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 dislocated 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.

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

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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, overweight, 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 bread ($p=0,00$), 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, that has been associated 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.

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

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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 ($p = 0.02$).

Research has shown that a significant number of preschool children are overweight/obese, thus posing a major public health problem that can be considered a cause of non-communicable diseases at a later age. In this regard, intensifying primordial and primary prevention of excess weight from earliest youth should be taken in consideration. The KIDMED index may serve as a useful screening tool for assessing of children's eating habits and nutritional status quality and should be included in the daily pediatric practice.

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ARE PRIMARY CARE PEDIATRICIANS READY TO CARE FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS (ASD): CHALLENGES AND TASKS

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Given the prevalence of autism spectrum disorder (1-2%), all primary care pediatricians should be prepared to care for children with ASD and their families. However, children with ASD often have poor access to appropriate medical support all over the world, including the developed countries. In this paper we describe challenges and tasks in providing of primary health care for children with ASD in Russia.

Methods. Serie of foresight-sessions 'Pediatric health care service for children with ASD' (4 sessions). During the sessions, working group was created, which included parents of children with ASD, pediatricians, psychiatrists, neurologists, gastroenterologists, immunologists, public health professionals. Working group compared Russian pediatric practice with guidelines for pediatrician's care for children with ASD from different countries (UK, USA, Australia, Israel) and analyzed evidence-based interventions.

Results The main problems of the primary pediatric care for children with ASD were described.

1. Pediatricians are not competent enough in early identification of ASD.

2. Pediatricians are not involved widely in assessment for comorbidities as possible aetiology (metabolic, endocrine diseases, epilepsy, genetic disorders and others). As a consequence, can be delayed diagnosis of rare diseases (mitochondrial disorders, etc).

3. Pediatricians are not familiar with specialty of medical comorbidities in patients with ASD such as gastrointestinal issues, nutrition status, food selectivity, allergy, pain or discomfort in children with ASD. The high comorbidity of gastrointestinal disorders in children with ASD (up to 84%), which can affect the behavior, is confirmed by a large number of studies.

Meanwhile, the Russian clinical guideline for ASD care does not pay attention to this. Eating disorders ('food selectivity', 'perverted appetite') are often regarded as psychopathological symptoms. At the same time, proper treatment of these abnormalities reduces the intensity of mental disorder.

4. Pediatricians are not aware how to conduct proper medical exam for children with behavioral problems. There is no special service to support child with ASD and family during medical procedures (blood sampling, ultrasound etc.).

5. There are no references between pediatricians and mental services.

6. Continuing stigma of mental disorders between pediatricians.

Conclusion It is important to increase significantly pediatrician's activity in identification, evaluation and management for children with ASD.

We conduct the initiative in the development of evidence-based guidelines for pediatricians to care children with ASD and families.

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PARENTS PERCEPTIONS OF DIAGNOSTIC PROCESS AND TREATMENT IN CHILDREN WITH DEVELOPMENTAL DISABILITIES

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Children with developmental disability are specific population in paediatric primary care that need timely diagnostic and intervention and enough time to communicate.

The aim of this study is to examine parents perceptions and satisfaction with diagnostic process and treatment and on the basis of the results, point out problems and good sides of mutual cooperation between professionals.

The participants were 23 parents of boys and girls with developmental disabilities who came to primary care practice and were invited to participate in anonymously survey that was approved by ethical committee.

They were questioned about first signs of developmental disability, duration of diagnosis and inclusion in treatment. Parents were also questioned about cooperation with the primary paediatrician, hospital specialists, kindergarten teachers and rehabilitation team. One of the most important question was parents satisfaction with progression after the child joined the specialised treatment. Satisfaction and progress was rated on a series of 5-point Likert scale.

The mean age of children was 6,5years and 15 patients (65%) were male. Among children 12 have ASD, 4 have speech disorder, 3 behavioural disorder and one girl has Rett syndrome. Three patients are still in diagnostic process. Two patients also have epilepsy.

Parents were the first person to raise the suspicion of developmental disabilities in 73% of children, usually at the age of 1,7 followed by family members (13%). First sign of disability was speech disorder (60%) so they were referred to speech therapist. Diagnosis of developmental disability was established at 2,4 years. In six (26%) children diagnose was established before the age of 24months.

Average duration of diagnostic is 8,4 months and rehabilitation started after 7,2 months. Most of children do the treatment at specialised center.

Most of parents are very satisfied with cooperation with primary care paediatricians and rehabilitation team but less satisfied with hospital specialists and professionals from centre for social care. Also parents are contented with improvement in child's behaviour, social skills, motor skills and cognition and less contented with progression in communication and attention.

Developmental disabilities are now more widely recognised by parents and family members but still the main problems are long diagnostic delays and later start of treatment due to