## Changes in newborn congenital diseases and prematurity in Gaza under attacks

A summary of findings from Surgery, Maternity and Pediatric Hospitals

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#### Retrospective study in 5 pediatric hospitals

Comparison of prevalence

in 0-2 years old children in 2006 and 2010:

A) increase of BD, and B) specifically of Renal and NT BD, in unrelated parental couples, in Gaza and Rafha

	the first six	months of 2006	and 2010	
	First 6 months of year	2006	2010	P value
->	BD patients	273	331	
	Total 0-2 year old patients	6920	5254	
	Frequency of BD (0 -2 Y.)	39.5/1000	63/1000	< 0.001
	Total 0-12 year old patients	10136	7201	
	Frequency of BD (0 -12 Y.)	27/1000	46/1000	< 0.001
	Estimated Children (0 -2 Y.)*	93,760	98,064	

		2006			P Value		
	Number		Frequency /1000			Frequency /1000	
Congenital Heart Disease	207	75.5	29.9	189	57.7	27.3	0.07
Cleft palate & Cleft Lip	1	0.4	0.1	2	0.6	0.3	
Neural tube defects (NTD)	1	0.4	0.1	19	5.7	2.7	< 0.001
Limb defects	7	2.6	1.0	7	2.1	1.0	
Skeletal Anomalies	4	1.5	0.6	1	0.3	0.1	
Genital Anomalies	6	2.2	0.9	2	0.6	0.3	
Gastrointestinal Anomalies	24	8.8	3.5	28	8.5	4.0	0.120
Renal Anomalies	6	2.2	0.9	49	14.8	7.1	< 0.001
Down syndrome	9	3.3	1.3	10	3	1.4	0.404
Osteogenesis imperfecta	1	0.4	0.1	3	0.9	0.4	

### Reconstruction study from families with previous BD at Shifa maternity:

increase in BD (1997-2010)

starts in 2005 and continues to 2011

Significant trend of increase of "sporadio BD (Sp, p < 0.001), but not of "familiar" (Fam, p = 0.59) ones, suggests induction of their occurrence by the environment

50 -				
- 1	──%Sp/TOT	Fam/Tot	**************************************	
50				_
10			M	•
30				
20	-			
10			-	-
0				

#### Conclusions 1

Increase in BD in time since 2005, with additional increase after Cast lead, continuing till 2013 and in temporal association with war events and with weapon exposure of population.

## **NEEDS**

Post war assessment of damages Analysis in time of affected children and their mothers

Development of diagnostic tools, and skills, pre- and post- natal Support in personnel and funds to grant the needed continuity in work

Registration of cases in Neonatal Intensive case *Unit, Shifa, from 2006 to 2013:* significant increase in BD in time- from 10.7% in 2006 to 12.3% in 2012 among the admissions in al Shifa hospital NICU.

Registration of births in Al Shifa, 2011 and relationship with exposures to Cast Lead: significant positive association with mother's exposures to White Phosphorus

# total normal babies

exposure to WP and bombing responding no exposure only WP only Bombs both WP and bom 2933 2884 (98,3%) 49 (1,7%) not available not available

total birth defect babies 44 19 (43,2%) 12 (27,2%) 9 (20%) 8 (18%) 2977 2903 (97,5%) 51 (2%)

l exposed to weapons for Birth defect children is 66%

Specific and different contamination with metals teratogens or toxicants from in utero exposure of BD or preterm babies born in 2011 and conceived two years after Cast lead by war exposed mothers:

Metal	Newborn with BD	Normal newborn p-	value* Metal	Prematurely born	Normal Newborn	p-value*
	Gaza 2011 (48)	Gaza 2011 (12)		Gaza 2011 (9)	Gaza 2011 (12)	
Sn	0.23 (0.08-0.54)	0.04 (0.02-0.09)	0.002 Sn	0.25 (0.23-0.89)	0.04 (0.02-0.09)	0.002
Ba	0.74 (0.51-1.27)	0.60 (0.37-0.73)	0.154 Ra	1.07 (0.62-1.58)	0.60 (0.37-0.73)	0.030
w	0.03 (0.02-0.07)	0.02 (0.01-0.04)	0.365 W	0.03 (0.02-0.03)	0.02 (0.01-0.03)	0.190
Hg	0.93 (0.02-0.25)	0.00 (0.00-0.02)	0.003			
Pb	0.81 (0.49-1.16)	0.60 (0.52-1.21)	0.820 Hg	0.00 (0.00-0.05)	0.00 (0.00-0.02)	0.470
U	0.00 (0.00-0.00)	0.00 (0.00-0.00)	0.164 Pb	1.06 (0.73-2.10)	0.60 (0.52-1.21)	0.190
Se	0.32 (0.22-0.47)	0.13 (0.09-0.24)	0.004 Se	0.05 (0.00-0.17)	0.13 (0.09-0.24)	0.160
Sb	0-03 (0.02- 0.06)	0.05 (0.04-0.11)	0.160 Sb	0.06 (0.02-0.17)	0.05 (0.04-0.11)	0.550
Cd	0-03 (0.02- 0.06)	0.05 (0.03-0.09)	0.143 Cd	0.08 (0.06-0.09)	0.05 (0.03-0.09)	0.280
Cr	0.41 (0.29- 0.59)	0.78 (0.38-1.17)	0.053 Cr	0.75 (0.46-0.78)	0.78 (0.38-1.17)	0.810

#### Conclusions 2

Correlation between individual exposure, objectively proved, and BD child.

Effect detecyed 2y after exposure to attacks in mothers of BD children exposed to Cast lead. Specific association of BD or premature babies with contamination by teratogens or toxicants.

## **AVAILABLE CAPABILITIES**

Good will and planning capabilitoes of local professionals

Personnel skills present, and in further training available in Gaza Collaborations with professionals abroad

#### MILITARY OPERATIONS TIMING, SUMMARY

uary 2009 —Operation Cast lead ember 2012—Operation Pillar of cender August 26 2014 —Operation Protective edge

#### Metal contaminants from weapons were detected in

*In wounds of victim In WP ammunitions In bomb craters* In children hair in 2010, giving de fact proof of their presen in weapons and the persistance in the environment for long atogen time after attacks.

S																
s		Al *	Hg	w	Mo *	Cd	Со	U	v	Sr	Cu	Ba *	Sn	Pb *	Ni	В
	ters 06-09	yes	yes	yes	yes	yes	yes	no	no	no	no	yes	no	no	no	no
	r fall09	yes	no	yes	yes	yes	yes	yes	yes	no	no	no	no	no	no	no
	shell 09	yes	yes	yes	yes	no	no	no	no	no						
	wound 09	yes	yes	no	yes	no	no	yes	no	yes	yes	yes	yes	yes	yes	no
и	putation 09	yes	yes	no	no	yes	no	yes	no	yes						
	bonized 09	yes	yes	no	no	no	no	no	yes	yes	yes	yes	no	yes	yes	yes
ce	face burn 09	no	yes	no	no	no	no	no	no	no	no	no	no	yes	no	no
r	= high above control															
	similar to control															
	= little above control															
	totoxic															

#### Conclusion 3

Teratogens are delivered by not fragmentaion weaponry in wounds of victims, are components of WP ammunitions and bombs.

These teratogens are resilient in environment and still found in bodies at distance of 1 year from attacks.

They are found in babies contaminated in utero and conceived two yers later than cast lead, either because of accumulation in mother's bodies or because they persist in the environment, and associate specifically with BD, or premature phenotypes.

## HEALTH GOALS

Register of births: ongoing Remediation: research ongoing Prevention of damages: only cessation of war