SCIE DOI: 10.14744/scie.2021.89804
South. Clin. Ist. Euras. 2022;33(2):150-155

Original Article

The Effects of the COVID-19 Pandemic on Emergency Patient Profiles: A Case Study of a Turkish Tertiary Care Pediatric Emergency and Trauma Center

Gülşah Demir, Emel Berksoy, Şefika Bardak, Pelin Elibol, Alper Çiçek, Tuğçe Nalbant, Gamze Gökalp

Department of Pediatric Emergency, University Health Sciences, Tepecik Training and Research Hospital, İzmir, Türkiye

Submitted: 26.10.2021
Accepted: 23.12.2021

Correspondence: Gülşah Demir, Sağlık Bilimleri Üniversitesi, Tepecik Eğitim ve Araştırma Hastanesi, Çocuk Acil Bilim Dalı, İzmir, Türkiye
E-mail: gulsahdemir153781@gmail.com

Keywords: Child; COVID-19; emergencies; pandemics.

ABSTRACT

Objective: In this study, we aim to investigate the impact of the pandemic on the operation of pediatric emergency services

Methods: In this retrospective cross-sectional study, the files of patients aged 0–18 years, who visited the pediatric emergency department (PED) between April 15 and May 15 in 2020 and the same period in the previous year, were reviewed. Demographic characteristics, admission diagnoses, admission time, and follow-up data of the patients were obtained from the computer database of our hospital. The data of the pre-pandemic and pandemic period were compared.

Results: During the selected month in the pandemic year (2020), the number of patients admitted to the hospital was 78% less than that admitted in the previous year (2019). While the percentage of admitted patients aged 13–18 years in the selected month was higher during the pandemic period than in 2019 (20.2% vs. 16%), the percentages of patients aged 1–6 years (41% vs. 43.7%) and 7–12 years (24.6% vs. 27.4%) were lower ($p<0.001$) during the pandemic. In 2020, it was observed that most patients visited the emergency department outside of working hours (65.7%) and that the rate of patients who were observed (21.3%) and the rate of hospitalization (18.6%) were higher ($p<0.001$) than in 2019. During the pandemic period, emergency service admissions were lower in all diagnostic groups, exceptfor oncological emergencies (0.4%).

Conclusion: During the pandemic period, the number of patients admitted to the PED as well as the admission diagnosis profile changed.

INTRODUCTION

Coronavirus disease 2019 (COVID-19) was declared a pandemic by the World Health Organization on March 11,2020.[1,2] Although the disease is mostly found in the adult age group, approximately 3% of patients are children.[3] It is known that the disease is milder in children than in adults and that survival rates are much higher.[4] The number of healthcare resources has been increased as an emergency action plan to provide care to COVID-19 patients.[5]

It is known that between 24% and 40% of pediatric emergency service admissions are for nonemergency diseases.[6] However, as people's routine lives, various social and economic aspects have affected their healthcare usage forms, the implementation of epidemic measures at the national level has also changed their healthcare usage forms.[7,8] After the first severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2) positive case was detected in our hospital on March 13, 2020, restructuring of the adult and pediatric emergency services was initiated. As the transmission might occur from patients with a probable/definite diagnosis of SARS-CoV-2 infection to other patients who visit the emergency department, a "non-Covid" emergency service was established in a separate building/area to treat non-Covid patients. To prepare for a possible further deterioration in the situation, health board offices, which were previously located in a separate building in the hospital campus, were renamed Non-Covid Emergency Services. An arrangement to direct patients to the Non-Covid Emergency Services and then to the imaging unit and for possible hospitalization, if required, has been

made. As of April 1, 2020, patients with probable/definite diagnosis of SARS-CoV-2 infection were served in these newly established emergency services.[9]

In this study, the effect of the COVID-19 pandemic on the patient of our pediatric emergency services (non-Covid emergency and Covid emergency) was investigated with a view to providing suggestions in organizing healthcare services during future pandemics.

