

processes. A recommendation that comes out of a broader consultation is likely to be accepted.

5. In cases when there is no therapy that can benefit an infant (anencephaly/certain severe cardiac deformities/ non-viable GA), a decision by care providers not to try predictably futile endeavors is ethically and legally justifiable. As such therapies do not help the child, are sometimes painful for the infant (and probably distressing to the parents), and offer no reasonable probability of saving life for a substantial period. Ethical principle applied here is beneficence and non-maleficence.

The table was proposed by President's commission 1983 [3]. It mentions that sometimes parents may want to consider treatment when its believed futile by physicians. As long as this choice does not cause substantial suffering for the child, providers should

accept it; although, individual health care professionals who find it personally offensive to engage in futile treatment may decline the treatment and arrange to withdraw from the case.

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Are we Missing Neonatal Dengue?

Early recognition of dengue illness in neonates due to perinatal transmission deserves special attention as it can be missed [1]. Onset of fever in the newborn varies from 1 to 11 days after birth with an average of 4 days and lasts 1-5 days. Falsely-negative dengue serology on first two days of life may be due to low viremia at that time [2]. The duration of viremia and febrile phase lasts longer in newborns experiencing primary infection due to more gradual antibody or cellular response.

We recently managed two neonates who were asymptomatic at birth but after one week, they developed signs and symptoms of severe dengue infection; one of them developed severe thrombocytopenia and encephalopathy. Both these neonates were negative for dengue infection by routine screening at birth and were missed. Hence, screening for NS1 antigen at birth in newborns of mothers with dengue illness may not be sufficient. Non-structural antigen (NS1) can become positive even up to 7 days after birth peaking at the 5th day [3]. IgM and IgG antibodies can take 2-3 weeks to be positive. Dengue virus illness hence, can be easily missed in the early newborn period if we do not follow-up closely.

One should carefully observe the baby born to a mother with dengue infection for a minimum period of two weeks after birth with periodic checks, and screen again for Dengue serology at 2 weeks of age. This strategy can help in diagnosis of this potentially devastating illness, and will contribute to early appropriate management and significant reduction of neonatal morbidity and mortality [4,5].

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