry duration, control ( $133.00 \pm 17.06s$ ) vs intervention ( $114.33 \pm 29.14s$ ,  $p=0.0433$ ), or a 14% reduction. For the oxygen saturation at 1 minute post-procedure, infants in the intervention group had significantly higher oxygen saturation ( $94.80 \pm 4.69\%$ ) compared to the control group ( $86.00 \pm 8.43\%$ ,  $p=0.0019$ ), or an 8.8% difference.

#### Conclusion

This study showed that skin-to-skin contact between mother and infant during heel prick procedures effectively reduced indicators of procedural pain and improved physiological recovery among term neonates. Skin-to-skin contact during painful procedures is a safe, simple, and effective non-pharmacologic intervention to alleviate pain in infants.

*Keywords: neonate, infant, pain, skin-to-skin contact*

## PROFILES OF CHILD SEXUAL ABUSE IN DAVAO CITY PHILIPPINES 2017 – 2024 PRE, DURING AND POST COVID 19 PANDEMIC

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### ABSTRACT

#### Background

Child sexual abuse (CSA) prevalence ranges from 10% to 20% among children, with Philippines reporting high rates. COVID-19 pandemic led to lockdowns and significantly impacted child sexual abuse. Research on risk factors remains sparse pre, during and post pandemic in the locality. Understanding temporal trends in CSA can guide policymakers and community stakeholders in Davao City to strengthen child protection systems.

#### Objective

To determine trend and compare demographics and circumstances of CSA in SPMC from pre-pandemic (March 2017 – March 2020) to COVID 19 pandemic (April 2020 to March 2022) to post COVID 19 pandemic (April 2022 – March 2024).

#### Methodology

This study utilized a retrospective cross-sectional design at SPMC Davao City where charts of sexually abused children at SPMC Women and Child Protection Unit (WCPU) from March 2017 to March 2024 were reviewed. Stratified random sampling design was used and data was analyzed through basic descriptive statistics, Chi square tests of independence and Poisson regression analysis.

#### Results

SPMC WCPU recorded a total of 5,057 CSA cases from March 2017-March 2024 with a 54% increase in cases from pre-pandemic to post-pandemic. Adolescents 13–17 years had the largest proportion of cases with most cases in the 3rd District (37.80%). Family classification showed a slight increase in extended-family cases post-pandemic (51.38%). Living arrangements with a live-in partner were more common during the pandemic and CSA cases involving live-in partners were higher during pandemic and post-pandemic. Across all periods, more victims report >72 hours after abuse happened. Before pandemic, number of reported cases remained low with occasional spikes. During the pandemic, CSA remained elevated throughout lockdown period with significant changes in educational status, socioeconomic status, living arrangements, relationship of perpetrator to victim, place of abuse and presence of lockdown. Sex, use of social media and timing of reporting did not differ over the three periods. Post-pandemic period, the pattern became more erratic.

#### Conclusion

There was an increase in CSA cases from pre to post-pandemic. CSA has occurred more among females 13–17 years old in 3rd District, studying in secondary school and belonging to nuclear families with low socioeconomic status. Different periods exhibited pertinent shifting patterns, with educational status, low socioeconomic status, extended family living arrangements or having live-in partners who are also the perpetrators at home and the presence of lockdown emerging as key contexts of vulnerability. CSA is influenced by individual, interpersonal, community and structural factors in the locality.

## VALIDATION OF BARCELONA VALUES OF WHITE BLOOD CELL COUNT (WBC) AND NEUTROPHIL TO LYMPHOCYTE RATIO (NLR) AS PREDICTIVE MARKERS OF SEVERE DENGUE

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### ABSTRACT

#### Background

The burden of dengue-related morbidity and mortality demands for the search for predictive markers of severe dengue. The complete blood count (CBC) is a laboratory examination that is commonly used in the diagnosis and monitoring of dengue cases. It is easily accessible even in the municipal level and is quite cheap. Because of this, it has the potential to be a high-value biomarker should it be proven to be a good predictive marker for severe dengue.

#### Objective

To validate the Barcelona values of complete blood count (CBC) indices (White Blood Cell Count [WBC] and Neutrophil-Lymphocyte Ratio [NLR]) as predictors of severe dengue in pediatric patients 1 – 17 years old admitted at GCGMMC.