MATERIALS AND METHODS

This retrospective cross-sectional study was conducted in the Pediatric Emergency and Trauma Clinic of a tertiary hospital. The hospital has acapacity of 910 beds and serves the Aegean Region in the west of Türkiye. The Pediatric Emergency and Trauma Clinic is the only pediatric emergency education clinic affiliated with the Ministry of Health and accommodates approximately 175,000 pediatric emergency and trauma patients annually. In this study, applications received from April 15 to May 15 (2020) and before the pandemic (2019) (i.e., two different time periods) were examined.

Demographic characteristics of the patients (0–18 years old), admission time to the hospital (during working hours or outside of working hours), diagnoses, and disposition data (discharged to home, hospitalized in intensive care unit or ward) were obtained from the computer database and patients' files. For multiple applications by the same patient, each application was included as a separate item in the study. However, patients with some missing data were excluded from the study. The International Classification of Diseases (ICD-10) system was used as a reference for diagnoses. Patients were divided into fourgroups based on their age: 0–11 months, 1–6 years, 7–12 years, and 13–18 years. Admission criteria were classified into 17 groups based on the diagnosis: respiratory diseases (otitis, common cold, tonsillitis, pharyngitis, bronchiolitis, pneumonia, asthma attack, and reactive airway disease), allergic diseases (urticaria, atopic dermatitis, anaphylaxis, food allergy, and allergic rhinitis), neurological diseases (epilepsy, febrile seizure, status epilepticus, cerebral palsy, neurometabolic diseases, neurodegenerative diseases, movement disorders, and muscle and peripheral nervous system diseases), cardiovascular diseases (chest pain, arrhythmias, congenital heart disease, and heart failure), infectious diseases (acute gastroenteritis, soft tissue infection, osteomyelitis, encephalitis, and meningitis), urinary system diseases (urinary system infections and urolithiasis, acute and chronic renal failure, and tubulopathies), dermatological diseases, surgical diseases (appendicitis, intestinal rotation anomalies, intussusception, and childhood vascular anomalies), suicide attempts, neglect and abuse of children under 2 years (accidental drug intake, foreign body ingestion, foreign body aspiration, burns, and falls from a height), trauma, neonatal diseases, oncological emergencies, endocrine emergencies, insect and animal bites, suspected SARS-CoV-2 infection, and other diseases (nonspecific headache, vasovagal syncope, abdominal pain, sedation, and injection for imaging studies). Demographic characteristics, hospital admission times, admission diagnostic categories, and disposition data of patients admitted to the pediatric emergency department (PED) (COVID-19 emergency and non-COVID emergency services) during the pandemic and the year before the pandemic in the selected period were compared.

Approval for the study was obtained from the noninvasive clinical research ethics committee (dated August 12, 2020, and numbered 2020/10-36).

Statistical analyses

Statistical analyses were performed and graphs were drawn using Jamovi Computer Software (2020, Version 1.6.13.0), JASP (Version 0.14.1.0), and Microsoft Excel. The categorical variables obtained from the study are shown as n (%). The Pearson Chi-square test and Fisher–Freeman–Halton test were used to compare the categorical variables between the two years. Variables were analyzed within the 95% confidence interval, and $p<0.05$ was considered statistically significant.

RESULTS

A total of 13,838 patients, including 11,342 patients/month admitted before the pandemic and 2,496 patients/month during the pandemic period, were included in this study. No gender difference was considered between pre-pandemic (45.2% female, 54.8% male) and pandemic (46% female, 54% male) emergency admissions ($p=0.479$). It was determined that 51.7% fewer patients had visited the PED between January 2020 and December 2020 when compared with the previous year (86,390 admissions in 2020 against 178,803 admissions in 2019).When calculated month-wise, the highest decrease in the number of admissions was observed in April 2020 (86.7%) (Fig. 1). Demographic features and disposition data of the patients by year are shown in Table 1.

