



# «La Investigación en Pediatría Ambulatoria desde la SAP»

7<sup>a</sup> Congreso Argentino de Pediatría General Ambulatoria  
Salta, Argentina 2018

Norberto Giglio Msc  
Subcomisión de Investigación Pediátrica  
Hospital de Niños Ricardo Gutiérrez  
Ciudad de Buenos Aires





## Contenidos:

- Describir abordajes sobre la definición de pediatría ambulatoria y su impacto en la investigación en el marco local y regional
- Describir acciones de la Subcomisión de Investigación y Becas y Premios para promover la investigación
- Desafíos y dificultades para investigar en pediatría ambulatoria



Propósito de una definición de caso:

El desarrollo de una definición de caso debe ser clara y es fundamental para la investigación

El uso de una definición de caso común permite la estandarización de los casos de interés tanto dentro de una investigación en curso y posiblemente entre investigaciones también que difieren en el tiempo o ubicación geográfica.

Gregg, M.B. Field Epidemiology. New York: Oxford University Press, 2002.





## PERSONAL PRACTICE

## Ambulatory paediatrics—making a difference

Maud Meates

There are now more and more advertisements for ambulatory paediatricians. Ambulatory care is one of the popular new catch phrases within the National Health Service (NHS). Both the Tomlinson report and the King's Fund document on health care in the capital, advocated the development of ambulatory services.<sup>1,2</sup> A British Paediatric Association discussion document introduced ambulatory paediatrics as an option for future development.<sup>3</sup> This document gave a broad definition of ambulatory paediatrics as being everything that is non-inpatient, and so included such diverse areas as community paediatrics, child guidance and counselling services, specialist clinic care, and primary care paediatrics. Ambulatory paediatrics is not a specialty but a philosophy and, to a large extent, many paediatricians are already operating an ambulatory service.<sup>4</sup> In practice, however, what does ambulatory paediatrics mean, what is the role of an ambulatory paediatrician, and does ambulatory paediatrics make any difference?

I was appointed in 1993 as an ambulatory paediatrician. Working from a hospital base in a district general hospital setting, I share with my colleagues the inpatient load on the general wards and the special care baby unit, as well as the outpatient load. However, my prime responsibility is the development of the ambulatory service, which I have approached in the following way.

**Definition**

The working definition I use is that 'Ambulatory paediatrics refers to the non-inpatient hospital services and to the provision of care to sick children at home or in their local environment'. The philosophy behind ambulatory paediatrics is that children should not be admitted to hospital unless absolutely necessary and, as much as possible, care should be arranged in their own homes. There have to be changes in the way we work so that children are not coming to the hospital for doctors' convenience but, instead, only when care cannot be provided in any other way, thereby making the service more child and family oriented. Such a change in clinical practice is advocated in *Bridging the Gaps*, a study looking at the interface between primary and specialist health care services for children, and in the Audit Commission review, *Children First*.<sup>5,6</sup>

In the broader sense, community paediatrics encompasses this non-hospital, family oriented

philosophy, but the provision of care to acutely sick children at home is not developed that well in most community paediatric units. Therefore, to avoid confusion, I have limited community paediatrics, in this article, to include (a) preventive care including child health surveillance and the monitoring of this, and (b) the management of children with special needs and all that entails, including tertiary care. These two major functions of community paediatrics are well defined and well developed, as is hospital paediatrics. What demands further development is ambulatory care, whether community or hospital based.

**Primary care**

Good links with the primary care team are essential for an ambulatory service to function. More sick children are going to be cared for at home, and general practitioners (GPs) and their teams need to be aware of this and of where the primary and secondary care roles overlap. Fewer children are going to be followed up at the hospital and the GP must have confidence in the local paediatric team and know he or she has easy access to their specialist advice when it is needed. Strong links with the GP are fundamental to an ambulatory service, and ensuring they are in place is a priority for the ambulatory paediatrician. Our department has achieved this by becoming very responsive to the GP in the following ways. Firstly, we make ourselves available to the GP by publishing direct phone lines and operating a 'hotline'. We have a short wait for routine outpatient clinics and urgent cases are seen within 24 hours by a consultant. Consultants use structured letters for discharge summaries and outpatient letters as this has been shown to improve communication with GPs.<sup>7</sup> Outreach clinics are another way of improving links with primary care; in particular, those that involve close liaison between the GP and paediatrician during the consultation. I currently undertake two outreach clinics, both of which involve close liaison with the GPs and both are highly enjoyable and feel worthwhile.

**Children's nurses**

Children's nurses who are prepared to work outside the conventional setting of the hospital and take care into the homes of children, and who are willing to extend their role, are fundamental to a thriving ambulatory service. The ambulatory paediatrician must work closely

Pediatría ambulatoria se refiere a la atención médica por parte de un pediatra a un niño no internado que recibe cuidados en su casa o su entorno local.

Ambulatory paediatrics--making a difference.

Meates M. Arch Dis Child. 1997 May;76(5):468-73; discussion 473-6. PMID: 9196371

## CURRENT TOPIC

## Ambulatory paediatrics: stepping out in a new direction?

D R Heller

### Background

In 1976 the Court report recommended the rationalisation of child health services in England and Wales,<sup>1</sup> and although it has taken longer than hoped and the terminology has changed along the way,<sup>2</sup> there has been real progress towards the achievement of 'combined' and 'integrated' children's services, with 'seamless' care at the point of delivery of care.

Recently, the Audit Commission published its report on hospital services,<sup>3</sup> highlighting a number of problems in this important area which, however, forms only one part of health services for children. This paper discusses some of the difficulties currently confronting children's health services and suggests a development already in place in other countries that could provide a solution to some of them.

