478 CHILD MORTALITY IN CROATIA FROM 1995 TO 2019 DUE TO ACCIDENTS

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Accidents in the broadest sense, which include intentional and unintentional events, are the leading cause of death after the first year of life in all developed countries, including Croatia. These are avoidable/preventable events, so their high frequency mortality and other serious consequences is all the more tragic.

Objective Analysis of data on child mortality caused by accidents in the Republic of Croatia over the period of 25 years.

Material and Methods Data from the Central Bureau of Statistics of the Republic of Croatia processed by the Croatian Institute for public Health on mortality in children aged 0 to 19 in the period from 1995 to 2019 were analyzed. The following diagnoses according to the X International Classification of Diseases and Injuries are included; (I) Accidents-traffic accidents V01-V99, drowning W65-W74, suffocation W75-W84, falls W00-W19, burns X00-X09, X10-X19, poisoning X40-X49, weapons/explosive accidents W32-W40; (II) suicides – X60-X84; (III) murders X85-Y09. Absolute case numbers were analyzed by gender and age groups.

Results 3343 children aged 0-19 lost lives due to accidents – injuries in the period of 25 years in the Republic of Croatia. Over the years, a downward trend in mortality has been observed. The most common single causes of death were traffic accidents, 1643 (49%) suicides 594 (18%) and drowning 261 (8%).

Other common causes were present in smaller numbers and proportions: poisonings, suffocations, falls. Given the highest incidence, we analysed traffic accidents and suicides by age and gender. Traffic accidents were most prevalent in the 15-19 age group among boys. Suicides were also most common in the same age and gender group. In all age groups and according to all analyzed causes, the number of deaths is higher in boys/young men than girls. In the age group of 0-1 year the most common cause of death of all the causes was suffocation.

Conclusion positive trends in reducing the number of deaths of children due to accidents are encouraging, but Croatia still lags significantly behind the most developed countries. The data from the European Union the most common cause of death in the age group 0-14 are injuries, traffic accidents, murders and suicides, which is not in accordance with our results.

The EU countries Austria, Germany, Denmark, Norway and Sweden record the lowest rate of traffic accidents. Malta, Italy, Spain and England are the countries with the lowest number of recorded suicides. Unfortunately, Croatia is among the countries from the top of the list. Effective injury prevention in childhood may require different combinations of prevention policies, depending on epidemiological characteristics, such as the development of injury supervision and public education on injury awareness and prevention.

479 ASSESSMENT OF THE PHYSICAL DEVELOPMENT OF RUSSIAN ADOLESCENTS

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To study the prevalence of underweight, overweight and obesity among students in the Federal Districts at the age of 11 and 15 years.

The study includes data from 2023 schoolchildren of 11 and 15 years recruited in nine regions of the Russian Federation. The estimation of body mass index (BMI) was made according to the standard deviation score tables.

In assessing the BMI in boys of 11 years in the regions of Russia, obesity was recorded in 18.6%, overweight in 15.4%, and underweight in 5.4%. Among boys of 15 years, obesity was detected in 10%, overweight in 11.5%, underweight in 8.5%. The total number of girls with overweight was 17% for the younger age group and 11% for the older. The number of girls with underweight was 20% for 11-year-olds and 26% for 15-year-olds.

Among girls of 11 and 15 years, regions from the Siberian (12.3%), Southern (10.9%) and Far Eastern (10.7%) Federal Districts were the leaders in the prevalence of obesity. Among boys aged 15 overweight ranged from 5% to 25%, the largest percentage was in boys of 11 years in the North-West Federal District, and the smallest (4.3%) in girls of 15 years in the Volga Federal District.

The study found that the prevalence rates of obesity are characterized by regional differences. The data obtained can be used in the development of regional programs aimed at preventing obesity in children.

480 AVAILABILITY AND COVERAGE OF PEDIATRIC PRIMARY HEALTH CARE FOR PRESCHOOL CHILDREN IN CROATIA

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Objective To determine the changes in the availability and coverage of pediatric primary health care for preschool children.

Methods Based on data from the Croatian Health Insurance Fund (HZZO) for 2012 and 2018, an analysis of the number and share of preschool children (0-6 years of age) in the care of pediatricians and family physicians (GP) and the number of contracted and the required pediatric teams in the primary health care was done.

Results In 2012, there were 295,735 pre-school aged insured persons in Croatia. Of the overall number, 84.2% (248,989) of them were in the care of pediatrician and 15.8% (46,755) in the care of GP. In the meantime, there has been an increase in the number of pediatric teams from 267 in 2012 to 281 in 2018 and a decrease in the total number of children to 259,769, out of which 90.2% (234,414) were in the care of pediatrician and 9.8% (25,355) in the care of GP. The

availability of pediatric care by counties in 2012 was above 90% in only 7/21 counties and above 80% in 4/21, while half of the counties had below 80% of children in pediatric care, ranging from 42-79%. In 2018, half of the counties achieved coverage of pediatric care above 90%, in 5/21 above 80% and another 5/21 with unsatisfactory coverage ranged from 52-77%. According to the health care network, another 49 pediatric teams are missing, of which 30 teams are needed for 10 counties with less than 90% coverage.

