

2. Kumar RK, Das H, Girish SV, Nevilebasappa A. Prevalence of vitamin D deficiency among newborns. *Indian Pediatr.* 2020;57:258-9.
3. Randev S, Kumar P, Guglani V. Vitamin D Supplementation in childhood - A review of guidelines. *Indian J Pediatr.* 2018;85:194-201.
4. Khadilkar A, Khadilkar V, Chinnappa J, *et al.* Prevention and Treatment of Vitamin D and Calcium Deficiency in Children and Adolescents: Indian Academy of Pediatrics (IAP) Guidelines. *Indian Pediatr.* 2017;54:567-73.
5. McGovern M, Giannoni E, Kuester H, *et al.* Challenges in developing a consensus definition of neonatal sepsis. *Pediatr Res.* 2020;88:14-26.
6. Dabas A, Bharadwaj M, Shah D, Gupta P. Online survey of vitamin D supplementation practices in children and adolescents. *Indian Pediatr.* 2020;57:749-50.

AUTHORS' REPLY

We thank the readers for taking interest in our study [1]. As rightly pointed out, levels for vitamin D deficiency have been a source of contention. The International Association of Endocrinology defined a vitamin D level of 21-29 ng/mL as insufficiency and <20 ng/mL as deficiency in adults [2]. However, the levels of vitamin D insufficiency and deficiency are not clearly defined and the discussion about the prevalence of vitamin D deficiency is ongoing [3]. The cut-off levels used in our study were based on a study in neonates [4], as we did not have Indian guidelines in place at that time. IAP consensus statement on vitamin D [5] was published after we completed our study. Indian studies can now be done taking these values as guidelines for our population. Association of dose relationship of severity of vitamin D deficiency with sepsis and odds ratio will definitely provide information on risk stratification, and other researchers are encouraged to address this.

Sepsis in neonates still needs definitions that can be followed practically by neonatal centers. The definition used by

us was the most practical in our setting, as it has taken clinical criteria and laboratory investigations as parameters in a scoring system for defining sepsis [6]. Non availability of micro ESR in our setup prevented us from using neonatal sepsis definitions which incorporate it in the scoring system [7].

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REFERENCES

1. Singh P, Chaudhari V. Association of early-onset sepsis and vitamin D deficiency in term neonates. *Indian Pediatr.* 2020;57:232-4.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, *et al.* Endocrine Society. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2011;96:1911-30.
3. Shah D, Gupta P. Vitamin D deficiency: Is the pandemic for real? *Indian J Community Med.* 2015;40:215-7.
4. Cetinkaya M, Cekmez F, Buyukkale G, Erener-Ercan T, Demir F. Lower vitamin D levels are associated with increased risk of early-onset neonatal sepsis in term infants. *J Perinatol.* 2015; 35:39-45.
5. Khadilkar A, Khadilkar V, Chinnappa J, *et al.* Prevention and Treatment of Vitamin D and Calcium Deficiency in Children and Adolescents: Indian Academy of Pediatrics (IAP) Guidelines. *Indian Pediatr.* 2017;54:567-73.
6. Puopolo JP, Eichenwald EC, Stark AR. Bacterial and fungal infections. *In: Manual of Neonatal Care* Cloherty, 6th Edition, Lippincott Williams and Wilkins; 2008.p.274-300.
7. Singh M. 16 Perinatal infections. *In: Care of the Newborn.* 8th edition, CBS publishers and distributors: 2015. p.267-98.

Using Whatsapp to Facilitate Inter-institutional Patient Transfer

Social media and messaging services like WhatsApp have found an important place in the medical field and patient care. It has been widely used for intra-institutional referral, patient awareness and medical education [1], and also for telemedicine [1,2]. However, its use in inter-institutional referrals and patient transfer is not widely documented.

Lack of a proper referral system affects patient care as many are referred to tertiary centers due to non-availability of specialized services in local hospitals. In majority of the cases the referrals are not planned, and it is not through institutional

mechanisms. Hence, the patients visit the hospital on their own, and may face refusal. This causes significant delay in treatment which contributes directly to morbidity and mortality. We used WhatsApp as a medium to facilitate transfer of pediatric patients, including neonates, from pediatric department of one hospital (which does not have pediatric surgical support) to our tertiary care hospital. The WhatsApp group included the consultants and residents of the concerned department from both the hospitals. Patient details, investigations (biochemistry, hematological and radiological) are initially uploaded on the group. We assess the case on the messenger and coordinate the transfer. The patient is then transferred to us in an ambulance with an accompanying doctor. Our team saves a lot of precious time in investigating these patients as they have already been done as per our requests, and surgery is planned at the earliest based on the indication and patient condition. The total number of cases transferred since the creation of this group (June, 2019) was 182 (140 newborns and 42