with as few contacts as possible between staff and patients. Besides, Sisak-Moslavina County on December 29, 2020 hit by a strong earthquake that destroyed most of the facilities of the health care system. The pandemic and earthquake have affected adversely the physical, mental, and social well-being of children and their families.

**Aim** To present the organization of pediatric primary health care in Sisak-Moslavina County in the complex conditions of lack of staff, facilities, and equipment after the earthquake during the COVID-19 pandemic.

**Results** In 2020 749 newborns were born In the Sisak maternity hospital, and about 13,000 children live in the earthquake-affected area. Primary pediatric care covers 8,348 children up to 14 years of age, of which 4,736 children up to 7 years of age are cared for by 7 primary pediatric teams. Out of 4 pediatric outpatient clinics (covered by 3 pediatric teams) in Sisak caring for 5,140 children, two work in containers, and one is displaced in the suburbs of Sisak. From Glina, the primary pediatric outpatient office caring for 1,247 children was moved to Topusko, In the Petrinja area, two primary pediatric teams are working at the same location as before the earthquake and caring for a total of 1,961 children. Thanks to the UNICEF Office for Croatia and the Ministry of Health of the Republic of Croatia, containers, and the most necessary equipment for pediatric teams were acquired. The salutogenic approach to the health of families and children was maintained in an emergency, which included breastfeeding support, continued implementation of pediatric preventive health care measures, including vaccination, care for vulnerable groups of children with disabilities and socially deprived children, and intersectoral cooperation.

**Conclusions** It is needed to increase awareness of the community that delivering pediatric health care in emergencies is essential and could be realized if the appropriate number of health care teams is available. Ensuring spatial and all other conditions for their work should be the highest priority in restoration after the earthquake.

### Primary Pediatrics

#### 484 NUTRICIONAL STATE OF SCHOOLCHILDREN AND RELATIONSHIP WITH PHYSICAL ACTIVITY AND FEEDING IN BRAZIL

Jane Lacer Cardoso*, Ayton Pereira de Aguiar Neto, Gabriela da Silva Pereira. Secretaria de Saúde, SC, Brazil

**Objectives** To evaluate nutritional status and the relation between the physical activities and eating habits from students from 6 to 15 years of age at an educandary in Maringá, PR.

**Methods** It’s about a transverse, descriptive, analytical, with anthropometric data gathering (as weight, stature and abdominal circumference), level of physical activity and eating habits. They were rated about nutritional state in eutrophy, over-weight, obesity and severe obesity according weight (zW); stature (zS); body mass index (zBMI); abdominal circumference (CA) and the ratio from CA and the stature (RCA/S) for age. To evaluate physical activity and eating habits were used the QUADA instrument. Were verified the frequency, average and data correlation (ANOVA/Pearson).

**Results** Average age of 10 years and equally distributed sex. Obtained: 52% eutrophy children and 48% with high BMI. There was positive correlation between IMC and CA. The ROC curve between zBMI and CA/S (cutoff = 0.63) was statistically significant (p=0.03304). About physical activity: 7% were inactive, 39% insufficient active, 42% sufficient active and 12% very active. About food the significant associations were high zBMI and the using of: bread in breakfast (p<0,0001); soda, candies and fried foods/hamburger (p<0,04); rice and fried foods/hamburger (p<0,04); who eat meat eat bean (p=0,00), vegetables and fruits (p=0,01).

**Conclusion** The nutritional state is similar between the sex. They have appropriate growing. Approximately half have overweight or obesity, has been associate to bad eating habits, although more than half of the scholars are active or very active. Those with health eating habits ingest more meat and vegetables.

#### 485 THE RELATIONSHIP BETWEEN DIET MEDITERRANEAN QUALITY INDEX (KIDMED) AND NUTRITIONAL STATUS IN PRESCHOOL CHILDREN

Lutvo Sporisevic*, Anes Jogančić, Senka Mesković-Dinarević, Zoran Budimić, Milan Lišić-Konaković, Aida Lokvančić-Belko, Sabina Kurtagić, Denita Hadžić-Matić. The Health Center of Sarajevo Canton, Sarajevo, Bosnia and Herzegovina

10.1136/archdischild-2021-europaediatrics.485

To determine the frequency of overweight/obesity preschool kids, evaluate the importance of the Diet Mediterranean quality index (KIDMED) in assessing eating habits and identify predictors of overweight/obesity in our subjects.

This cross-sectional study included 97 children, of which 53.6% were boys.

The mean age was 42 ± 12.51 months (age range 20–60 months). All children are under the medical supervision of the Health Center of Sarajevo Canton and the Health Center Orašje. The children were healthy, the study included anonymous survey testing (sociodemographic data, parental body mass index, childbirth mass, breastfeeding duration, initiation of complementary feeding and dietary habits), and determination of weight and height in children. A modified KIDMED questionnaire was used to assess eating habits. The WHO Anthro software v 3.2.2 was used for calculating BMI-z-score for age-sex and classified BMI z-score based on WHO criteria for children ages 0 to 5 years.

Of the 97 children analyzed, 23 (23.7%) were obese, with the same number of overweight children. A total of 50 (51.5%) of analyzed children were within normal body mass index value. Of the 23 children with obesity, 82.6% were breastfed for less than six months, whereas in 65.2% cases, complementary feeding was introduced before the 4th month. Educational, work, or socioeconomic status of parents did not influence BMI and KIDMED index values. The modified KIDMED index had a median value of 5 (IQR: 3- 8).

Correlation analysis revealed a strong negative correlation between BMI and KIDMED index (r = -0.62, p <0.001). The number of daily meals had a positive correlation with the KIDMED index (r = 0.50, p <0.001), and a weak negative correlation with the BMI index (r = -0.37, p <0.001). Regression analysis showed that the largest influence on the KIDMED index was the number of daily meals (p <0.001), and the BMI classification (p = 0.02).