



European Academy of Paediatrics Research in Ambulatory Settings Network

EAPRASnet Advocacy WG meeting Minutes Brussels December 2016

Welcome by Stefano del Torso (Italy)

Adamos Hadjipanayis (Cyprus) opened the meeting by announcing, EAPRASNET and Advocacy Working Group are going to have a joint meeting.

EHR

Zachi Grossman (Israel) started his presentation with reporting on the EHR survey, its results having been accepted by the scientific paper 'Child: care, health and development'. All ten national coordinators contributing with massive numbers of responders were added as authors.

Oral health survey

Stefano del Torso (Italy) continued by reporting on the EAPRASNET survey and the consecutive free webinar on oral health and dental care all granted by Colgate in September, titled by 'Knowledge, attitude and practices of paediatricians on Oral Health'. Initial data as follows: 513 replies collected from 27 EU countries and 2 not EU countries. Scientific background was ensured by Prof. Monty Duggal from the University of Leeds, School of dentistry.

Adamos continued with reporting on the initial analysis is done, results already have been passed to statistic personnel and draft results ready within 2-3 months. Publication may be due in 2017, in the meantime looking for publishers just after first drafts would arrive.

Measuring vaccine hesitancy

Stefano presented the details on the 6 months development of the upcoming EAPRASnet survey on measuring vaccination refusal amongst parents, announced this year in Dublin. EAPRASnet staff is now looking for countries, where parents belonging to paediatricians are going to be surveyed with the the survey tool. His presentation also included reporting on a paper from Vaccine, titled: 'Measuring vaccine hesitancy: The development of a survey tool' (<http://www.sciencedirect.com/science/article/pii/S0264410X15005010>).

In order to run the survey, EAPRASnet country delegates need to contact their homeland's local scientific committee for approval - since there will be no biological sample taking and no interventions this step hopefully would be easy.

There are 2 ways to collect data as planned:





European Academy of Paediatrics Research in Ambulatory Settings Network

- parents of patients are asked to go online and fill the web-based questionnaire
- to the parents a hardcopy of the questionnaire is passed and needed to be filled, then collected

Uploading data from printed sheets is neither a required task from paediatricians participating in the survey, even nor from the country delegates. In order to feed the paper based data into the web-based database, a research group is going to be recruited, an issue that was also raised by Artur Mazur (Poland).

Peter Altorjai (Hungary) asked, when using the web-based method, only parents of patients attending that particular paediatric office could be questioned or - because of the nature of the web - , also others may be reached and be surveyed. According to the reply of Adamos, the questionnaire is open when used on web domain.

There was also questions regarding whether general practitioners might be also included in the study.

Questions of the survey needs to be translated on country basis, as well as the answers for the last open-typed question, too.

Valtyr Stefansson (Iceland) asked about the number of replies required to have - as in the answer 10-20 paediatricians per country would be nice to have.

Lisbeth Siderius noted, that there would be an obvious bias: those not against vaccines would answer the questionnaire, therefore the study will miss anti-vaccine and/or hesitant replies, as a whole.

As Zachi Grossman summarized, the following steps are required to run the study and have excellent results:

1. ethic committee
2. recruiting paediatricians demographically representative and committed enough - as many as possible (10-20 per country)
3. data collection by paper OR by web on country basis - a decision up to the country representative
4. find as many eligible parent as possible with child/children below 5 years (5-10-20 per paediatrician)
5. parents with acutely ill children must be excluded from the study

As Peter Altorjai noted, in Hungary the weekly well-child visits (i.e.: counselling time) would be the best occasion to handle hardcopy questionnaire forth and back - and also the ideal place where usually no acutely ill children - doctor visit happens (see exclusion criteria above).

The list of countries and country agents wish to participate:





European Academy of Paediatrics Research in Ambulatory Settings Network

Ana Neves (Portugal)
Hans-Jürgen Dornbusch (Austria)
Michael Anastasiades (Cyprus)
Valtyr Stefansson (Iceland)
Artur Mazur (Poland)
Kristin Wasland (Norway)
Peter Altorjai (Hungary)
Jernej Završnik (Slovenia)
Liesbeth Siderius (The Netherlands)
Stefano del Torso (Italy)
Diego van Esso (Spain)
Zachi Grossman (Israel)
Karen Geitmann (Germany)

Procedures in primary care

Zachi Grossman informed the audience that while his proposal of a questionnaire on procedures made in primary care had already been corrected by claims reported in Dublin. They decided to wait till the vaccination hesitancy study finishes, further infos are due in Portugal.

Advocacy Working Group minutes December 2016

Migrants' survey - "Child health inequalities among migrant children" -EAPRASnet Advocacy working group

Angel Carrasco (Spain), as the head of the advocacy working group had already shared some preliminary data in January, 2016. A Press release in on the EAP website . For final statistical analysis, ISSOP was also contacted. Draft was already sent to the paper titled Child: care, health and development.

He opened the discussion by asking how EAP could help compile training for paediatricians all over Europe on this topic (<http://migration.iom.int/europe/>)

The floor was open for further discussion on guidelines, recommendations: Canada, the US, within EU Switzerland has a complete guideline. Germany has recommendations for vaccination and infectious disease (<http://www.dkgev.de/dkg.php/cat/257/aid/10696>). Austria has rather a sort of 'theoretical' recommendations, not easy to implement to everyday practice. Liviana Da Dalt (Italy) mentioned that there is a very active Italian working group on migrant children health issues and on special documents for handling health problems. A proposal by EAP was sent to WHO, saying every children would be vaccinated at entry - as reported by Adamos Hadjipanayis.

Angel Carrasco closed this session by agreeing on implementing a cloud-based directory for





European Academy of Paediatrics Research in Ambulatory Settings Network

national documents on this topic - EAP website should be used as a repository, definitely.

He also reported on the very last ECPCP meeting, held in Heidelberg, where participants visited an interdisciplinary outpatient clinic in a former US military base called Patrick Henry Village.

Angel Carrasco and Stefano del Torso both agreed to increase visibility and strengthen advocacy for children.

A collaboration with the new Social Media activity which will be promoted by Lenneke Schrier is advisable and Corinne Wyder will co chair the Advocacy Working Group with Angel since strong network lobbying might be the tool to achieve these goals.

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

	<p>EUROPEAN ACADEMY OF PAEDIATRICS U.E.M.S. Section of Paediatrics Formerly: CESP (Confederation of European Specialists in Paediatrics) Académie Européenne de Pédiatrie Section de Pédiatrie de l'U.E.M.S.</p>	
<p>Avenue de la Couronne, 20 B- 1050 Brussels, Belgium</p>		<p>contact@EAPaediatrics.eu www.EAPaediatrics.eu</p>