#### Methodology

This is a retrospective study of children aged 1 to 17 years with the final diagnosis of Dengue with Warning Signs (DWS) or Dengue Severe (SD) from January 1, 2015 to December 31, 2019. Clinicodemographic features and daily WBC counts, and NLR for each patient were noted. Receiver operating characteristic (ROC) curve was constructed to determine the optimal cut-off value of WBC and NLR to predict SD.

#### Results

There were 2150 patients included in the study, 22.60% progressed to SD. Children 5 to 9 years old have the highest proportion of children who developed SD. Most admissions occurred on D2–5 of illness. The most common clinical presentations include fever, thrombocytopenia, abdominal pain, myalgia, decreased appetite, and bleeding. Abdominal pain, edema, headache, and sore throat were significantly seen in children with SD. Progression to SD was significantly seen during D3–5 of illness. The WBC count in children with SD is lower on the second and eighth day of illness but is higher on the fourth day of illness. The WBC count cut-off value is 3.0500 (AUC 0.579 [95% CI: 0.541 – 0.616, p=0.0000]). The cut-off value of NLR on Day 4 of dengue was 0.5550 (AUC 0.529 [95% CI: 0.492 – 0.566, p=0.131]).

#### Conclusion

Clinicodemographic factors that are associated with Severe Dengue include age >5 years and symptoms of abdominal pain, edema, headache, and sore throat. The WBC count and NLR are not good predictors for Severe Dengue.

## IMPACT OF STORYTELLING ON THE KNOWLEDGE OF SCHOOL-AGED CHILDREN (9–10 YEARS OLD) IN A PUBLIC ELEMENTARY SCHOOL IN METRO MANILA ABOUT DENGUE FEVER: A QUASI-EXPERIMENTAL STUDY

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### ABSTRACT

#### Background

Dengue remains one of the fastest growing infectious diseases worldwide and a major public health concern in the Philippines, particularly in low-income communities. Health education is a key component of sustainable dengue prevention, and teaching children early through creative strategies can enhance comprehension and retention. This study determined the impact of storytelling on the knowledge of school-aged children about dengue fever and examined whether their demographic characteristics were associated with their pre- and post-intervention scores.

#### Objective

To determine the effectiveness of storytelling in improving the knowledge of children aged 9–10 years old in a public elementary school in Metro Manila and to identify relationships between demographic characteristics and scores before and after storytelling.

#### Methodology

A quasi-experimental design was used. Parents of Grade 3 and Grade 4 pupils (aged 9–10 years old) enrolled in Eriberto A. Remigio Elementary School completed data collection forms. A 20-item multiple-choice questionnaire was administered as pre-test, followed by a storytelling session on dengue fever. The same questionnaire was given as post-test and scores were compared.

#### Results

A total of 128 children participated (mean age  $9.28 \pm 0.45$  years), with an almost equal male and female distribution. Majority belonged to low-income households. Parents were predominantly high school graduates, and most of the mothers were homemakers. There was a significant difference between pre- and post-test scores ( $p < 0.001$ ), indicating improved knowledge. Civil status of parents was significantly associated with pre-test scores ( $p = 0.008$ ), while age of the child and mother's occupation were significantly associated with post-test scores ( $p = 0.026$ ;  $p = 0.041$ ).

#### Conclusion

Storytelling effectively improved children's knowledge about dengue. Age and maternal occupation influenced post-intervention results, suggesting developmental and household factors contribute to health information acquisition.

*Keywords: Dengue fever, storytelling, school-aged children, health education*

## CLINICODEMOGRAPHIC PROFILE AND OUTCOME OF PATIENTS ADMITTED FOR SNAKEBITES IN GOV. CELESTINO GALLARES MEMORIAL HOSPITAL: AN 11-YEAR RETROSPECTIVE STUDY

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### ABSTRACT

#### Background

Snake bite is an important public health problem globally and is considered a neglected public health issue in the tropic and the subtropics.

#### Objective

To determine the clinicodemographic profile and outcomes of children admitted for snake bites at Governor Celestino Gallares Memorial Medical Center

#### Methodology

This is a record-based retrospective analytical study on children admitted to Gov. Celestino Gallares Memorial Medical Center for snake bites from January 1, 2012 to December 31, 2022.

