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SCHOOL-AGE HEALTH SCREENINGS: SOMETHING OLD, SOMETHING NEW...Ivana Pavic Simetin*. *Croatian Institute of Public Health*

10.1136/archdischild-2021-europaediatrics.464

The goal of this abstract is to give short insight into new national initiatives regarding school-age screenings in Croatia involving school health teams (school doctors and nurses).

Situation analysis based on the data from Croatian sample of the HBSC (Health Behavior in School-aged Children) study regarding mental health, and data from Dental Passport program regarding caries prevention.

According to the HBSC study, mental health indicators are the poorest among 15-year old pupils in comparison to 11- and 13-year-old pupils, while girls report poorer mental health than boys: in 2018 at age 15, almost every day 10% of girls and 3% of boys have headache, 15% of girls and 5,2% of boys feel depressed, 16,2% of girls and 6,2% of boys fill irritable, while 22,1% of girls and 10,7% of boys feel nervous. The pilot project on mental health screening among 15-years old pupils is conducted nationally as part of general examination of 1st grade of high school's pupils in 2020, aiming to test the protocol for feasibility in different areas. The screening consists of self-administrated YP-CORE questionnaire for pupils followed by school doctor's clinical appraisal. Program Dental Passport started in school year 2016/2017. The program is based on dental form which 6-grade-pupils (age 12) and children entering primary school (age 6) get from school doctors as referral to dentists for preventive examination. The number of 12-year-old pupils' visits to dental doctors considerably increased from 2015 to 2018 (September-December): 27586 visits in 2015 (before Dental Passport Program), 27586 visits in 2016, 67425 in 2017, and 80317 in 2018; Diagnostic and therapeutic procedures in dental health care increased from 30347 in 2015 to 63337 in 2018 (source: CEZIH).

Early detection is precondition for effective treatment and prevention of adverse health outcomes.

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GLOBAL CHILD RIGHTS DIALOGUE (GCRD): WHAT CHILDREN ACROSS THE GLOBE THINK ABOUT THEIR RIGHT TO HEALTHZiba Vaghri*, Leyla Namazova. *University of Victoria, Canada*

10.1136/archdischild-2021-europaediatrics.465

GlobalChild is an international project that is operationalizing the United Nations Convention on the Rights of the Child (CRC) using a comprehensive indicator framework to develop a global child rights monitoring platform.

The CRC is grounded on four guiding principles: non-discrimination; best interests of the child; the right to life, survival and development; and respect for the views of the child (child participation). Acting upon the principle of child participation as a guiding principle of the CRC, we launched the Global Child Rights Dialogue (GCRD) to seek children's opinions about their rights, with the objective to incorporate this feedback into the GlobalChild indicators.

We recruited facilitators across the globe to host workshops with children in their local areas. Using specially developed

child-friendly versions of all substantive rights of the CRC, children were asked for their opinions about certain rights and how to know whether they were being implemented or not. Children at one of the sites in Russia specifically discussed articles

23 and 24: the rights to health and health services, and the rights of children with disabilities, respectively. Workshops followed Lundy's Model of Participation, which includes the four elements of space, voice, audience and feedback. First, children were informed about the right to be discussed to assist them to form and voice their opinions within the safe space of the workshop. Facilitators (the audience) listened to and recorded children's opinions. Upon analysis of all collected data, emerging themes were incorporated into the GlobalChild indicators. Finally, a child-friendly report was prepared to provide feedback to the children on how their input was used.

Data collected, from 1,836 children in 52 sites across the globe, confirmed that when children have a safe space, time, and a non-judgmental audience, they can share opinions and insights that are often underestimated by adults. These opportunities are conducive to improving development of the children, to teaching them active listening and to instilling values of tolerance and lifelong learning.

This presentation will share the collective input on articles 23 and 24 from children across the globe, as well as some of the specific outcomes from the workshops in Russia.

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CLINICAL AND EPIDEMIOLOGICAL FEATURES OF ACUTE RESPIRATORY VIRAL INFECTIONS IN CHILDRENMarina Fedoseenko*, M Fominykh, E Makushina, N Plenkovskaya, T Kaliuzhnaia, S Tolsrova, A Selvyay, T Privalova, F Shakhhtakhtinskaya. *Research Institute of Pediatrics of the Central Clinical Hospital under the Russian Academy of Medical Sciences, Moscow, Russia*

10.1136/archdischild-2021-europaediatrics.466

To assess clinical and epidemiological features of acute respiratory viral infections depending on the viral pathogen in children.

We retrospectively analysed 41 patients with symptoms of acute respiratory infection from birth to 18 years. Among the observed patients, there were prevailed children aged 1-5 years (n = 20 children, 48.8%), 13 infants (31.7%) of the first year of life, and 8 children (19.5%) over 5 years of age. Most patients were observed with a primary diagnosis of acute nasopharyngitis – 31.7% (n = 13), acute bronchitis – 29.3% (n = 12), tracheobronchitis – 19.5% (n = 8), obstructive bronchitis – 19.5% (n = 8). Complicated forms of respiratory infection in the form of catarrhal otitis media, sinusitis were noticed in 3 children – 7.3%, pneumonia – in 1 child (2.4%). All patients underwent swab smear by polymerase chain reaction (PCR) to isolate viral pathogens of respiratory infections.

In half of the cases (n=20, 48.8%), the viral etiology was not established.

Rhinoviruses (n=9; 21.9%) and respiratory syncytial viruses (RSV) (n=8; 19.5%) were the most common pathogens detected. Metapneumoviruses (n=4; 9.8%), adenoviruses (n=2; 4.9%) and parainfluenza virus (n=1; 2.4%) were significantly less common. Bocavirus and coronavirus were not detected.