While childhood mortality, the risk of serious illness, and lengths of hospital stay for children have all diminished there is little difference in the rate of admission to hospital between the children of those enrolled 43 years ago into the National Survey of Health and Development and their parents.<sup>4</sup> The reasons for this may be related to altering demographic and social circumstances. For example, there are fewer 'nuclear' and increased numbers of 'lone parent' families, leaving children and their carers sometimes with little support in times of crisis; the postponement for some of childbearing to accommodate careers contrasts with the continued high rates of teenage pregnancy. Patterns of disease have altered, with the emergence of the 'new morbidity' of children's behavioural and learning problems and family stress.<sup>5,6</sup> Improved medical technology has led to the increased survival of children of low and very low birth weight as well as others with previously untreatable conditions, so while advances in treatment might have been expected to lead to fewer admissions, this promise has not been fulfilled.

Demographic and technological changes are not the only factors involved in this apparent failure. There are structural factors which should also be considered. The many reorganisations in the NHS during the period since the Court report, culminating with the

other areas, for example where the formation of separate hospital and community trusts has hindered the process of combining and integrating services. While the change to a consultant led secondary community service has been a positive step there have been problems in recruiting suitably trained staff. This problem is not confined to community services but now affects hospital services at consultant, senior registrar, and registrar level.

The move towards a reduction of junior doctors' hours and away from exploitative clinical apprenticeships is long overdue but sometimes difficult to reconcile with the provision of adequate junior and middle grade cover. Many consultant paediatricians still work without the benefit of an intermediate tier of medical staff, carrying onerous on-call responsibilities with relatively inexperienced juniors, often doctors in six month jobs as part of vocational training. These doctors, as future general practitioners, receive a distorted picture of the major problems of childhood they are likely to encounter when they enter primary care. Consultants meanwhile spend increasing time on management; there are growing demands from the altered pattern of morbidity, leading to new requirements such as child protection work and fulfilling the role of a member of the multidisciplinary team. Demands on their time are only likely to increase, with further strain on them and their families.

### A new model

The development of an ambulatory paediatric model<sup>8</sup> may be one way in which we can address some of these issues. Ambulatory paediatrics has its roots in the United States in the sixties when the increasing superspecialisation of paediatricians with the major focus on inpatient care led to concerns that there was no generalist available to take an overall view of the child and their family, and little emphasis on the needs of the child who did not require admission to hospital. Recently the Ambulatory Pediatric Association voted narrowly against a motion to change its name to the General Pediatric Association, illustrating perhaps some unease with what is

Pediatría ambulatoria se refiere a la atención médica de un pediatra para un niño no internado en términos de atención primaria, salud comunitaria, accidentes y consultas de urgencia.

Ambulatory paediatrics: stepping out in a new direction?  
Heller DR. Arch Dis Child. 1994 Apr;70(4):339-41; discussion 41-2. PMID: 8185371





1960: Una persona tenía acceso a unas 18 estaciones de radio, 4 canales de televisión, 4.500 títulos de revistas.

2000: 20 millones de sitios web, 2.400 millones de radios, 18.000 títulos de revistas.

Alfons Cornella “Cómo sobrevivir a la infoxicación” Diciembre 2000







BMJ. 2000 May  
6;320(7244):1283.  
The sins of  
expertness and a  
proposal for  
redemption  
Sackett DL1.





Saber hacer las preguntas adecuadas, en este momento, es más importante que saber responderlas.





