Preventive health care of children in Croatia during COVID-19 epidemic

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To determine the impact of the COVID-19 epidemic on preventive health care visits and vaccinations in pediatrician practices in primary health care in Croatia.

Data about preventive health care visits and vaccinations of infants and preschool children in pediatrician practices in primary health care in Croatia were extracted from the Central Health Information System of the Republic of Croatia and primary health care in Croatia. We analyzed data only for infants and preschool children, from 0 to 6 years old.

In total, during 2019, 268,556 preventive health care visits of infants and preschool children were recorded compared to 252,690 during the 2020, which is a decline of 5.9%. The biggest decline, 42.6%, was recorded during the March 2020, but with notable increase in the following months which almost overturned the impact of the initial decline. New decline in the visits was seen during the November, but far smaller than during the beginning of epidemic. Regarding vaccinations, during the 2019, 238,799 vaccinations were recorded to be administrated, compared to 262,157 during the 2020, which is increase of 9.8%. The biggest decline was also seen during the March, 26.1%.

Beginning of COVID-19 epidemic in Croatia caused a major decline in the number of preventive health care visits and vaccinations already during March 2020. It was probably direct consequence of ‘lockdown’ and parental fear of going to a health facility. Negligible is also the earthquake that hit Zagreb and surroundings in mid-March. Joint and rapid response of together primary pediatricians and Croatian Institute of Public Health in the thrust of the parents, manage to stop the decline of the numbers and even to increase the numbers in the following months. A second round of the decline in preventive health care visits, during the late autumn and the beginning of winter, was probably result of increase in the number of SARS-CoV-2 positive people, including children, self-isolations and possible delay of vaccination after child is recovered from COVID-19.

However, this favorable situation with frequency of preventive health care visits and vaccinations in Croatia during the COVID-19 epidemic gives us hope that in the future Croatia will not face vaccine-preventable communicable diseases outbreak, as some countries expect and once more emphasizes the importance of the pediatricians in the primary health care for the well-being of infants and preschool children.

Abstracts

Parental assessment on neurodevelopmental outcomes in children born late preterm at 2, 3, 5 and 8 years old

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In recent years, there has been growing evidence that children born late preterm (LPT) (34 0/7 – 36 6/7 weeks’ gestation) are at higher risk for multiple morbidities during childhood and even adulthood. We aimed to evaluate late neurodevelopment in children born LPT at ages of 2, 3, 5 and 8 years old (y.o).

All LPT born in 2012, 2015, 2017 and 2018 in a Portuguese island region were selected from clinical records and a questionnaire was applied to their parents. Descriptive statistics analysis was performed.

Response rate was 67.0% (total= 207; 2 y.o. n=63; 3 y.o. n=62; 5 y.o. n=53; 8 y.o. n=29). Within LPT group, none of the evaluated outcomes recorded statistically significant differences between gestational ages. Visual and hearing impairment increased with age, until 55.2% and 26.0%, respectively, at 8y.o; this suggests that these potential problems may go unnoticed in the first years of life, becoming evident at school age. About 1/5 of the LPT presented difficulties in language/speech by 2 and 3 y.o., and it remained high at 5 years (11,3%), but with a lower rate at 8 years (3,4%). Warning signs for emotional/behavioral disturbance were reported in about 10% of 5 and 8 y.o., using the parameters recommended by the National Program for Child and Youth Health. Diagnosed attention deficit hyperactivity disorder (ADHD) was found in 6,9% of children aged 8, coincident with the prevalence estimated worldwide. However, 17,2% of all 8 y.o. LPT showed higher than the national mean retention rate in the 2nd grade (5,8%).

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Assessing efficacy of Tonsilgon N in pre-school children as an etiotropic drug in complex therapy of adenotonsillar pathology at the rehabilitation stage.

Within the period from 2011 to 2015, 1,076 children (aged from 2 to 5 years) with a history of pathology of nasopharyngeal and palatine tonsils in 100% of cases were reviewed. Pre-school children were given Tonsilgon N phytopreparation in the form of drops in age-specific doses within 30 days.

The control group included 200 children. The phytopreparation efficacy was analyzed before and after the preventive therapy.

A year prior to the preventive therapy, degree II nasopharyngeal tonsil hypertrophy complicated by adenoiditis was noted in 71.3% of children in the treatment group and in 74.5% of children in the control group. Degree III nasopharyngeal tonsil hypertrophy made 28.7% and 25.5%, respectively. A year after the rehabilitation therapy, only 32.9% of patients in the treatment group did not show improvement in the clinical presentation. Symptoms of adenoiditis were practically relieved in half of the patients, nasal breathing was normalized in 85.8% of patients, the size of a nasopharyngeal tonsil was reduced from degree II to degree I in 64.9% of patients.

Normalization of the rhinoscopy presentation was noted in 82% of patients, 77.9% of patients showed reduction of the ARI rate from 5–8 to 2–3 times a year. Endoscopic control confirmed reduction of size of both nasopharyngeal and palatine tonsils in 64.9% of patients. The hypertrophy degree of nasopharyngeal and palatine tonsils in pre-school children not receiving Tonsilgon N phytopreparation did not show any change. In addition, hypertrophy demonstrated increase from 74.5% to 83% over time.

Prospective study of children receiving Tonsilgon N as a rehabilitation method demonstrated its efficacy on immune development of the respiratory tract. The obtained data allow us to recommend Tonsilgon N to be included in programs of immune rehabilitation and prevention of exacerbation of adenotonsillar pathology.