During the pandemic, except for oncological emergency cases ($p<0.001$), a decrease in the admission number was observed in all diagnostic groups, the highest rate being in respiratory tract diseases ($p<0.001$) and the lowest rate in neurological diseases ($p<0.001$) (Table 2). The distribution

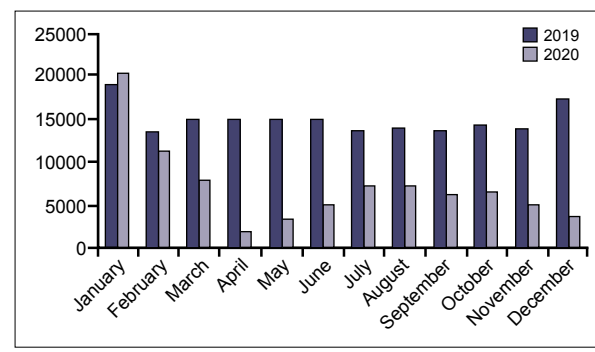

Figure 1. Distribution of the number of patients admitted to the pediatric emergency department by month in 2019 and 2020.

Table 1. Comparison of demographic and disposition data included in the study by year

	2019 (n=11342)	2020 (n=2496)	p
	n (%)	n (%)	
Gender			
Female	5130 (45.2)	1149 (46)	0.479
Male	6212 (54.8)	1347 (54)	
Age			
0–11 months	1459 (12.9)*	354 (14.2)*	<0.001
1–6 years	4962 (43.7)*	1024 (41)*	
7–12 years	3105 (27.4)*	613 (24.6)*	
13–18 years	1816 (16)*	505 (20.2)*	
Emergency department admission time			
Working hours	4794 (42.3)	857 (34.3)	<0.001
Outside of working hours	6548 (57.7)	1639 (65.7)	
Patients presented the emergency department			
Discharge	9434 (83.2)	1964 (78.7)	<0.001
Admission to observation unit	1908 (16.8)	532 (21.3)	
Patients taken to the observation unit			
Hospitalization	190 (10)	99 (18.6)	<0.001
Discharge	1718 (90)	433 (81.4)	
Hospitalized patients			
Admission to ward	184 (96.8)	94 (94.9)	0.520
Admission to intensive care unit	6 (3.2)	5 (5.1)	

*Shows statistically significant differences.

Table 2. Comparison of diagnoses of patients included in the study by year

Diagnosis	2019 (n=11342)	2020 (n=2496)	p
	n (%)	n (%)	
Respiratory diseases	4712 (41.5)*	546 (21.8)*	<0.001
Allergic diseases	103 (0.9)*	36 (1.4)*	
Neurological diseases	84 (0.7)*	62 (2.5)*	
Cardiovascular diseases	131 (1.2)*	45 (1.8)*	
Infectious diseases	653 (5.8)*	157 (6.3)*	
Urinary system diseases	605 (5.3)*	97 (3.9)*	
Dermatological diseases	61 (0.5)*	23 (0.9)*	
Neonatal diseases	193 (1.7)*	59 (2.4)*	
Surgical diseases	52 (0.5)*	34 (1.4)*	
Oncological emergencies	5 (0)*	9 (0.4)*	
Neglect and abuse	207 (1.8)*	107 (4.3)*	
Trauma	2373 (20.9)*	828 (33.1)*	
Insect and animal bites	85 (0.7)*	27 (1.1)*	
Other diseases	2048 (18.8)*	270 (11.9)*	
Endocrine diseases	11 (0.1)*	2 (0.1)*	
Suicide	19 (0.2)*	3 (0.1)*	
Possible COVID	0 (0)*	191 (7.7)*	

*Shows statistically significant differences.

proportion of the diagnostic groups before and during the pandemic is shown in Figure 2.