Sobrecarga laboral



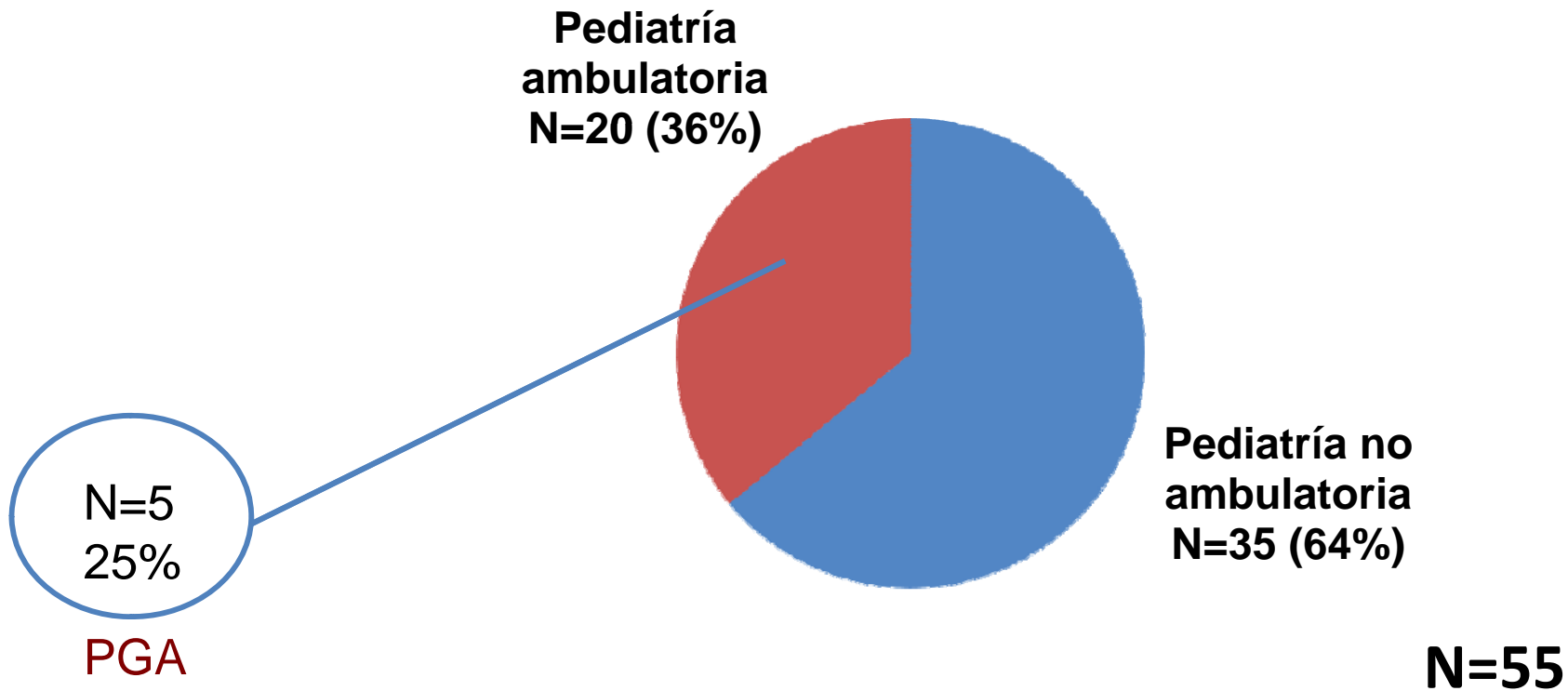
# Pediatria

**Ambulatoria** se refiere a la atención médica por parte de un pediatra a un niño no internado que recibe cuidados en su casa o su entorno local

**General ambulatoria** se refiere a la atención médica de un pediatra para un niño no internado en términos de atención primaria, salud comunitaria, accidentes y consultas de urgencia.



# Cuánto se investiga en pediatría/general ambulatoria?



Solo el 9% de los trabajos correspondieron a Pediatría General Ambulatoria

Datos preliminares Encuentro Nacional de Investigación 2018  
Sociedad Argentina de Pediatría



1-Errores diagnósticos en el enfoque diagnóstico ambulatorio de infección urinaria en pediatría

2-Ciencias y Prácticas Maternas sobre el desarrollo del Niño y su impacto en la conformación del apego

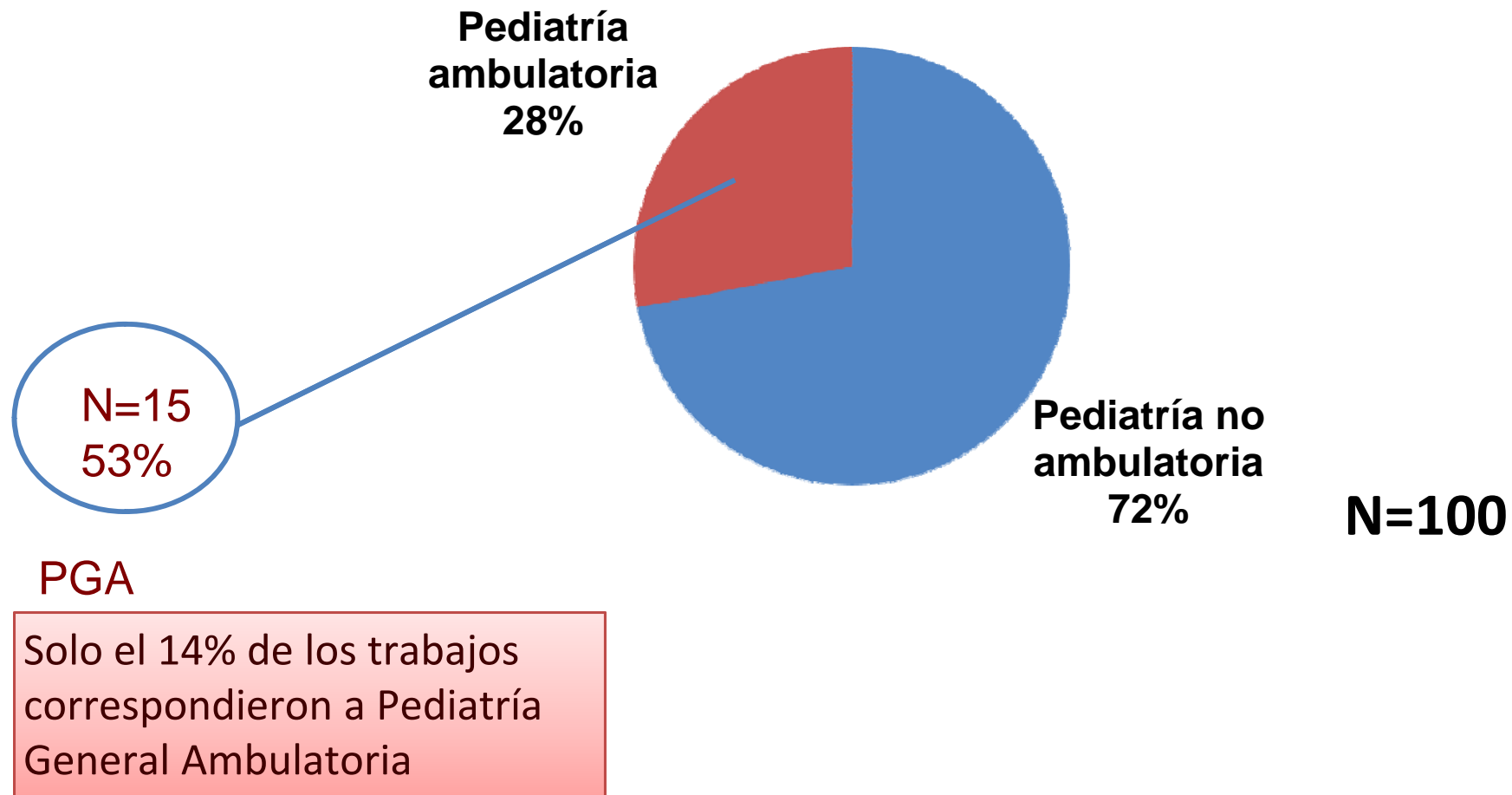
3-Depresión postparto y variaciones acústico prosódicas de los intercambios comunicativos Madre Hijo: modulaciones según la edad y sexo infantiles