Conclusion The Republic of Croatia is a signatory to international documents which are undertaken to provide all children with the maximum possible health care. For many years, it can be said traditionally, a model in which the pediatrician is the bearer of children's health care at the primary level has been nurtured and developed since such model ensures high quality health care for children. This analysis showed that the counties with the largest cities had a sufficient coverage and occupancy with pediatric teams, while Slavonia, northwestern counties and Istria had less occupancy. Unevenness in the distribution of pediatric teams gradually decreased in the observed period and increasing number of teams ensured better availability and coverage of children. In the same period, we recorded extremely unfavorable demographic trends with declining birth rates and the emigration of young people, which resulted in a significant reduction in the number of preschool children. Although the number of pediatrics teams has increased, there has been no continuous education of new primary pediatricians, the age of active doctors is high and their retirement will again lead to insufficient availability of pediatric care in the next ten years. In order to ensure optimal and quality primary health care for children, it is necessary to plan new specializations of primary pediatricians, taking into account the geographical and traffic specifics and the population of certain areas.

481 FEATURES OF BREASTFEEDING OF CHILDREN WITH DEVELOPMENTAL DISABILITIES

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In the available recommendations and literature, breastfeeding of prematurely born infants and children with disabilities is interpreted as a protective factor of health and stable connection of the child and the mother. Researches on breastfeeding at risk groups of new born and premature infants indicate the need to further promote breastfeeding in the population of parents of premature infants, while researches of breastfeeding of children with disabilities in the Republic of Croatia are few.

In order to find out more about breastfeeding of children born prematurely and children diagnosed with developmental disabilities, in 2019, parents of children with developmental disabilities and premature babies were interviewed about breastfeeding after discharge from hospital.

Objective to examine the relationship between the duration of breastfeeding and the term of childbirth and the type of developmental difficulties.

Methods 120 parents participated in the study whose children were 5.5 years old on average ($M = 65.34$ months, $SD = 29.32$), of which 74.2% boys and 25.8% girls.

A semi-structured interview was conducted with the parents. Data analysis was performed using Fisher's exact test.

The results of the research showed that the age until which the child was breastfed was related to the term of birth ($F = 14.75$, $p < 0.001$) and to the diagnosed disabilities in the child's development ($F = 11.56$, $p < 0.05$). Children who were not breastfed at all were more likely to be premature ($z = 3.3$, $p < 0.001$) as opposed to breastfed children. Children who were breastfed shorter (up to 3 months) were more likely to be diagnosed with autism spectrum disorders and multiple difficulties ($z = 1.96$, $p < 0.05$) in contrast to children who were breastfed longer (6 months to 1 year). Of the 120 children, none were breastfed for longer than a year.

Conclusion Breastfeeding support should be continuous, especially in the preterm babies and in the newborn babies with risks of developmental disabilities.

482 SIDS KNOWLEDGE AMONGST CROATIAN PRIMARY CARE PAEDIATRICIANS AND PARENTS

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To compare parental and primary health care paediatricians' (PHCP) knowledge of SIDS risk factors.

In 2018, we conducted an online survey of parental knowledge of safe infant sleep and SIDS risk factors. A 46-item questionnaire for parents was designed based on the available scientific literature. Data collected included: respondent socio-demographic and infant characteristics, infant feeding and sleeping practices, advice parents received from their paediatrician on safe infant sleep, and parental knowledge of SIDS risk factors.

In Croatia, children, from birth to school-entry, are treated by their primary care paediatrician. Therefore, we conducted another similar survey to assess PHCP knowledge of SIDS risk factors in the Split-Dalmatia County (SDC), Dubrovnik-Neretva County (DNC) and Bjelovar-Bilogora County (BBC).

Paediatricians were sent anonymous questionnaire by postal mail. Ethics approval was received from the University of Split School of Medicine.

Results of parental and PHCP knowledge of safe infant sleep have been published. At the CROATIAN NATIONAL CONGRESS 2020 in Zagreb we will present new findings comparing the knowledge of SIDS risk factors between parents and PHCP.

There is a need for systematic, evidence-based parental and PHCP education on safe infant sleep and SIDS in Croatia.

483 PEDIATRIC PRIMARY HEALTH CARE IN EARTHQUAKE-AFFECTED AREAS OF SISAK-MOSLAVINA COUNTY DURING THE COVID-19 PANDEMIC

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Background The COVID-19 pandemic spread to Croatia on February 25, 2020, which required a change in the organization of health care institutions and the provision of health services