

RECOVERY OF FREQUENTLY ILL CHILDREN IN PRESCHOOL INSTITUTIONS

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Abstract

Studying the health characteristics of children with frequent and long-term morbidity, searching for new ways to reduce it are important tasks of the general health strategy for achieving the goal of "Health for All by the Year 2000" developed by the World Health Organization (WHO). Solving the problem of frequently ill children will help strengthen the health of the younger generation. Reducing the number of frequently ill children will lead to a decrease in the morbidity of the entire child population. Rehabilitation of frequently ill children will improve the functional state of the body, general and local immunological reactivity, reduce the risk of developing chronic pathology, improve the physical and neuropsychic development of preschool children and the academic performance of schoolchildren, and prevent the emergence of unfavorable psychological characteristics.

Keywords: Kindergarten hygiene, infection control, handwashing, sanitation, health education, preschool health.

INTRODUCTION

The aim of the work is to improve the efficiency of health improvement for frequently ill children in preschool institutions.

Research Methods

The work was carried out in 4 stages. The first stage involved studying the frequency of diseases in 16,451 children attending preschool institutions (of which 8,206 were girls, 8,245 were boys, 3,641 were young children, and 12,810 were preschool children). This work was carried out using outpatient cards (form No. 112). Frequently ill children were classified in accordance with the order of the USSR Ministry of Health (2011) and the recommendations of many authors (Makarova Z. S., 1984, 1990; Romantsov M. G., Botvinyeva V. V., 2016; Plaksin V. A., 2011; Abdo Rodrizuer A. et al., 2000, etc.) included 1,789 children who had suffered 4 or more acute illnesses during the year (of which 878 were girls, 911 were boys, 512 were young children, and 1,277 were preschool children).

Results

The peculiarities of the nosological structure of morbidity of frequently ill children were studied using 218 frequently ill children attending preschool institutions No. 11, 126, 172, 178, and 181 in Cheboksary as an example. Morbidity of frequently ill children was assessed during 1 year





before recovery and in the follow-up period 1 and 3 years after the start of rehabilitation by studying medical records. To analyze the history of frequently ill children, we used the method of copying data from outpatient cards. At stage II, we studied the risk factors for frequent diseases. To assess the role of perinatal and environmental factors, 159 parents of frequently ill children were surveyed using a questionnaire compiled by V. Yu. The results of assessing the identified risk factors in points made it possible to divide the children into 3 groups (low-risk group, attention group, or high-risk group for recurrent morbidity). An analysis of the incidence of various blood groups (genetic factor) was conducted in 101 FICH and a comparison of the obtained data with the distribution of blood groups in the general population.

The clinical study of frequently ill children included: observation by a pediatrician with a comprehensive health assessment, examination by an ENT specialist, a dentist, and general clinical tests. All children were in clinical remission at the time of the examination. Instrumental examination (X-ray of the paranasal sinuses and chest X-ray, electrocardiographic and ultrasound examination of the abdominal organs) was performed as indicated. Children with allergic diseases were consulted and examined by an allergist with determination of the sensitization spectrum using skin tests with household, pollen, food, epidermal and bacterial allergens.

The condition of children 1 year after the start of the recovery. The structure of morbidity 1 year after the start of the recovery did not change. Acute respiratory pathology remained in first place. The share of individual types of diseases did not change significantly ($P > 0.05$). The implementation of health measures led to positive changes. Improved sleep and appetite, positive and age-appropriate dynamics of weight and height, increased physical and creative activity of children were noted. In all groups, the incidence of disease decreased, there were no cases of persistent subfebrile temperature after an acute illness. However, in none of the groups did the frequency of bacterial complications in acute respiratory infection change significantly ($P > 0.05$). Only in group No. 6 did the average duration of one disease decrease ($P < 0.05$). But in group No. 2, the average duration of one disease did not change significantly ($P > 0.05$), and in group No. 6 it sharply decreased.

Conclusions

1. In preschool institutions of the Chuvash Republic about 10% of children are frequently ill. There has been no tendency to decrease the percentage of frequently ill children in preschool institutions over the past 11 years.
2. In the structure of morbidity of frequently ill children, the main place is occupied by acute pathology of the respiratory organs.
3. Risk factors for frequent morbidity are toxicosis of pregnancy, artificial feeding, duration of walks less than two hours a day, use of public transport on the way to the nursery-kindergarten. Children with phenotypes B(III) and AB (IV) are more often ill.
4. Frequently ill children are characterized by changes in non-specific defense indicators: a decrease in the spontaneous and induced NBT test, the level of secretory immunoglobulin A in oropharyngeal secretions (saliva) and an increase in circulating immune complexes in the blood.





5. The inclusion of newly developed acupuncture recipes, new types of breathing exercises and massage, and the IRS 19 vaccine in health complexes significantly increases the effectiveness of health improvement for frequently ill children.

Practical Recommendations

1. In order to prevent the adverse effects of perinatal and environmental factors, health authorities should intensify their work to prevent pathological pregnancy and childbirth, and the early transfer of children to artificial feeding.
2. Doctors at children's clinics are recommended to teach parents methods of hardening measures, starting from the neonatal period.
3. In order to identify a risk group for frequent illness, it is recommended to assess the risk factors for recurrent illness upon admission to a preschool institution.
4. When the phenotypes B(III) and AB (IV) are combined with a complicated course of the perinatal period and unfavorable environmental factors, the child should be assessed as being at risk for frequent illness.
5. The rehabilitation of frequently ill children should be carried out for 2-3 years. In order to reduce the incidence of respiratory diseases of the CRH, it is recommended to use developed complexes, including reflexology, hardening and the IRS 19 vaccine.
6. The criteria for removing a frequently ill child from the dispensary register are improvement in health, normalization of immunological indicators, and reduction of morbidity to the level of occasionally ill children.
7. In order to improve medical knowledge about frequently ill children and skills for their health improvement, it is recommended to organize a "Health School" for parents and employees of preschool institutions.

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