P361 LONG-TERM PEDIATRIC HOSPITAL ADMISSIONS AT A LEVEL III PORTUGUESE HOSPITAL – WHAT IS OUR REALITY?

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10.1136/archdischild-2019-epa.707

Introduction and aim Level III hospitals are the last resource of health care, covering more complex patients. According to the literature, these patients are hospitalized more often and for longer. Long-term hospitalizations are defined as episodes whose hospitalization time is equal to or greater than the upper threshold of exception and lower than the maximum threshold of the DRG to which they belong. We aim to characterize long-term hospitalizations in 2017 at a Level III Hospital.

Methods Retrospective analysis of long-term admissions in 2017 at a Level III Hospital, including: age, number of hospitalizations, resources at the emergency service, average length of stay, presence of chronic disease, comorbidities and pediatric appointments, through consultation of electronic processes.

Results In 2017 there were 1493 hospitalized children; 1240 (83%) admissions had a normal length of stay, 177 (11.9%) were short admissions, 48 (3.2%) long-term admissions and 28 (1.9%) had prolonged evolution. We identified 49 patients with long-term hospitalizations. Of these, 33 males, mean age of 2.3 years (min 1 day, max 17 years). Most were patients with chronic pathology (65.3%), oncology (22.4%), neurology (16.3%) and neonatology (16.3%). However, patients had, on average, 4 more diagnoses associated with the main reason for admission. Fever, respiratory or gastrointestinal symptoms prolonged or precipitated hospitalizations in 41.3% of patients. Ten of these patients had central venous catheter, 4 nasogastric tube/percutaneous gastrostomy, 2 ventricular shunts. On average, these patients had 2.79 hospital admissions per year, with an average length of hospital stay of 20.1 days and 1.69 appeals to the emergency department precipitated by sub-acute conditions such as gastroenteritis or respiratory diseases, which prolonged hospitalizations. In 15% there were infections by multi-resistant microorganisms. The follow-up in multidisciplinary pediatric appointment occurred in 79.5%.

Discussion Long-term admissions occurred mainly in chronically ill patients. Most, cancer or neurological patients, for decompensation of underlying disease. The percentage of patients infected with multi-resistant micro-organisms points to the need to adapt physical and medical resources to provide better care. The complexity of these patients demands the contribution of different Pediatric subspecialties and is associated with a higher mortality risk than the majority of Pediatric Services, which makes the hospitalization of our Service a reference in the provision of care in chronic pediatric illness in Portugal.

P362 DELAYED TYPE HYPERSENSITIVITY REACTIONS TO ALUMINIUM-ADSORBED VACCINES: A CASE SERIES

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10.1136/archdischild-2019-epa.708

Persistent pruritic subcutaneous nodules have been reported at the site of vaccination (vaccination granulomas) following the use of several aluminium-adsorbed vaccines. An incidence of 0.8–0.9% has been reported in the literature. Contact allergy to aluminium has been strongly associated with the presence of vaccination granulomas. During the aluminium adsorbed diphtheria-tetanus/acellular pertussis vaccine trials, hypersensitivity to aluminium was demonstrated in 77% of those with pruritic nodules. These nodules appear to be long-lasting but little is known regarding prognosis.

In this case series, we report twelve children who developed pruritic nodules at injection sites following vaccination and were referred to a tertiary paediatric Dermatology centre for assessment between 2010 and 2018. The median age at onset of symptoms was twelve (IQR: 6 – 19.5) months and the main presenting symptoms were pruritus in eight children (67%) and pain in three children. Six out of the seven children tested in the series for contact allergy for aluminium were positive (86%). One child was found to have developed cutaneous pseudolymphoma on biopsy, a potential adverse effect of vaccines containing aluminium hydroxide as an adjuvant. This is the first case described in a child following vaccination. Four of the eleven children had imaging studies, two of which were reported as venous malformations.

Conclusion Although an infrequent occurrence following vaccination with aluminium-adsorbed vaccines, the development of persistent pruritic nodules can cause significant distress and anxiety for parents and children and lead to unnecessary investigations and a delay in subsequent vaccination. Greater awareness among clinicians and primary health care providers of this potential adverse reaction is necessary.

P363 THE UNDERGRADUATE EDUCATION ABOUT VACCINATION AND VACCINE HESITANCY

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10.1136/archdischild-2019-epa.709

Background We are witnessing the modern paradox about vaccinations and vaccines. Vaccinations are the best method to deal with, eliminate and eradicate preventable diseases. It's natural that the view on vaccines is different according to parents, doctors and media. As pediatricians, we always use the Convention of children's rights as the basis of our medical advice.

Aim In cross-sectional study was analysed the experience in undergraduate education about vaccination among 758 students of medicine from 1st to 6th year, at the University of Split School of medicine.

Results Only 33% of medical students believe that they are given sufficient information on vaccination and vaccines during their regular under-graduate studies. It is absurd that 40% of Croatian medical students, as future educators and promoters of vaccination, are being educated from professionally and scientifically unsubstantiated sources.

Discussion The health culture of prevention of disease by vaccination is a reflection of the enlightenment of the population, the accessibility of the health care system, and the development of society. An effort is made to include the vaccination programme, as a complex medical intervention, in the regular health care system. Vaccines are still not sufficiently available