#### Results

There were 97 snakebite cases comprised of 56 non-venomation and 41 envenomation cases. School-age children were the most frequently bitten, with males more often than girls. Snake bites were more frequently reported from coastal towns, occurred more at daytime, and at the lower extremities. Outdated prehospital management of snake bites is still practiced. Swelling is the most commonly seen local effect while neurotoxicity is the most common systemic manifestation. The envenomation proportion is 42.3% with mild envenomation at 58.3% of cases. Antivenom was given in 56%, mostly 1 to 2 vials. Majority was given antivenom within 6 hours from the bite. Nosocomial infection was seen in 7.3% of cases. The case fatality rate of snake bite is 12.2%.

#### Conclusion

Snake bites in children are most common among children 10 – 14 years old, of the male sex, and in those who hail from coastal towns of Bohol. Snake bites usually occur at daytime and affect the lower extremities the most. Majority of the children with snake bites are not given any prehospital management. Traditional remedies are still being practiced. Swelling of the affected area is the most common manifestation of envenomation. Envenomation occurs in 42.3% of cases, and 7.32% of envenomated children develop nosocomial infection. Clinical manifestations of envenomation are the only feature that is correlated with the outcome of children with snake bites. The case fatality rate of snake bite envenomation is 12.2%.

## EFFECTIVENESS OF SALBUTAMOL NEBULIZATION THERAPY IN NEONATES WITH TRANSIENT TACHYPNEA OF THE NEWBORN IN REDUCING DURATION OF OXYGEN SUPPLEMENTATION AND DURATION OF HOSPITAL STAY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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### ABSTRACT

#### Background

One of the frequent causes of extended Neonatal Intensive Care Unit stay is respiratory distress, which can be due to Transient Tachypnea of the Newborn (TTN). Management of TTN typically involves respiratory support and intensive care, which incurs significant healthcare costs, prolonged hospital stays, and the separation of the mothers from their newborns increases the risk of early breastfeeding difficulties. These challenges are burdensome in low-resource settings, such as the Philippines, where economic constraints and limited healthcare resources exacerbate the impact of TTN.

#### Objective

This systematic review and meta-analysis aimed to assess the effectiveness of Salbutamol as a possible treatment for Transient Tachypnea of the newborn.

#### Methodology

A systemic electronic search for RCTs on neonates with Transient Tachypnea of the Newborn who received Salbutamol nebulization was generated utilizing PubMed, Google Scholar, Cochrane Library, PAFMJ, Ovid, ProQuest, Elsevier and HERDIN. All eligible articles underwent a full text review. The overall quality of each article was assessed and results were analyzed. The primary outcomes evaluated are duration of supplemental oxygen use and duration of hospitalization in patients receiving single and multiple doses of Salbutamol nebulization. The secondary outcome evaluated the difference of patients receiving one dose versus multiple doses of salbutamol nebulization.

#### Results

Both single-dose and multiple - dose salbutamol nebulization significantly reduced the oxygen duration and length of hospital stay significantly. However, only the single - dose Salbutamol nebulization had a homogenous result in reduction of oxygen duration, while the rest had a heterogenous result. A novel finding is the comparison between single and multiple dose salbutamol nebulization performed using the Bucher's method. Neonates receiving single-dose salbutamol required 17.55 more hours of oxygen supplementation and experienced 29.97 longer hours of hospital stays.

#### Conclusion

There is strong evidence presented that single-dose salbutamol nebulization is the most effective treatment for TTN in neonates with a homogenous result in the analysis.

## CLINICAL PROFILE AND PREVALENCE OF A POSITIVE STOOL EXAMINATION AMONG PATIENTS WITH ACUTE NON BLOODY DIARRHEA AT A TERTIARY GOVERNMENT HOSPITAL

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### ABSTRACT

#### Background

Acute non-bloody diarrhea remains a common cause of pediatric morbidity, yet the role of Entamoeba histolytica in its etiology is often underrecognized.

#### Objective / Methodology

This retrospective descriptive study aimed to determine the clinical profile and prevalence of a positive stool examination for E. histolytica among pediatric patients aged 2 months to 5 years with acute non-bloody diarrhea at a tertiary government hospital from January to July 2025. Demographic data and stool examination results of 43 patients were analyzed using descriptive statistics, with chi-square test and odds ratio used to assess associations between patient characteristics and E. histolytica positivity.

