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Early onset sepsis in Suriname

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EARLY ONSET SEPSIS IN SURINAME

Epidemiology, Pathophysiology, and Novel Diagnostic Concepts

1. Ninety-nine percent (99%) of all neonatal deaths arise in low-income and middle-income countries, yet most epidemiological and other research focuses on the 1% of deaths in rich countries (*adapted from: Lawn et al. 4 million neonatal deaths: When? Where? Why? Lancet 2005, 365(9462):891-900*).
2. Over the course of a century neonatal mortality rate in Suriname has decreased from over 50 to about 25 per 1,000 live births (*Lezing 'Kindersterfte in Paramaribo' (November 8, 1910) door professor dr. P.C. Flu and this thesis*).
3. Incidence of Early Onset Sepsis in Suriname is higher than in Western countries (*this thesis*).
4. Over 30% of newborns admitted at the Neonatal Care Facility in Suriname are empirically treated with antibiotics for suspected Early Onset Sepsis (*this thesis*).
5. Measurement of soluble endothelial adhesion molecules and their shedding enzymes soon after birth does not discriminate uninfected newborns from newborns with Early Onset Sepsis (*this thesis*).
6. Measurement of the Angiopoietins is a useful tool for the early identification or exclusion of Early Onset Sepsis in Surinamese newborns (*this thesis*).
7. Een pasgeborene is geen kleine volwassene.
8. Kindersterfte in Suriname is een erfenis uit de slavernij (*adapted from: Nizaar Makdoembaks. Verzwegen werk van professor dr. P.C. Flu, 2014*).
9. Science knows no country, because knowledge belongs to humanity, and is the torch which illuminates the world (*Louis Pasteur*).
10. Voorkomen is beter dan genezen (*Desiderius Erasmus*).