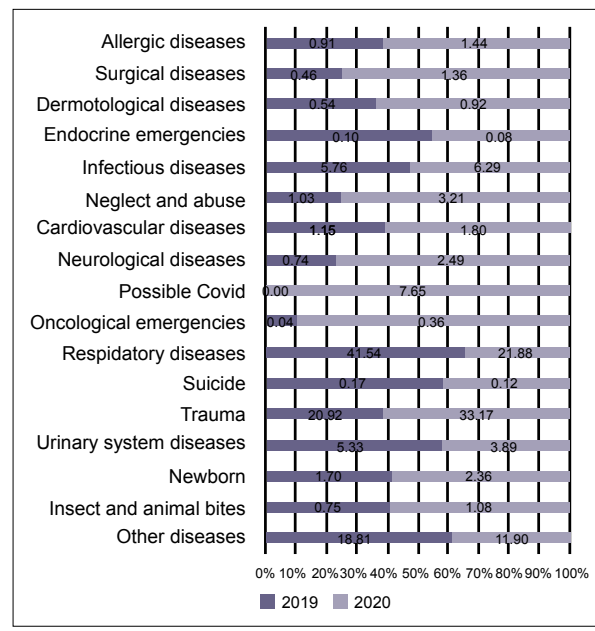

Figure 2. Distribution of diagnoses of patients admitted to the pediatric emergency department by year.

DISCUSSION

It is well known that not all emergency department visits are true emergency cases.[10] Because of the COVID-19 pandemic, the number of patients admitted to the PED was significantly lower in 2020 than that in the previous

year, and this decrease in the number was higher in children below 12 years.

The number of emergency admissions for non-pandemic diseases decreased worldwide since the beginning of the COVID-19 pandemic.[11–16] The reasons for the decrease in the number are manifold: concerns regarding the transmission of SARS-CoV-2, stringent pandemic measures, postponement of elective cases, and consideration of the wellbeing of the patients.[11,13] The study reported that there was a 78% decrease in the number of pediatric emergency visits in 2020 compared with the value in the previous year for the selected time period, which agrees with the literature data. The closure of schools during the pandemic, staying of people at home during the lockdown, and the awareness among the public to avoid contracting the SARS-CoV-2 infection resulted in a decrease in the number of admissions. The highest rate of decrease was observed in the age group 1–12 years.

The reason why more than half of the applications shifted outside of working hours during the pandemic compared withthe previous year could be the increasing concern of being infected with the SARS-CoV-2 virus, as the density of patients during working hours is higher.

Although a decrease in the number of pediatric emergency visits during the pandemic period has been recorded in the literature, more hospitalization hasalso been reported.[17,18] In a study conducted in a tertiary hospital in our country, the number of applications to the PED decreased by 65.7% in the pandemic period than the pre-pandemic period. However, the rate of hospitalization increased from 4.3% to 6.2%.[19] Goldman et al.[20] reported that compared with the previous year, the rate of hospitalization of patients who visited the emergency department increased in the year of the pandemic, but fewer patients were hospitalized in total because the number of patients who visited the emergency department decreased. In this study, it was shown that, contrary to expectations, the rates of hospitalization in the service and intensive care units during the pandemic year were similar to those in the previous year although there were fewer emergency room visits during the pandemic. The facts that the pandemic did not cause a decrease in the provision of hospital services and intensive care hospitalization rates and that the number of patients admitted to the emergency observation unit was higher during the pandemic than that in the pre-pandemic period suggest that the pandemic did not actually disrupt healthcare services for non-Covid patients with severe or critical illnesses.

Studies have shown that the major factor contributing to the decrease in the number of pediatric emergency visits is mild diseases, especially respiratory tract infections, the lowest being serious diseases.[21–23] Consistent with the literature, it was shown in our study that the decrease in the number of emergency visits was mainly from patients with respiratory tract infections. The reasons for the decrease are quarantine measures, closure of schools, social distancing, and use of masks, but the study also showed that respiratory tract infections could be managed with outpatient services or home care. The pandemic has proved advantageous in that it has created public awareness about emergency care services and their role within the overall healthcare matrix.