#### Results

Most patients were aged 1-3 years (81.4%) and male (60.47%). Only two patients (4.65%) tested positive for E. histolytica, with the highest prevalence observed among children aged 4-5 years (20%) and a slightly higher rate among females (5.88%) than males (3.85%). No statistically significant association was found between E. histolytica positivity and age ( $p = 0.22$ ) or sex ( $p = 0.99$ ).

#### Conclusion

These findings indicate that E. histolytica is not a common cause of acute non-bloody diarrhea in this pediatric population, highlighting the likelihood of other etiologic agents and the need for more targeted diagnostic approaches. Furthermore, this study recommends developing clinical pathways in the management of acute non-bloody diarrhea rather than relying heavily on unnecessary testing.

## FACTORS ASSOCIATED WITH AGGRESSIVE POSTERIOR RETINOPATHY OF PREMATURITY AMONG PRETERM INFANTS WITH RETINOPATHY OF PREMATURITY DELIVERED IN A TERTIARY GOVERNMENT HOSPITAL IN DAVAO CITY, PHILIPPINES: A 10-YEAR CASE-CONTROL STUDY

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### ABSTRACT

#### Background

Retinopathy of prematurity (ROP) remains a leading cause of preventable childhood blindness worldwide. Aggressive posterior retinopathy of prematurity (APROP) is a severe, rapidly progressive form of ROP that can result in irreversible visual loss if not promptly recognized and treated. Although APROP has been widely studied in high-income countries, local data from low- and middle-income settings such as the Philippines remain limited. Variations in neonatal care, infection control, and screening practices may influence disease severity and outcomes.

#### Objective

To identify factors associated with aggressive posterior retinopathy of prematurity among preterm infants diagnosed with ROP at a tertiary government hospital in the Philippines.

#### Methodology

This was a retrospective case-control study conducted at Southern Philippines Medical Center in Davao City, Philippines. Medical records of preterm infants diagnosed with ROP between January 2015 and December 2024 were reviewed. A total of 156 infants were included, of whom 26 (16.7%) were classified as APROP cases, and 130 with Stage 1-3 ROP served as controls. Maternal, perinatal, and postnatal characteristics were extracted from hospital records. Firth's logistic regression analysis was employed to reduce bias related to small sample size and rare outcomes. The primary outcome was the occurrence of APROP and its association with selected risk factors.

#### Results

Most maternal and perinatal variables, including maternal age, adequacy of prenatal care, gestational age, and birth weight, were not significantly associated with APROP. On univariable analysis, maternal hyperthyroidism (OR = 8.81, 95% CI 1.11-69.80,  $p = 0.039$ ) and neonatal culture positivity (OR = 2.37, 95% CI 1.02-5.50,  $p = 0.045$ ) were significantly associated with APROP. However, after multivariable adjustment using Firth's correction, only culture positivity remained independently associated with APROP (adjusted OR = 2.37, 95% CI 1.02-5.50,  $p = 0.045$ ). Infants with positive blood cultures had more than twice the odds of developing APROP compared with those without documented infection. Notably, none of the APROP cases progressed to total blindness during follow-up.

#### Conclusion

Neonatal sepsis, reflected by culture positivity, was the sole independent risk factor associated with APROP in this cohort. These findings highlight the critical role of infection prevention, early detection, and timely ophthalmologic referral in reducing severe ROP outcomes. Multicenter prospective studies are warranted to further validate these findings and inform improvements in neonatal care practices.

## STRESS LEVEL OF FILIPINO PRIMARY CAREGIVERS OF YOUNG CHILDREN WITH AUTISM USING THE FILIPINO VERSION OF FRIEDRICH SHORT FORM QUESTIONNAIRE ON RESOURCES AND STRESS (QRS-F)

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### ABSTRACT

#### Background

Highly stressed primary caregivers of children with autism negatively affect their role leading to inefficient intervention and resulting to poorer child outcomes. Identifying them will be the first step in addressing these problems.

#### Objective

The research aims to determine the stress level of Filipino primary caregivers of young children with autism. Their stress level were also compared when they are grouped according to their demographics and of their child to see if certain factors will induce higher level of stress.