4-Prevalencia de Síndrome Metabólico en Pacientes Obesos del Consultorio de alimentación saludable

5-Exposición a contenidos audiovisuales por medio de dispositivos electrónicos como factores de riesgo de trastornos del lenguaje en niños

Datos preliminares Encuentro Nacional de Investigación 2018  
Sociedad Argentina de Pediatría

# Cuánto se investiga en pediatría/general ambulatoria?



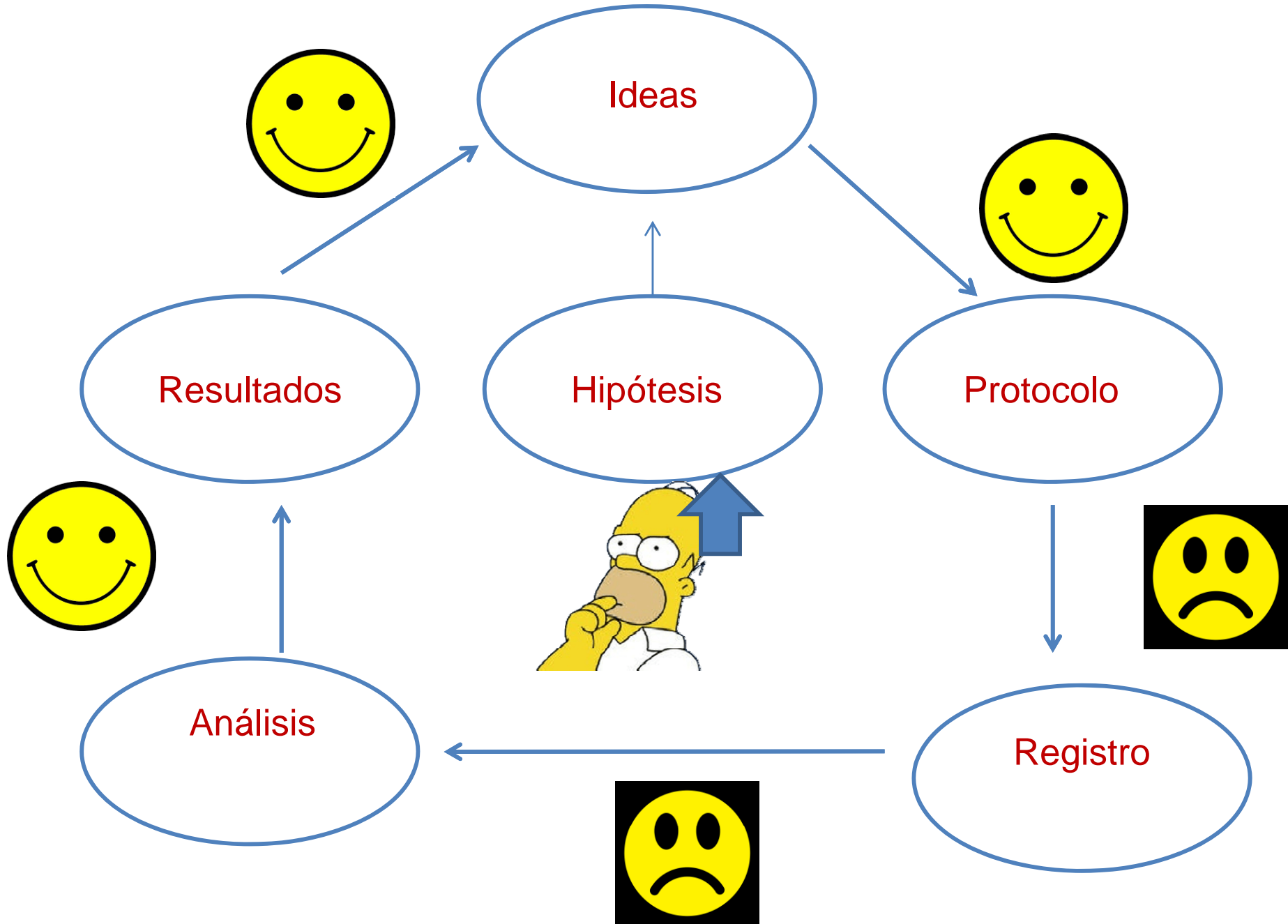
Datos preliminares LV Reunión SLAIP 2017