Studies have shown that there has been a decrease in the number of patients requiring acute emergency admission, such as trauma patients, during the pandemic period.[10,24] Liguoro et al.[17] showed that during quarantine, the number of admissions due to major trauma such as bone fractures decreased but the number of admissions due to domestic accidents (minor injuries, ingestion/aspiration of foreign objects, and burns) increased. In this study, there was an increase in distribution rates among other diagnostic categories during the pandemic period than in the pre-pandemic period, with exceptions only in the trauma patient group and the neglect and abuse patient group (e.g., domestic accidents, burns, intoxications, and foreign body aspiration/swallowing). This may be due to the closure of schools and nurseries during the quarantine period, which left the children unattended at home by the working parents. Many studies have shown an increase in the number of domestic abuse cases during the pandemic period.[25,26] Güney et al.[27] reported that although the reporting rates of child abuse decreased during the pandemic period, the rates of domestic abuse in children were close to the previous years. Although we did not distinguish between domestic and nonfamilial abuse in this study, it was observed that the rates of application with respect to child abuse cases increased during the pandemic period compared with those during the pre-pandemic period. The number of mental health cases has increased during the pandemic period because of economic difficulties, social isolation, and an inability to benefit from psychosocial support from schools.[28] This study has found that the number of patients who had visited the PED during the specified time period in the year before the pandemic and the year of the pandemic was 19 and 3, respectively. These patients did not have a previous or new-onset mental health disorder in their psychiatric evaluations, and they did not have a history of suicide. The reasons were reported to be impulsive. This decrease in the number of suicide-related emergency service applications can be explained by the fact that child and adolescent mental health centers,as well as health institutions, continued to provide services, both face-to-face and online, during the pandemic period.

The limitations of this study are its retrospective nature, its use of data from electronic devices and patients' files, and the cross-sectional data taken over a period of one month. In addition, it is a single-center study, and therefore the data cannot be generalized for the whole country having different regions and institutions. Multicenter and multinational studies are necessary to determine the real impact of the pandemic on pediatric emergency services. It is also necessary to evaluate the socioeconomic and sociocultural conditions of the parents and the composition of the family (e.g., availability of caregivers, number of sib-

lings, and presence of elders in the family), which significantly affectthe use of emergency health services.

CONCLUSION

As a result, it was observed that there was a significant decrease in the number of visits to the PED of the hospital for mild illnesses, especially respiratory diseases, in the first months of the pandemic and during the quarantine period. This situation could have been caused by a reduction in close contact among the people, resulting from the strict quarantine measures and the closure of schools, in addition to the fear of the epidemic and an unwillingness of the parents to bring their children to emergency care centersfor mild illnesses. This study may contribute to the development of new public health policies against possible new pandemics and to future studies aimed at addressing nonurgent pediatric medical problems. It may also serve to alleviate the burden of PEDs.

Ethics Committee Approval

This study approved by the Tepecik Training and Research Hospital Clinical Research Ethics Committee (Date: 12.08.2020, Decision No: 2020/10-36).

Informed Consent

Retrospective study.

Peer-review

Internally peer-reviewed.

Authorship Contributions

Concept: G.D., E.B., Ş.B., P.E., A.Ç., T.N., G.G.; Design: G.D., E.B., Ş.B., P.E., A.Ç., T.N., G.G.; Supervision: G.D., E.B., Ş.B., P.E., A.Ç., T.N., G.G.; Fundings: G.D., E.B., Ş.B., P.E., A.Ç.; Materials: G.D., Ş.B., P.E., A.Ç.; Data: G.D., T.N., G.G.; Analysis: G.D., T.N., G.G.; Literature search: G.D., E.B.; Writing: G.D., E.B.; Critical revision: G.D., E.B., Ş.B., A.Ç.

Conflict of Interest

None declared.