#### Methodology

A validated and cross-culturally adapted Friedrich Short Form Questionnaire on Resources and Stress (QRS-F) was used to determine the stress levels of the respondents within the seven (7) therapy centers in Laguna, Philippines from July 2023 to November 2023. Sample size of 145 respondents were acquired from the actual total population of 231 which was computed using Raosoft calculator with a confidence level of 95% and margin of error of 5%. Frequency and percentage distribution were used to describe the demographic profiles and stress levels, while chi-square test was used to determine the significant difference in the stress level of the respondents when grouped according to their demographics and of their child.

#### Results

The majority of the respondents were Millennial mothers (26-41 years old), married, college graduates who opted to care for their child with autism since birth. The children were mostly males between the ages of 6 and 9 years old, with no child doing intervention below 3, and availing of center-based, government-funded therapy centers for at least one year. Almost 72% of the caregivers were experiencing moderate stress, and 18.6% experienced severe stress, with a stress level mean score of 16.1. There was statistically no significant difference on the stress level of primary caregivers when they are group according to their demographics and of their child.

#### Conclusion

Majority of the respondents were experiencing moderate level of stress, and experience the same level of stress regardless of their demographics. Those found with high level of stress were referred to a specialist for further evaluation and intervention. It is recommended that caregivers answer the stress questionnaire prior the start of school year for early detection and interventions.

## A 10-YEAR REVIEW OF CLINICAL PROFILE AND OUTCOME OF PEDIATRIC PATIENTS HOSPITALIZED WITH PRIMARY SPONTANEOUS PNEUMOTHORAX IN A TERTIARY PRIVATE HOSPITAL (JANUARY 2014-DECEMBER 2024)

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### ABSTRACT

#### Background

Primary spontaneous pneumothorax (PSP) is a rare but potentially serious condition in the pediatric population characterized by air accumulation in the pleural space without underlying lung disease. Unlike adults, children and adolescents lack established evidence-based guidelines for PSP diagnosis and management leading to wide variation in clinical practice. Existing recommendations are largely derived from adult data and may not be applicable to pediatric patients. Limited local data on the epidemiology, clinical profile, management and outcomes of pediatric PSP highlight the need for focused studies to guide risk stratification and optimize management strategies in this population.

#### Objective

To determine the clinico-epidemiologic data and outcome of patients aged 0-18 years old hospitalized with primary spontaneous pneumothorax in a tertiary private hospital from January 2014-December 2024.

#### Methodology

This cross-sectional analytical study reviewed pediatric patients (0-18 years) admitted for primary spontaneous pneumothorax at Makati Medical Center from 2014 to 2024. Data from medical records included demographic data, radiographic findings, management and outcomes. Descriptive and inferential statistical analyses, including logistic regression were performed using SPSS with p-value < 0.05 considered significant.

#### Results

A total of 43 pediatric patients were analyzed. Pneumothorax size was significantly associated with age ( $p=0.002$ ) with newborns predominantly presenting with small pneumothoraces and adolescents with larger ones. Initial clinical presentation such as dyspnea, fever and chest pain were found to be significantly associated with pneumothorax size ( $p=0.002$ ). No significant associations were observed with sex, body mass index or laterality. CT-detected blebs were significantly correlated with pneumothorax size ( $p=0.003$ ). Majority of patients were managed conservatively (81.4%) while invasive interventions (chest tube insertion and VATS) were significantly more common in larger pneumothoraces. Pneumothorax size and management strategy were not associated with differences in hospital length of stay or mortality.

#### Conclusion

This 10-year review corroborates existing evidence that demographic and clinical characteristics significantly influence the presentation and severity of pediatric primary spontaneous pneumothorax. Age, presenting symptoms, and comorbidities were important determinants with adolescents exhibiting a higher likelihood of larger pneumothoraces. The association between CT findings and pneumothorax size underscores the diagnostic and prognostic value of advanced imaging in guiding management strategies. Conservative management was appropriate for most patients with invasive interventions reserved for larger pneumothoraces. Importantly, pneumothorax size and treatment modality were not associated with differences in hospital length of stay or mortality emphasizing the effectiveness of timely, risk-stratified, and individualized management approaches in pediatric PSP.

Keywords: primary spontaneous pneumothorax, PSP, blebs

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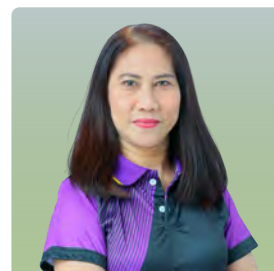
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