- 1-Hipercolesterolemia en padres como predictor de hipercolesterolemia en hijos.
- 2-Hipercolesterolemia en padres como predictor de hipercolesterolemia en hijos.
- 3-Propuesta de desarrollo de un nuevo servicio profesional farmacéutico en la comunidad: Pesquisa de Hipercolesterolemia Infantojuvenil (PHI) en la oficina de farmacia, con posterior intervención.
- 4-Factores de riesgo asociados a neumonía en niños menores de cinco años en el Hospital del Niño “Dr. Ovidio Aliaga Uría”.
- 5-Evaluación del desarrollo psicomotor y cognitivo en lactantes asistidos en el sector salud a los 6 y a los 9 meses de edad.
- 6-Contribuciones del crecimiento lineal y la acumulación de adiposidad desde el nacimiento hasta la adultez a la hipertensión arterial en adultos.
- 7-Factores de riesgo asociados a infecciones asociadas al cuidado de la salud en un Servicio de Pediatría en Colombia.
- 8-Anemia y su asociación con la deficiencia de micronutrientes en niños preescolares asistidos en el sistema público de salud de La Plata, Argentina.
- 9-Anemia y su relación con la convulsión febril en niños.
- 10-Lactancia materna en niños y niñas de 0 a 24 meses de la Ciudad de Bogotá.
- 11-Sensibilidad del dispositivo móvil en la detección del reflejo rojo en menores de un año en un hospital pediátrico. Estudio piloto.
- 12-Anemia por deficiencia de hierro y su relación con el tipo de alimentación en lactantes de 6 meses asistidos en el sistema público de salud. La Plata, Argentina.
- 13-Efecto de 6 meses de suplementación con Vitamina D sobre niveles de 25-hidroxivitamina D en lactantes sanos de Santiago de Chile: dosis única vs suplementación diaria.
- 14-Prevalencia de obesidade, hábitos diurnos e comportamentos alimentares em uma amostra de crianças no Brasil.
- 15-Asociación entre el aumento de grasa corporal e insuficiencia de vitamina D en adolescentes chilenos de nivel socioeconómico medio-bajo.

**Datos preliminares LV Reunión SLAIP 2017**







Bases  
Moleculares

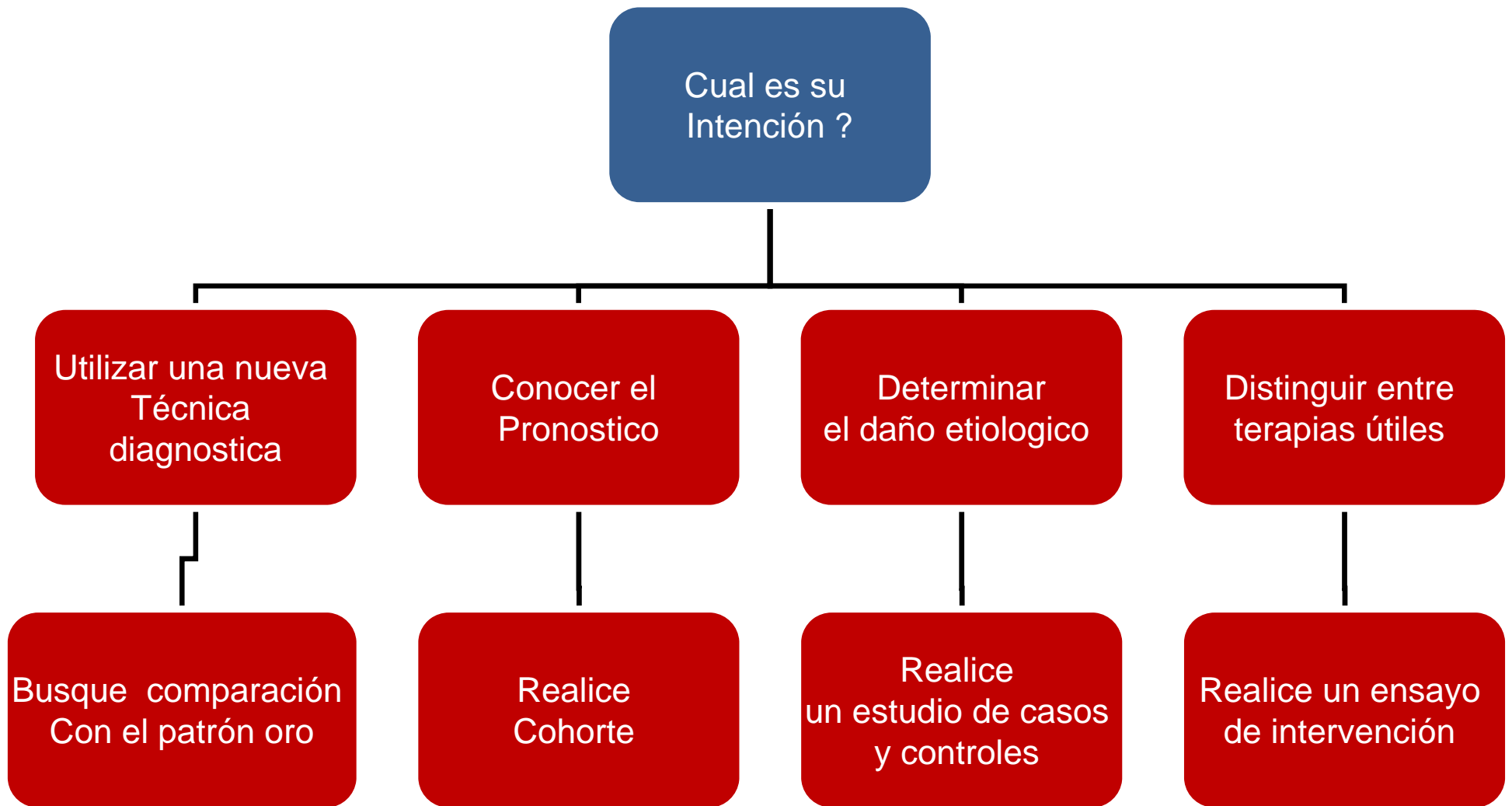
Epidemiología  
Clínica

Modelización  
y el reporte  
de resultados  
subjetivos



No todos los problemas que se plantean en la práctica clínica tienen respuesta mediante un mismo tipo de estudio.