REFERENCES

1. Gorbalenya AE, Baker SC, Baric RS, Groot RJ, Drosten C, Gulyaeva AA, et al. The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. Nat Microbiol 2020;5:536–44. [CrossRef]
2. OMS. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. WHO Dir Gen speeches. Available at: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020. Accessed Jan 20, 2022.
3. Parri N, Lenge M, Buonsenso D. Children with Covid-19 in Pediatric Emergency Departments in Italy. N Engl J Med 2020;383:187–90.
4. Castagnoli R, Votto M, Licari A, Brambilla I, Bruno R, Perlini S, et al. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in children and adolescents: A systematic review. JAMA Pediatr 2020;174:882–9. [CrossRef]
5. Pan A, Liu L, Wang C, Guo H, Hao X, Wang Q, et al. Association of Public Health interventions with the epidemiology of the COVID-19 outbreak in Wuhan, China. JAMA - J Am Med Assoc 2020;323:1915–23. [CrossRef]
6. Carret MLV, Fassa AG, Domingues MR. Inappropriate use of emergency services: a systematic review of prevalence and associated factors. Cad Saude Publica 2009;25:7–28. [CrossRef]
7. Paek SH, Kim DK, Lee JH, Kwak YH. The impact of middle east respiratory syndrome outbreak on trends in emergency department utilization patterns. J Korean Med Sci 2017;32:1576–80.
8. Metzler B, Siostrzonek P, Binder RK, Bauer A, Reinstadler SJ. Decline of acute coronary syndrome admissions in Austria since the outbreak of COVID-19: The pandemic response causes cardiac collateral damage. Eur Heart J 2020;41:1852–3. [CrossRef]
9. Sofuoğlu T, Emiroglu M, Köse Ş. Mitigation, Preparedness and response practices in training and research hospital during coronavirus pandemic. J Tepecik Educ Res Hosp 2020;30:10–8. [CrossRef]
10. De Filippo O, D'Ascenzo F, Angelini F, Bocchino PP, Conrotto F, Saglietto A, et al. Reduced rate of hospital admissions for ACS during Covid-19 outbreak in Northern Italy. N Engl J Med 2020;383:88–9.
11. Jeffery MM, D'Onofrio G, Paek H, Platts-Mills TF, Soares WE, Hoppe JA, et al. Trends in emergency department visits and hospital admissions in health care systems in 5 States in the first months of the COVID-19 pandemic in the US. JAMA Intern Med 2020;180:1328–33. [CrossRef]
12. Ferrero F, Ossorio MF, Torres FA, Debaisi G. Impact of the COVID-19 pandemic in the pediatric emergency department attendances in Argentina. Arch Dis Child 2021;106:e5. [CrossRef]
13. Rosenbaum L. The untold toll — the pandemic's effects on patients without Covid-19. N Engl J Med 2020;382:2368–71. [CrossRef]
14. Dopfer C, Wetzke M, Zychlinsky Scharff A, Mueller F, Dressler F, Bauman U, et al. COVID-19 related reduction in pediatric emergency healthcare utilization - A concerning trend. BMC Pediatr 2020;20:427. [CrossRef]
15. Hughes HE, Hughes TC, Morbey R, Challen K, Oliver I, Smith G, et al. Emergency department use during COVID-19 as described by syndromic surveillance. Emerg Med J 2020;37:600–4. [CrossRef]
16. Adjemian J, Hartnett KP, Kite-Powell A, Devies J, Azondekon R, Radhakrishnan L, et al. Update: COVID-19 pandemic–associated changes in emergency department visits — United States, December 2020–January 2021. MMWR Surveill Summ 2021;70:552–6.
17. Liguoro I, Pilotto C, Vergine M, Pusiol A, Vidal E, Cogo P. The impact of COVID-19 on a tertiary care pediatric emergency department. Eur J Pediatr 2021;180:1497–504. [CrossRef]
18. Raucci U, Musolino AM, Lallo DD, Piga S, Barbieri MA, Pisani M, et al. Impact of the COVID-19 pandemic on the emergency department of a tertiary children's hospital. Ital J Pediatr 2021;47:21.
19. Fidancı İ, Taşar MA, Akıntuğ B, Fidancı İ, Bulut İ. The impact of the COVID-19 pandemic on pediatric emergency service. Int J Clin Pract 2021;75:e14398. [CrossRef]
20. Goldman RD, Grafstein E, Barclay N, Irvine MA, Portales-Casamar E. Paediatric patients seen in 18 emergency departments during the COVID-19 pandemic. Emerg Med J 2020;37:773–7. [CrossRef]
21. Australian Government Department of Health. Australian influenza surveillance report - No 05 - week ending 14 June 2020. Available at: https://www1.health.gov.au/internet/main/publishing.nsf/Content/ozflu-surveil-no05-20.htm. Accessed Oct 20, 2020.
22. Lin CF, Huang YH, Cheng CY, Wu KH, Tang KS, Chiu IM. Public health interventions for the COVID-19 pandemic reduce respiratory tract infection-related visits at pediatric emergency departments in Taiwan. Front Public Heal 2020;8:604089. [CrossRef]
23. Angoulvant F, Ouldali N, Yang DD, Filser M, Gajdos V, Rybak A, et al. Coronavirus disease 2019 pandemic: impact caused by school

