

Anna Watkin

Elective Report – Paediatrics in St Kitts

1. Describe the pattern of paediatric illness in St Kitts and discuss this in the context of global health

During my time with the paediatric team at the Joseph N France Hospital, I have witnessed a variety of clinical cases ranging from infective exacerbations of eczema to self harm. Due to the Afro-Caribbean population of St Kitts, emphasis during teaching was given with slightly more emphasis to conditions seen in this group than the teaching at Barts and the London. For example Sickle Cell Disease is much more prevalent, and genetic testing for this condition is widely offered to parents during pregnancy. I was also given the opportunity to present the topic of Cystic Fibrosis, a condition seen predominantly in the Caucasian population and which is rarely seen in St Kitts. Whilst the range of conditions seen overall was similar to that in the UK the management plans are often different. In countries such as the UK and North America, we rely heavily on imaging such as CT and MRI scans and our access to a wide range of investigations. The J.N.F Hospital in St Kitts has an Ultrasound and CT scanner, therefore necessitating a stronger reliance on clinical signs and sound clinical judgment. For example, I saw for the first time the use of Kernig's sign to rule out meningitis in a child, which is something I had only read in textbooks previously. A further difference between healthcare in countries such as the UK and North America and in St Kitts is the rate of vaccine uptake, which has led to a lower incidence of measles, mumps, rubella and Hib meningitis in St Kitts. Overall, the pattern of paediatric illness in St Kitts is similar to that of other developed countries.

2. Describe the pattern of health provision in relation to St Kitts and contrast this with the UK

Some aspects of paediatric care in St Kitts are similar to those in the UK. Until the age of 16, or until school leaving age, paediatric care is free in St Kitts. This covers basic tests, such as blood tests, treatment and admission. However, when investigations beyond this are required, parents may be required to pay, for example with ultrasound or CT scanning. There appears to be no set rule about this, with each case being determined separately. This may mean that some parents decline certain investigations on financial grounds, which in the UK would be provided as standard with no charge passed on to the family. Another area of care that differs from UK provision is that of tests such as karyotyping, and complex treatment. One case we saw involved a neonate born with an imperforate anus. The condition was diagnosed by doctors in St Kitts however the surgeon who performed his first surgery to create a stoma flew into St Kitts from a different Caribbean island. We saw the child in clinic a fortnight later and he appeared to be doing well. The next stage in his care involved choosing where the subsequent surgery he required was to be performed. As this was not available in St Kitts, the mother had to decide whether she wished to have her son treated on a different Caribbean island, or whether she wished to fly the child to North America for treatment. While it is clear that the child will still receive the treatment it would in the UK, it was interesting to see how the provision of this

treatment differed. What is readily available for free in the UK sometimes requires money and travel over long distances in St Kitts.

3. Compare the vaccination schemes in St Kitts and the UK

The vaccination scheme in St Kitts is as comprehensive as the scheme in place in the UK, however it reflects the pattern of disease seen in St Kitts. The first vaccination received by children in St Kitts is the BCG against TB. While it is standard to give this to all neonates, in the UK BCG coverage is much less comprehensive and only given to neonates in high risk areas, with many areas of the country no longer giving this vaccination as standard. Another vaccine given as standard in St Kitts which is only given to high risk children in the UK is the Hepatitis B vaccine. Other vaccines given are the same as those in the UK, and are given on the same schedule, such as diphtheria, Hib and MMR. The polio vaccine is also given as standard in St Kitts, however it is given as an oral vaccination, whereas in the UK it is given IM. Coverage of MMR and Hib is so comprehensive on St Kitts, at around 95-99%, that cases of Hib meningitis and measles are almost unheard of. This is in stark contrast to the UK, where the MMR scare caused a large drop in a vaccination uptake and outbreaks of measles are still occurring, such as the recent example in Swansea, Wales.

4. Improve my exposure to paediatrics and explore whether I wish to pursue a career in this specialty

My time with the paediatric team at the J.N.F Hospital has been both interesting and enjoyable, and has strengthened my desire to pursue a career in paediatrics. I was warmly welcomed into the group and was able to engage in discussion regarding diagnosis and treatment of a variety of patients. While I enjoyed my time in paediatrics in the UK, I felt I had not seen enough of this specialty to make an informed decision on future career paths. I had never witnessed any cases of self harm or abuse, and was unsure how I would handle the more distressing side of paediatrics. While I was not routinely exposed to this area of paediatrics during my time in St Kitts, there were cases present on the ward which we discussed. I was also able to observe the interaction between parents and children, and the consultant paediatrician and nurses. I feel that I have learnt some important skills when gaining the trust of young children and their parents, and have observed practices that I would like to take with me during my future career. Overall, I have thoroughly enjoyed my elective at the J.N.F Hospital and look forward to spending more time in this specialty.