SOCIEDAD ARGENTINA DE PEDIATRÍA  
 19º Encuentro Nacional de Investigación Pediátrica  
 3º Jornadas de Becarios de la Sociedad Argentina de Pediatría  
 6, 7 y 8 de Julio de 2017



Por un niño sano  
 en un mundo mejor



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**4º Jornadas de Becarios de la Sociedad Argentina de Pediatría**

22 y 23 de junio de 2018

**Sede**  
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- Conferencias
- Talleres

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**FECHA LÍMITE DE PRESENTACIÓN DE RESÚMENES DE TRABAJOS LIBRES Y PROYECTOS DE INVESTIGACIÓN**  
**Lunes 14 de MAYO de 2018**  
 Ver Reglamento en la página web de la SAP [www.sap.org.ar](http://www.sap.org.ar)

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**INFORMES E INSCRIPCIÓN**

Sociedad Argentina de Pediatría - Filial Córdoba  
 Corrientes 1023 - 5002 - Ciudad de Córdoba  
 Tel: (0351) 4253383 -  
 E-mail: [cordoba@sap.org.ar](mailto:cordoba@sap.org.ar)

Sociedad Argentina de Pediatría - Entidad Matriz  
 Av. Coronel Díaz 1975 - 1425 - Ciudad de Buenos Aires  
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# Pasando Revista: CONARPE 2017



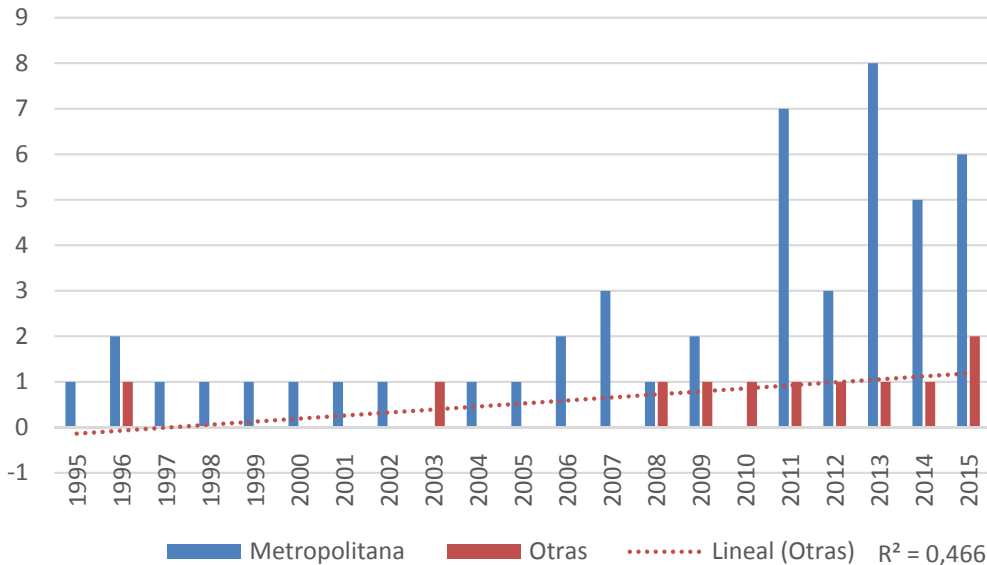
**La rompimos!!!**

14:56

# Análisis del impacto de Becas otorgadas por la Sociedad Argentina de Pediatría en los últimos 20 años (1995-2005)



Gráfico 1: Distribución de las becas de investigación según región



Alcanzaron la publicación completa el 30% de los proyectos de investigación

## Publication of abstracts presented at the National Pediatric Research Meetings of the Argentine Society of Pediatrics: Related factors

*Paula Domínguez, M.D.,<sup>a</sup> María F. Ossorio, M.D.,<sup>ab</sup> Eduardo Cuestas, M.D.,<sup>bc</sup> Norberto Giglio, M.D.,<sup>bd</sup> Carlos Grandi, M.D.,<sup>bc</sup> Facundo García-Bournissen, M.D.,<sup>bd</sup> Santiago Vidaurreta, M.D.,<sup>bf</sup> Jaime Altcheh, M.D.,<sup>bd</sup> and Fernando Ferrero, M.D.<sup>ab</sup>*

Del total de los resúmenes presentados en los Encuentros de Investigación entre los años 1998 a 2011 41% de los mismos fueron publicados.

La falta de tiempo es el argumento más común para la no publicación.





INTERNATIONAL  
SOCIETY  
FOR INFECTIOUS  
DISEASES



## **Pneumococcal Conjugate Vaccine Immunization Program Impact: Unpublished Studies in Latin America Countries. Follow up review.**

