



EDITORIAL

Impact of COVID on pediatrics. ‘‘AEP’s pandemic term’’[☆]



Impacto de la epidemia COVID en la pediatría. El liderazgo de la «legislatura AEP de la pandemia»

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The unexpected global COVID-19 pandemic is the most important public health crisis the world has experienced since the 1918 influenza pandemic, and, based on data published by the World Health Organization (WHO), at the time of submitting this editorial, there have been 4.5 million deaths and more than 216 million of infected individuals.¹ Spain has not been an exception, with 84 340 deaths and 4.8 million cases recorded to date.²

The impact of the pandemic has also reached the paediatric population and, despite the lower incidence and severity of the disease in this group and the small role it has been proven to play in its transmission, children and adolescents have been the subset of the population most negatively affected psychologically and socially. Home confinement, the initial closure of schools and extracurricular activities, the change in lifestyles, the increase in sedentary habits and use of electronic devices, the impoverishment of many families without access to aid, the fear, the experiences of disease in the family and in friends, situations in the household that promoted stress and violence and, above

all, social isolation, have given rise to mental health problems, many of which were latent and became manifest, as well as behavioural changes in the paediatric population, especially in adolescents. This is unquestionably the crucial and most important problem that must be addressed by health professionals, institutions and families in order to bring our society back to normal: the mental health of the future adult population of Spain.^{3,4}

As paediatricians, guarantors of child health, we have also suffered the onslaughts of the pandemic first-hand: an exponential increase in the demand for primary care and hospital-based emergency services, with pioneering dedication in the delivery of care to paediatric patients admitted to inpatient wards and intensive care units. One of the greatest challenges has been facing a disease unknown to science and with a social, cultural and behavioural impact shaped by the priority given to prevention and the pressure of the population, an unprecedented event in our society. But, at the same time, we have had to endure the pandemic in our own lives, with the quarantining or death of family members and colleagues.

The impact of the pandemic on paediatric care barely affected the management of urgent illnesses, but, especially in the first epidemic wave, there was a delay in routine vaccinations and the regular follow-up of children with chronic diseases. This has been remedied in part by an increase in activity by paediatricians and the implementation of novel

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approaches to remote care (telephone, videoconference, email...), which have proven that there are more agile and austere ways to practice paediatrics if we can count with the cooperation and trust of the families, and, indispensably, a good team including the paediatrician, paediatric nurse, aide, administrative staff... This new concept of the "virtual paediatric visit" is undoubtedly here to stay, ensuring delivery of quality care to the paediatric population, generating satisfaction in the family and streamlining the workloads of health care providers.

A key aspect to touch in this reflection is the indisputable leadership the AEP needed to assume from the outset of this pandemic. Leadership in defining positions and behavioural guidelines at the society level. One example is the first Argumentation of the AEP justifying the need for the early discontinuation of the lockdown in children, which was eventually considered and accepted by the Ministry of Health and Consumption (MHC), and succeeded in advancing the permission to bring children out of doors accompanied by an adult by a few weeks. The efficient guidelines for in-person schooling, preventive measures in the school setting and the regulations for leisure and extracurricular activities of the AEP were applied at the same time as the guidelines issued by the competent authorities. Time has proven that Spain has been a model of safe in-person schooling in Europe, as it has been the country that has offered the most days of safe in-person schooling in the past academic year.⁵

But, without a doubt, what has most promoted the recognition and perception of the AEP as a leader in health for Spanish children has been the ability to gather the scientific opinions of the collective of paediatricians and be their identifiable representative, another way to provide scientific leadership. The AEP has issued excellent management guidelines for different COVID scenarios in clinical practice, always based on the evidence available on this yet-unknown disease and developed by experts in the corresponding paediatric specialities: primary care, paediatric infectious diseases, paediatric emergency care, neonatology, paediatric cardiology, paediatric neurology... guidelines so rigorous and useful that the very MHC has taken them on and disseminated, through the MHC and AEP websites and through our flagship journal, *ANALES DE PEDIATRÍA*.^{6,7} This important achievement has been possible thanks to the seamless union of all paediatricians in these critical moments, and once again evinces the prominence and weight of paediatric specialities in Spain, highlighting that training in these specialities is indispensable in the face of an unknown disease.

The AEP also had a significant impact through its diligent action in correcting the initially erroneous epidemiological data on the COVID-19 mortality in children and adolescents in the different autonomous communities in Spain, which was disseminated at the international level and tripled the mortality reported in other countries. Through the close collaboration of the AEP and the Directorate General of Public Health of the del MHC, the mortality data could finally be corrected, and a rectified version was published in the *Lancet*.⁸

In this "pandemic incumbency," the AEP, thanks to the drive of its board of directors and executive committee, has been able to push the expected boundaries of activity of a scientific society and, in light of the exceptional situa-

tion, get involved in aspects of the clinical management of a disease of this magnitude, creating a research grant that set the foundation of the nationwide paediatric COVID network and put in motion the EPICO-AEP network, which at present includes more than 1300 children with COVID, 180 paediatricians and 80 hospitals in Spain, and has obtained data on epidemiological outcomes and the implementation of new diagnostic methods and treatments and offered innovation through its algorithm for the prediction of risk of severe disease that have generated 10 research publications of international impact and are in demand by the WHO, the University of Oxford, the PENTA European network and the Sociedad Colombiana de Pediatría, and expected to be included in a Horizon Europe project.

In this reflection, I cannot leave out the leading role among paediatricians and in society assumed by the AEP in education, research and the dissemination of knowledge at a very stressful time when knowledge was utterly lacking, when appearances of key members of the board of directors and expert committees in the media were indispensable, as was adjusting the recommendations posted in our website for families and professionals and developing successful webinars and virtual congresses, workshops and conferences that have increased the dissemination of knowledge through the AEP in and out of Spain in an unprecedented educational role. Emphasis was resolutely placed on the educational, investigative and knowledge-sharing role of the AEP, which assumed responsibility for leading and reassuring health providers, educators and parents, and has been more efficient than ever in this unprecedented pandemic. In this global health crisis, the AEP has been a unifying example of professional pride and dedication in a scientific society.

With the serenity and peace that have been afforded me by a solid understanding of the situation, and despite epidemiological uncertainties, I bear witness to the extensive and useful activity of the AEP during a health crisis for paediatricians, institutions and society, with the satisfaction of having developed pioneering, multidisciplinary and multifaceted work and, what is more important, having set a clear course to continue.

Lastly, I appeal to the sense of duty of governmental authorities, health care workers, educators, families and professionals, and, above all, paediatricians, to address the most pressing problem brought on by the COVID pandemic in the child and adolescent population in Spain, similar to the situation in other countries, and our responsibility to allocate and provide resources to support the social and mental health of the future adults of Spain.

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