closure and national lockdown on pediatric visits and admissions for viral and nonviral infections - a time series analysis. Clin Infect Dis 2021;72:319–22. [CrossRef]

24. Pines JM, Zocchi MS, Black BS, Carlson JN, Celedon P, Moghtaderi A, et al. Characterizing pediatric emergency department visits during the COVID-19 pandemic. Am J Emerg Med 2021;41:201–4.
25. Sidpra J, Abomeli D, Hameed B, Baker J, Mankad K. Rise in the incidence of abusive head trauma during the COVID-19 pandemic. Arch Dis Child. 2021;106:e14. [CrossRef]
26. Campbell AM. An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. Forensic Sci Int Reports 2020;2:100089. [CrossRef]
27. Güney SA, Bağ Ö. Features of childhood sexual abuse during initiation period of lockdown due to COVID-19 Pandemic in Türkiye. Turk J Child Adolesc Ment Health 2021;28:27–34.
28. Golberstein E, Wen H, Miller BF. Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. JAMA Pediatr 2020;174:819–20. [CrossRef]

COVID-19 Pandemi Sürecinin Acil Hasta Profiline Etkisi: Türkiye'de Bir Üçüncü Basamak Çocuk Acil ve Travma Merkezi Deneyimi

Amaç: Bu çalışmada amacımız, pandeminin bir çocuk acil servisi işleyişine etkisini araştırmaktır.

Gereç ve Yöntem: Geriye dönük kesitsel bu çalışmada, çocuk acil servise 15 Nisan–15 Mayıs 2020 ile bir yıl önce aynı zaman diliminde başvuran 0–18 yaş aralığındaki hastaların dosya verileri incelendi. Hastaların demografik özellikleri, başvuru tanıları, başvuru saati ve izlem verileri hastanemiz bilgisayar veri tabanından elde edildi. Pandemi öncesi ve pandemi dönemi için veriler karşılaştırıldı.

Bulgular: Pandemide, seçilen ayda geçen yıla göre %78 oranında daha az hasta başvurduğu görüldü. Yaş grupları içerisinde 13–18 yaş arası hasta oranı pandemide seçilen ayda 2019 yılına göre daha çok (%20.2, %16; sırasıyla), 1–6 yaş arası hasta oranı (%41, %43.7, sırasıyla) ve 7–12 yaş arası hasta oranı (%24.6, %27.4, sırasıyla) ise daha düşük saptandı ($p<0.001$). 2020 yılında hastaların daha çok mesai saati dışında (%65.7) acile başvurduğu, gözleme alınan hasta oranı (%21.3) ve yatış oranının (%18.6) daha yüksek olduğu saptandı ($p<0.001$). Pandemi döneminde onkolojik aciller (%0.4) dışında tüm tanı gruplarında acil başvurular daha düşük saptandı.

Sonuç: Pandemi sürecinde çocuk acile başvuran hasta sayısı ve başvuru tanı profili değişmiştir.

Anahtar Sözcükler: Acil; COVID-19; çocuk; pandemi.