**Poster No.:** UMP.260

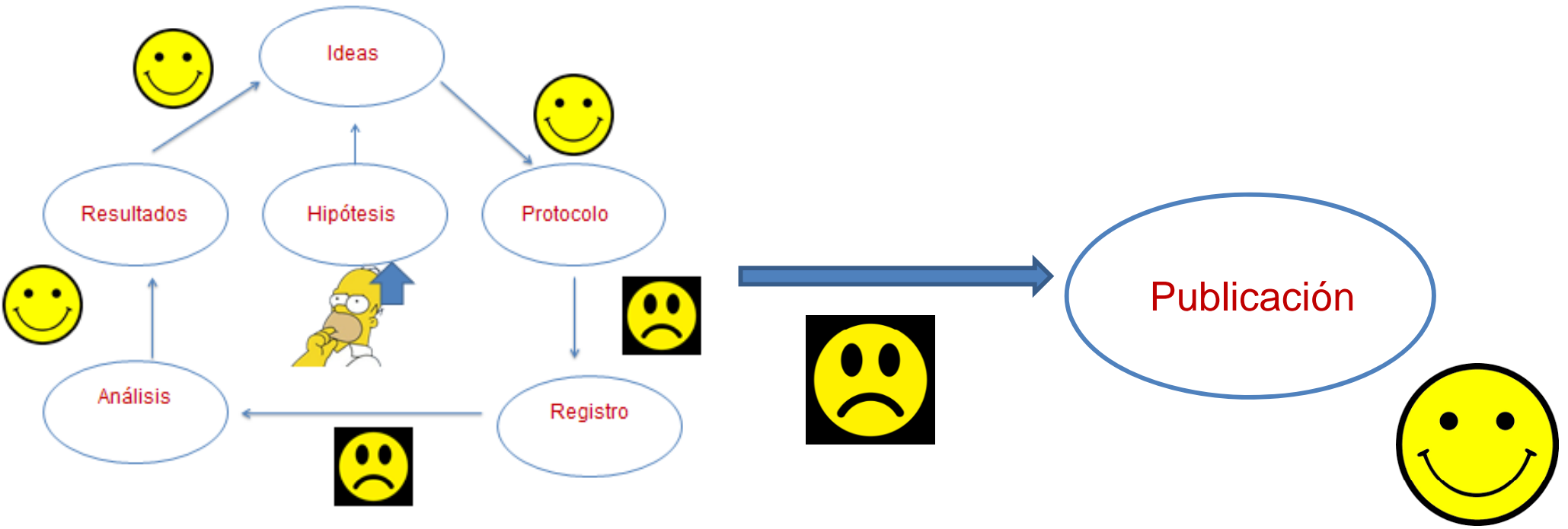
**Congress:** 18th ICID

**Type:** Scientific Poster

**Authors:** N. Giglio<sup>1</sup>, V. Castellano<sup>1</sup>, M. F. Lucion<sup>1</sup>, M. L. Avila<sup>2</sup>, C. Pirez<sup>3</sup>,  
M. Macias-Parra<sup>4</sup>, E. Berezin<sup>5</sup>, A. Gentile<sup>6</sup>; <sup>1</sup>CABA, C.A.B.A./AR,  
<sup>2</sup>San Jose/CR, <sup>3</sup>Montevideo/UY, <sup>4</sup>México, DF/MX, <sup>5</sup>São Paulo/BR,  
<sup>6</sup>CABA/AR

Less than half of the presentations were published up to date. Two thirds of the published impact studies from LAC had previously been presented in pneumococcal and infectious disease meetings. Our study focuses on the relevance to continue promoting the publication in journals to optimize the quality of these studies.







Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

## Vaccine

journal homepage: [www.elsevier.com/locate/vaccine](http://www.elsevier.com/locate/vaccine)



### Narcolepsy and adjuvanted pandemic influenza A (H1N1) 2009 vaccines – Multi-country assessment

Daniel Weibel <sup>a,\*</sup>, Miriam Sturkenboom <sup>b</sup>, Steven Black <sup>c</sup>, Maria de Ridder <sup>a</sup>, Caitlin Dodd <sup>a</sup>, Jan Bonhoeffer <sup>d,e</sup>, Ann Vanrolleghem <sup>a</sup>, Nicoline van der Maas <sup>f</sup>, Gert Jan Lammers <sup>g,h</sup>, Sebastiaan Overeem <sup>i</sup>, Angela Gentile <sup>j</sup>, Norberto Giglio <sup>j</sup>, Vanesa Castellano <sup>j</sup>, Jeffrey C. Kwong <sup>k</sup>, Brian J. Murray <sup>l</sup>, Karen Cauch-Dudek <sup>k</sup>, Diana Juhasz <sup>k</sup>, Michael Campitelli <sup>k</sup>, Alexandre N. Datta <sup>m</sup>, Ulf Kallweit <sup>n,o</sup>, Wan-Ting Huang <sup>p</sup>, Yu-Shu Huang <sup>q</sup>, Chung-Yao Hsu <sup>r</sup>, Hsi-Chung Chen <sup>s</sup>, Maria Giner-Soriano <sup>t</sup>, Rosa Morros <sup>t</sup>, Carles Gaig <sup>u</sup>, Ester Tió <sup>v</sup>, Silvia Perez-Vilar <sup>a,w</sup>, Javier Diez-Domingo <sup>w</sup>, Francisco Javier Puertas <sup>x</sup>, Lawrence W. Svenson <sup>y</sup>, Salaheddin M. Mahmud <sup>z</sup>, Bruce Carleton <sup>aa</sup>, Monika Naus <sup>aa</sup>, Lisen Arnheim-Dahlström <sup>ab</sup>, Lars Pedersen <sup>ac</sup>, Frank DeStefano <sup>ad</sup>, Tom T. Shimabukuro <sup>ad</sup>

<sup>a</sup> Medical Informatics Department, Erasmus Medical Center, Rotterdam, The Netherlands

<sup>b</sup> Julius Global Health, University Utrecht Medical Center, Utrecht, The Netherlands

<sup>c</sup> Cincinnati Children's Hospital, Cincinnati, OH, USA

<sup>d</sup> Infectiology and Vaccinology University Children's Hospital, Basel, Switzerland

<sup>e</sup> Brighton Collaboration Foundation, Basel, Switzerland

<sup>f</sup> Dept. Epidemiology and Surveillance, National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands

<sup>g</sup> Leiden University Medical Centre, Leiden, The Netherlands

<sup>h</sup> Sleep-Wake Center SEIN, Heemstede, The Netherlands

<sup>i</sup> Sleep Medicine Centre Kempenhaeghe, Heeze, The Netherlands

<sup>j</sup> Hospital de Niños Ricardo Gutiérrez, Ciudad Autónoma de Buenos Aires, Argentina

<sup>k</sup> Institute for Clinical Evaluative Sciences (ICES), Ontario, Canada

<sup>l</sup> Division of Neurology, Department of Medicine, Sunnybrook Health Sciences Centre, University of Toronto, Canada

