

COVID-19 pandemic had on children. We used quantitative and qualitative methods to evaluate answers of students.

Results The comments on the effects on the social development were prominently more common than other issues. Socialization problems and limitations in recognizing the surrounding environment in children (68.7%), and retardation in social development (41.1%) were found to be the most widely perceived negative effects. A reduction in playing games (15%), and separation from their healthcare worker parents (8%), have also been reported. Additionally, retardation in motor development (19.9%) was also indicated. Among the serious effects of COVID-19 on children reported were a failure in mental (15.1%), cognitive (16.3%), and language development areas (4.1%). Some of the medical students(56.7%) commented on the failure of the social and other developmental areas of children. The medical students(33.6%) made statements on harmful effects of sedentary life without face-to-face communication and increased screen exposure.

Conclusions The findings of this study will contribute to the literature about medical students' awareness of childhood health problems during the pandemic period after social pediatrics internship where the highest susceptibility to developmental problems may occur.

OP-023 FEASIBILITY OF SHORT ENTERAL FEEDING FOR BRONCHIOLITIS TO AVOID HOSPITALIZATION

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Aim Every winter, bronchiolitis epidemic challenge the pediatric hospital capacity. Our pediatric emergency room (PER) initiated a short-term enteral nutrition protocol (STENP) for infants presenting a bronchiolitis with exclusive nutritional impairment. We conducted a retrospective study to evaluate its feasibility, safety, efficacy, and utility.

Material and Method Infants with exclusive-digestive-phenotype of bronchiolitis were proposed for STENP during 2 winters. Inclusion criteria were respiratory symptoms for ≥ 72 hours, nutritional impairment, and 8–51 weeks of age. Exclusion criteria were respiratory, hemodynamic, or neurological impairment, chronic condition/malnutrition. Patients underwent an enteral nutrition with nasogastric tube during 6 hours, with continuous respiratory and adverse event monitoring. Outcomes were hospitalization after STENP, tolerance, feasibility, and early/late secondary hospitalization evaluated at day 3 or 28.

Abstract OP-023 Table 1

Outcome	Definition	N (%)	Utility for the patient	Utility for hospital
Discharge at home	Primary success	60 (64.5%)	Avoid hospitalization & allow 6h evaluation	Immediate bed saving
Hospitalization after protocol for resp. impairment	Primary "success" when hospitalization	28 (30.1%)	The 6h-monitoring revealed respiratory impairment	Strengthens hospitalization's indication
Hospitalization for nutr. impairment	Primary failure	5 (5.4%)	Care started in the emergency wards	Optimizes time spent in the PER (care starts instead of waiting)
Hospitalization <D3 * for resp. impairment * for nutr. impairment	Early secondary failure	6 (6.5%) n=2	Time at home with no major risk for the patient	Primary hospitalization avoided when no bed was available
Hospitalization <D28 * for resp. impairment * for nutr. impairment	Late secondary failure	1 (1.1%) n=0 n=1		

Outcomes of the study, and categorization of the utility for the patient and for the hospital (resp.: respiratory; nutr.: nutritional).

Results 93 children received the STENP (31 exclusions). 60 children (64.5%) were discharged after protocol (table 1). Among 33 hospitalizations, 28 (30.1%) were admitted for a respiratory reason (hypoxemia, respiratory distress) and 5 (5.4%) for a digestive reason (vomiting). Among 60 discharges, 4 presented early secondary hospitalization (n=3 digestive reasons, n=1 respiratory reason). One infant had a late hospitalization for a digestive reason). We observed nineteen side effects (20.4%). All consisted in displacement of the nasogastric tube without further consequence. There was no major side effect. Utility for the patient/for hospital are discussed (table 1) for each situation of primary discharge, primary and secondary hospitalization.

Conclusions STENP in the PER for exclusive-digestive-form of bronchiolitis seems promising: giving time for surveillance and demasking respiratory impairment, allowing discharge with few failures and sufficient safety. More than one half of the infants could be discharged without further readmission showing utility per se. Cases of secondary nutritional impairment highlight the interest in continuing enteral nutrition at home for some cases. The usefulness of STENP in reducing the in-hospital burden during the epidemic period is a major point of our study.

OP-024 IMMUNIZATION ISSUES IN HUNGARY – PAST AND PRESENT CHALLENGES

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Aim To introduce the National Immunization Program/NIP in Hungary.

Material and Method NIP has been in place since the early 1950-ies, starting with locally manufactured diphtheria-whole cell pertussis-tetanus/DwPT, oral polio and BCG vaccines. As in several other post-communist countries, it is and has been financed from the budget and is compulsory for all children. Exemptions are only tolerated for medical reasons. Author describes the development of the NIP since the early years till 2023. Presently in Hungary children are immunized against 13 infections, up to six years in the primary care settings, and from six to fourteen years of age at school. Coverage is high, near to 100% for the obligatory vaccines. HPV-9 vaccines are also offered within the school program at the age of twelve to both sexes. The uptake is voluntary, depends on the parent's decision. The HPV-9 coverage is between 83–72 % for both sexes respectively. All EMA registered other vaccines are available in Hungary by prescription, with variable coverage. Covid-