



European Academy of Paediatrics Research in Ambulatory Settings Network

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Welcome

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ORAL HEALTH SURVEY

Adamos Hadjipanayis introduced the upcoming oral health survey, which is to cover knowledge, attitude and practices of paediatricians on oral health in primary care setting. Members of the working groups, country coordinators were presented by the final draft of this survey, for which professional dentists were also called upon as experts.

According to the draft, the four parts of this survey will be:

- A. demographics
- B. oral health education: school, residency
- C. knowledge
- D. attitude and practices .

Due to the relatively low number of questions, answering would only take less than 5 minutes.

A webinar on this topic was also announced and it will be communicated later via email. Input and output tests would be exactly the same, in-between there will be this webinar - all as parts of an interventional survey to check whether a webinar could affect the KAP of paediatricians on oral health.

Francis Rubel (France) commented that children in France are compulsorily checked by dentists. According to Peter Altorjai (Hungary), dental check is implemented in the national screening program, however when looking at the results, further evaluation of this screening, and possible interventions may take place.

Zachi Grosman (Israel) explained that the questionnaire has been tested by the steering committee .

As Adamos informed us, the webinar will be aired in mid-September.

It has been agreed by all that there is a need to review countries and its national coordinators again in order to have highly committed people working with more and more efficiency. EAPRASnet passwords will be sent again by EAP secretariat.

VACCINATION HESITANCY

Afterwards Adamos Hadjipanayis introduced the next topic: vaccination hesitancy, based on recent claims from country coordinators. He told us, that Jonathan Klein (AAP) would be very interested, and keen on co-working in this issue.





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This project is going to involve parents and it is an upgrade of EAPRASnet (EAPRASNET 2.0). It is important to define which countries are willing to participate since the national coordinator should be :

- capable to present the project as a whole for ethic approval of local concerns
- capable to participate in recruiting PCPs and families, as well (10-15 PCP / per country, 15-20 families / PCP)
- besides ethic approval, this project may need certification as informed consent of the families, locally
- the survey has to be translated to the participating countries' own languages, as well as full survey documentation for ethic approval
- several issues need further decisions: age group of children of families to include (since a previous experience with vaccination is highly needed, an age group of 12mo to 3yr would be preferable, for example)
- survey technical background: paper based collection, then transfer to web?

All in all, this would be a special survey: since parents are questioned, ethical issues are highly concerned; also due to informed consent, a further investigation of the status on this matter from country to country is needed.

In December feasibility of Vaccination Hesitancy project will be discussed with the countries who would like to get involved.

Survey would include the following groupings of questions:

A. demographics

The aim of the questions in under demographics is to refine demographic questions to the responder point of view. Also it may include marital status of the family member - an issue that was on debate during the meeting. Meeting participants also discussed, whether to add internet to main advice or source of information to the questionnaire, or not. There was also the topic of homeopathsists - whether they are real healthcare professional, or not? Unfortunately, in most of the countries they seem to be...

B. immunization behavior

C. Beliefs about vaccination hesitancy

All questions taken from other sources, hence are already validated.

Karoly Illy from The Netherlands stated, that the length of the survey may be distractive, therefore must be shortened. Hans-Jürgen Dornbusch (Austria) asked whether the country coordinators would have any help doing the database fill-up from paper records? Ha also suggested using the word vaccination instead of shots - even in the translations -, the latter one being a bit too aggressive for parents, this time questioned for this study. Zachy Grosman (Israel) discussed, that the paper base would reach higher impact in a primary care setting, however there is the obvious need somebody to fill it up to the web - for that Diego van Esso





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(Spain) reacted, that it may possible to allocate money for input the paper-based data.

Gottfried Huss (Germany) suggested using the expression confidence instead of hesitance - to his opinion reflecting a far more positive attitude. Jernej Zavrsnik (Slovenia) added, that movements against vaccination would be nice to be questioned a local settings. In his answer Diego replied, there are not so many pediatricians against vaccination.

Karoly later proposed using the expression attitude - for that Diego's reply was that hesitancy may be difficult, but being the official expression, would be preferably used.

Ana Neves (Portugal) shared is study experience, by having the national ethics committee usually slower than the local one.

Others reacted as taking the local committee may be faster, but it would be a bias then.

In the question of – have you delayed...other than illness or allergy, it should somehow be understood that allergy is not what the mother thinks or assumes but a real situation

Going back to anti-vaccination pediatricians, Gottfried shared his opinion, that it may be not as easy to capture circulating informations as we think, due to these hesitant pediatricians are hiding professionally.

Peter Altorjai (Hungary) added, that in countries, like Hungary, where some of the vaccinations are compulsorily given, parents have nothing to do on the field of decision. It is up to the pediatrician to judge, according to the health status of that particular child intended to be vaccinated. According to his opinion, by constraining decisive manner, may be oil on the fire for hesitant families - even they would be a limited number to participate.

Hans-Jürgen Dornbusch amended the discussion by mentioning ECDC, that would certainly be very much in flavor to run/participate/co-work on these sort of studies.

EAPRASnet-related publications

Details have been given by Zachi Grosman.

- The pneumonia study with family physicians in cooperation was published in ERJ
- The EHR study is about to be published in Child care, health and development after minor revisions

He also informed the country coordinators about an Israeli study, developed by Yona and Zachi, titled by Survey of procedures and treatments for children in primary care pediatric. The questionnaire intends to be run anonymously and would cover issues like pulled elbow, labial fusion, etc.

When discussed, Gottfried Huss added, all these may be not influenced only the competence, but by the actual (daily) capacity of the primary care provider. Peter Altorjai, agreeing with Gottfried, also claimed that particular competence may hugely differ from actual procedures taken and/or directed by legal background - all may lead to biases.

Other comments:

1. Incision/wound – not on the face (Corinne)
2. Removal of foreign body from ear/nose should be added (Corinne)





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3. Zachi. Answering Peter, suggested that In the last table, under reasons for referring, a column should be added – not a required skill

Corinne Wyder (Switzerland) explains her opinion by mentioning the wait and see approach, that can be the preferable choice of procedure for time being in many circumstances.

When Karoly Illy questioned the real aim of procedures study, Zachi replied, that to cover implications for education and further evaluation. There is already a very interesting scientific paper by Israeli pediatricians on the skills and referral pattern of PCPs - already available in English.

MIGRANTS SURVEY UPDATE

Diego van Esso excused Angel Carrasco, being not able to attend the meeting.

Diego said, that the statistical analysis is on, by the Spanish society helped a lot. Conclusions from the study are the same as he presented during the advocacy working group, the event many of the country coordinators were not able to attend due to parallel sessions.

Final words from the EAPRASnet project leaders were that EAPRASnet 2.0 would need more and increasing support.

EAPRASnet EC is deeply indebted to *Peter Altorjai* for his precious, precise and timely preparation of the minutes

Stefano del Torso, Zachi Grossman, Diego Van Esso, Adamos Hadijpanayis