<sup>m</sup> University Hospital Basel, Basel, Switzerland

<sup>n</sup> Bern University Hospital and University of Bern, Bern, Switzerland

<sup>o</sup> Witten/Herdecke University, Department of Rehabilitation, Witten/Herdecke, Germany

<sup>p</sup> Taiwan Centers for Disease Control, Taipei, Taiwan

<sup>q</sup> Department of Child Psychiatry and Sleep Center, Chang Gung Memorial Hospital and University, Taoyuan, Taiwan

<sup>r</sup> Department of Neurology and Sleep Disorders Center, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

<sup>s</sup> Department of Psychiatry and Center of Sleep Disorders, National Taiwan University Hospital, Taipei, Taiwan

<sup>t</sup> Institut Universitari d'Investigació en Atenció Primària Jordi Gol (IDIAP Jordi Gol), Universitat Autònoma de Barcelona, Bellaterra (Cerdanyola del Vallès), Barcelona, Spain

<sup>u</sup> Neurology Service and Multidisciplinary Sleep Disorders Unit, Hospital Clinic of Barcelona, Barcelona, Spain

<sup>v</sup> Althaia Xarxa Assistencial Universitària de Manresa, Neurology Service, Manresa, Barcelona, Spain

<sup>w</sup> Fundación para el Fomento de la Investigación Sanitaria y Biomédica de la Comunitat (FISABIO), Vaccine Research, Valencia, Spain

<sup>x</sup> Servicio de Neurofisiología, Hospital Universitario de la Ribera, Valencia, Spain

<sup>y</sup> Division of Preventive Medicine, University of Alberta, Alberta, Canada

<sup>z</sup> Meningeal and Deep Evaluation Centre, Mount Royal College of Medicine, Peterborough Health Sciences University of Manitoba, Manitoba, Canada



## Urban Chagas disease in children and women in primary care centres in Buenos Aires, Argentina

Guillermo Moscatelli<sup>1/+</sup>, Ada Berenstein<sup>2</sup>, Ana Tarlovsky<sup>3</sup>, Susana Siniawski<sup>2</sup>, Miguel Biancardi<sup>1</sup>,  
Griselda Ballering<sup>1</sup>, Samanta Moroni<sup>1</sup>, Marta Schwarcz<sup>4</sup>, Susana Hernández<sup>4</sup>,  
Facundo García-Bournissen<sup>1</sup>, Andrés Espejo Cozzi<sup>4</sup>, Héctor Freilij<sup>1</sup>, Jaime Altcheh<sup>1</sup>

<sup>1</sup>Ricardo Gutiérrez Children's Hospital, Department of Parasitology and Chagas, Buenos Aires, Argentina <sup>2</sup>Primary Care Centre, Community Action Centre 15, Buenos Aires, Argentina <sup>3</sup>Primary Care Centre, Community Action Centre 11, Buenos Aires, Argentina  
<sup>4</sup>Interamerican Open University, Centre of Studies on Human Science and Health, Buenos Aires, Argentina

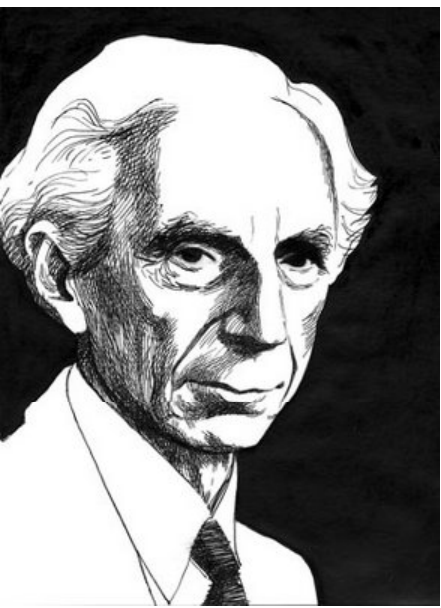
*The primary objective of this study was to estimate the prevalence of this disease in women of childbearing age and children treated at health centres in underserved areas of the city of Buenos Aires. Demographic and Chagas disease status data were collected. Samples for Chagas disease serology were obtained on filter paper and the reactive results were confirmed with conventional samples. A total of 1,786 subjects were screened and 73 positive screening results were obtained: 17 were from children and 56 were from women. The Trypanosoma cruzi infection risk was greater in those individuals who had relatives with Chagas disease, who remember seeing kissing bugs, who were of Bolivian nationality or were born in the Argentine province of Santiago del Estero. The overall prevalence of Chagas disease was 4.08%. Due to migration, Chagas disease is currently predominantly urban. The observed prevalence requires health programme activities that are aimed at urban children and their mothers. Most children were infected congenitally, which reinforces the need for Chagas disease screening of all pregnant women and their babies in Argentina. The active search for new cases is important because the appropriate treatment in children has a high cure rate.*



# El valor de investigar

1. El valor de las observaciones cuidadosas y controladas.
2. La importancia de la adquisición de conocimientos especiales sobre un tema.
3. La adquisición de nuevas habilidades.
4. La utilización de las habilidades de los colaboradores.
5. El valor de la constancia.
6. Aprender a conocerse a sí mismo.
7. La importancia de las nuevas tecnologías.
8. El valor de redactar bien un artículo científico.

Stiehm ER. The Editorial Board Speaks. Some of my best clinical pediatricians are researchers. AJDC. 1988; 142: 1283.



“Cada avance en la ciencia nos aleja más de las uniformidades crudas que son observadas al principio, y el círculo de factores causales es cada vez mayor”

(*Mysticism and Logic*, London: Longmans, Green, 1918, pág. 188, citado en E.H. Carr, *What is history*, NY: Knopf, 1963, pág. 118.)

B Russel

Muchas gracias !!!