Mixed infection was detected in 3 patients of the first 5 years of life (7.3%), the association was always rhinovirus in combination with MS virus or adenovirus, or parainfluenza virus. The disease was characterized by a more severe course, manifested by bronchitis, in 1 child of the first year of life – with bronchial obstruction, in 1 of the patients-complicated by acute catarrhal otitis. Metapneumovirus infection was detected in all cases in the winter period, causing damage to the lower parts of the lungs with the development of acute bronchitis, obstructive bronchitis or pneumonia.

The main pathogens of obstructive bronchitis ($n = 5$; 12.2%) and tracheobronchitis ($n = 3$; 7.3%) were of unknown etiology. Acute bronchitis was most often caused by a RSV infection ($n = 3$; 7.3%), metapneumovirus ($n = 2$; 4.9%) and rhinovirus ($n = 2$; 4.9%). In two cases acute bronchitis proceeded as a mixed infection: the association of RSV infection or rhinovirus and rhinovirus with adenovirus infection.

Winter seasonality of respiratory infections was prevailed ($n=19$; 46.3%), children were less ill in spring ($n=11$; 26.8%), and rarely in summer and autumn ($n=6$; 14.6%, $n=5$; 12.2%, respectively). In winter, viral pathogens were detected more often in patients – in 68.4% of cases ($n=13$), including RSV virus ($n=6$; 46.1%), rhinovirus ($n=4$; 30.8%), metapneumovirus ($n=3$; 23.1%) and mixed infection ($n=1$; 7.7%). The spring-summer morbidity rate distinguished the group of children of the first year of life ($n=9$; 69.2%).

There was no correlation between the type of pathogen and the age of the patients. Children over 5 years old were mostly ill with acute nasopharyngitis and tracheobronchitis ($n=6$; 75%), whereas in patients of the first 5 years of life, acute respiratory infection often occurred in the form of lower respiratory tract lesions ($n=20$; 60.1%). We had three infants aged 1-2 months in our study. The main disease was acute nasopharyngitis of undetected etiology ($n = 2$; 4.9%) and in one case caused by RSV infection ($n = 1$; 7.7%). One child had a symptoms of acute bronchitis, the other – of obstructive bronchitis.

Among the established viral pathogens, rhinovirus was most often detected in children with symptoms of acute respiratory infection. The most severe course was associated with mixed infection, as well as metapneumovirus infection, mainly in children of the first 5 years of life and was accompanied by damage to the lower respiratory tract, including the addition of a bacterial infection.

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SOCIO-DEMOGRAPHIC AND FAMILY DETERMINANTS OF SCHOOL BULLYING AMONG YOUNG ADOLESCENTS

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10.1136/archdischild-2021-europaediatrics.467

To determine socio-demographic and family determinants of school bullying among young adolescents.

Data for this study were collected during the 2017/2018 Health Behavior in School-aged Children (HBSC) survey on one of the Russian sites. The sample included 307 urban schoolchildren aged 11 years. We selected the questionnaires with the responses about school bullying. Demographic characteristics of families, outcomes and relationships in the families were analyzed as variables of interest.

293 questionnaires were selected (148 boys). All adolescents were divided into 3 groups depending on their replies about school bullying: group 1 ($n=167$) included adolescents, who had never faced bullying at school; group 2 ($n=90$) included adolescents, who had faced bullying at school 1-2 times during last 2 month; group 3 ($n=36$) had faced bullying several times per month and oftener.

It was shown that 10 (6.1%) adolescents of the 1st group, 14 (15.9%) adolescents of the 2d group and 7 (19.4%) adolescents of the 3d group did not hope for parents' help in solving school problems ($p1-2=0.023$; $p1-3=0.025$). Twenty-one (13.2%) people in the 1 group, 21 (23.9%) in the 2d group and 10 (27.7%) in the 3d group were not sure their parents were willing to go to school to talk to teachers ($p1-2=0.033$; $p1-3=0.057$); 10 (6.2%) schoolers of the 1st group, 16 (18.4%) of the 2d group and 7 (19.4%) of the 3d group believed that their parents were scarcely involved or not at all involved in their school life ($p1-2=0.006$; $p1-3=0.025$). Adolescents, who had suffered from bullying, relied on parents' help in decision-making to a lesser extent ($p1-2=0.031$; $p1-3=0.052$).

Eighty (90.9%) adolescents from the 2d group and 28 (80%) from the 3d group thought they looked 'normal' and 'good' in comparison with 162 (97.6%) adolescents, who had never experienced school bullying ($p1-2= 0.038$; $p1-3<0.001$). Moreover adolescents, who had suffered from bullying, had lower life satisfaction ($p1-2<0.001$; $p1-3=0.002$).

The family composition, material well-being, occupation (employed/unemployed) did not show significant connections with school bullying of adolescents.

Young adolescents, suffering from school bullying, do not feel they get adequate support from their parents. As a result they have low self-esteem and low life satisfaction.

Therefore, work of a teacher and a psychologist with adolescents, suffering from school bullying, should be aimed at not only normalizing the situation at school, but also at determination and correction of imbalanced relationships in the family.

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THE USAGE OF LEAN (SIMULATION) TECHNOLOGIES' TOOLS TO EVALUATE NUTRITION STATUS AND PHYSICAL DEVELOPMENT IN PEDIATRICS

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10.1136/archdischild-2021-europaediatrics.468

To work out the skill of assessing physical development and nutritional status of children and adolescents in various ways, to carry out comparative analysis of methods.

Questionnaire data of patients examined in the office of a doctor – a nutritionist with various disorders of nutritive status – 101 people.

Anthropometry was performed, physical development was evaluated by the WHO Anthro program, using centyl tables, and the impedance method (body composition). Statistical analysis, which included parametric statistics methods as well as r-Spearman rank correlation, was performed using Statistics 23.1 software.