

epidemiology to drive the education and training. Well-established institutions with substantial resources could expose PEM trainees to education by simulators which may be impossible in resource-constrained settings. Similarly, research requirement during PEM training need not be to the tune of 12-18 months as mandated in the US.

Ultimate goal is to bring together various stakeholders in emergency medicine, pediatrics, nursing, hospital administration, compliance agencies as well as policy makers and government officials to not only create a federal office of emergency medical services but engage everyone in a meaningful manner to develop and sustain a robust infrastructure to deliver high quality PEM care to children in India.

We anticipate and indeed invite other members of the pertinent communities to be major contributors to this effort. Academic authorities like National Board of Examination and Medical Council of India will certainly help in recognition of well-structured super-specialty course.

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## Kawasaki Disease in Jammu and Kashmir

The article "Kawasaki Disease in India – Lessons Learnt over the Last 20 Years" is really a master piece regarding the diagnosis of Kawasaki disease in India, and highlights how the presence of disease in Indian children was ignored by people not accepting the views of the experts in the field [1]. Authors of this manuscript are pioneers in Kawasaki disease, and also help others in every nook and corner of the country to diagnose this disease. Being an authority on Rheumatologic and Immunological disease in children and still having to face ridicule, criticism and sarcasm, one can imagine what others might have faced when they tried to convince the people regarding the diagnosis of Kawasaki disease in their states. At our institute, we diagnosed the first case of Kawasaki disease in an 8-year-old girl in November, 1998 and subsequently diagnosed or treated only 21 patients from 2004 to 2014 [2]. This is just a tip of Iceberg as we included only those patients where treatment with intravenous immunoglobulins was given or thrombocytosis or coronary artery aneurysm were documented. There were

scores of patients where the diagnosis was refuted when second opinion was taken, or doubt was created in the parents' mind regarding the presence of disease in India and no treatment could be given. Since these patients are not under any follow-up, the status of their coronary arteries is unknown. The article just highlights the fact that mere ignorance regarding any disease does not mean that disease does not occur and many more patients would have been picked up, treated and benefitted, had negativism and rivalry not come in between. The newer generations of pediatricians in India need to be congratulated for diagnosing patients even if posted in peripheries and health centers and referring them to the apical centers in our state.

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