



European Academy of Paediatrics Research in Ambulatory Settings Network

EAPRASnet meeting Minutes Bruxelles Friday Jan 29 2016

Welcome

Stefano del Torso

Electronic Health Survey

EAPRASnet meeting started by *Zachi Grossman's* report on the EHR survey. We were informed that the paper submission was immediately rejected by European Journal of Pediatrics probably due to lack of interest of the Editorial Office in the topic. The manuscript then was submitted to Child: Care, Health and Development - its review is pending.

Migrant Children Survey

The very recent EAPRASnet survey, as abbreviated the Migrants' study, had the following timeline: reviewed through mid-July by the national coordinators, launched in September with a deadline in October. As analyzed after the closure of the survey, by gaining 128 new subscribers, this survey reached a response rate of 2193(?). Top responders were from Spain, Italy, Germany, Austria and Hungary in descending order. France managed to recruit the vast majority of new subscribers. The effect of the repetitive reminder emails was shown on a graph. It is too early to draw conclusions. However, it seems that a minority of countries have their own guidelines, translated information leaflets etc.

Björn Wettergren tried to figure out the possible reasons behind non-responsiveness - he will seek for feedback from Swedish colleagues, and try to recruit new ones with more engagement.

Karoly from the Netherlands noted that things have changed since Bratislava, when study was announced. The flow of refugees and migrants reached a level no-one predicted before. No real international program (social, health, etc.), neither on national or international level seems to be in operation for refugees.

Francis Rubel emphasized again the importance of translation of health-related printouts for migrants. He also thinks further congresses should deal with this problem in a more thorough way.

There was a press release last year November, could be read on EAP website, under section 'Pressroom' - as suggested by the press consultant (later in details).

There are still some critical issues that need to be covered on this field: the question of mandatory vaccination, registration of the vaccination (vaccination passport) and the follow-up of those already vaccinated. Also the unaccompanied minors and the situation of 'vanishing children' need further attention.

Attendants all agreed with *Angel Carrasco's* proposal to go on with this topic later in the meeting of the Advocacy working group.

Empari

Zachi Grossman informed the delegates on the status of submissions to particular scientific papers. This study on preferred antibiotic usage in pneumonia was submitted to *Annals*, but was later rejected. Then it was submitted to the *European Respiratory Journal Open*, waiting now for reviewers' reply.





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EAPRASNet 2.0

Zachi Grossman introduces the idea on how to improve EAPRASnet, thus the possibility of launching **EAPRASNet 2.0** was introduced to us.

The rationality supporting improving EAPRASnet is the capability of handling various other designs of projects other than solely pediatricians' survey. Study designs that are not yet implemented in EAPRASnet are

- observational studies
- parental attitude surveys
- studies involving patients
- interventional studies

Delegates all agreed on the consequential ethical issues that need to be taken into consideration while discussing the new network structure.

Two new abilities are required for EAPRASnet 2.0: to apply for ethical approvals and to manage research budgets.

The new EAPRASnet would have a completely renewed framework with the following elements:

- selected countries
- high level of coordinators' motivation
- 5-10 pediatricians per country, well known to the coordinators
- prior experience of coordinators in such projects is an advantage
- prior knowledge of coordinators on applications for ethic approvals and budget management is preferred

Peter Altorjai asked whether it would be EAP or other EU money to spend upon. *Zachi Grossman* said that financing of particular studies would require applications submitted for EU grants.

Zachi summed up by stating that the key issues necessary to build up and operate EAPRASnet 2.0 are to have a small but highly committed group of pediatricians per country, and an acknowledged and engaged national project coordinator.

Assessing vaccination hesitancy in Europe and USA

The possibility of a new cross-working group study was announced. The obvious aim of the study is to map hesitancy and its counter effects on vaccination coverage on national and international basis, too.

The study protocol would have 4 phases: phase 1 is to assess pediatricians' opinion, phase 2 is to assess parents' opinion, phase 3 is to assess vaccination status among participation countries, while phase 4 would assess and map anti vaccine groups by doing internet research.

This huge project would be expensive, therefore funding is crucial.

Peter Altorjai added that by ensuring that no pharmaceutical companies' funding would be eligible for this project at all, the upcoming study results would be more convincing and ethically unquestionable.





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Francis Rubel said that independent news on a periodical basis would be great to use as a tool to convince local authorities, stakeholders, etc.

Peter Altorjai also noted, that another point for phase 4 may be added: it would be nice to compare consequences: can a particular outbreak be linked to a local refusal group? He would also find interesting to see country differences in official measures on parental refusal: is there a penalty to be paid, or any restriction is due when attending daytime children care institutions.

Stefano del Torso replied, that in Italy to attend school is a constitutional right of the school aged children, and no issue could prohibit one practicing his/her constitutional rights.

As *Zachi Grossman* said that until now, there is no evidence from the literature that delaying or splitting vaccine delivery causes an actual damage to the specific child.

Future studies

When it comes to future studies, *Zachi Grossman* presented an Israeli study, showing different minor **office procedures** with different referral rates (according to Israeli results short frenulum breve had 81%, while labial adhesion was the situation PCPs tend least to refer to secondary / tertiary care.

In general, reasons for referral in a particular clinical situation were the lack of appropriate in office conditions and missing experience / expertise.

Stefano del Torso presented an Italian **AOM study** to be opened on EU-level to check the knowledge, attitude and practice that varies from country to country. Primary goal would be to have a EU-based guideline for AOM.

Lia Syridou from Greece noted that there may be problems with a common guideline according to local bacterial pattern and resistance.

Angel Carrasco would prefer the Israeli study that is more primary care based and would bring interesting results even from countries with no PCPs in first contact care.

Karoly from the Netherlands asked whether there is any necessity to have a EU guideline for AOM? So he also would stand for the Israeli project.

Manuel Katz's opinion was that the AOM study could be an observational one, especially when ENT doctors would be added. He said, there are slight differences in the pattern of the clinical diagnosis, even in the treatment and handling of AOM.

Karin Geitmann would like to see a COSI-based indicator feasibility study. However - as *Stefano del Torso* replied - it would need further preparation and agreement, since results and final outcome have not been sent to EAP officially. A correspondence with *Gottfried Huss*, current ECPCP president and COSI project leader, would be needed to clarify the situation.

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 Essso, Adamos Hadijpanayis

