

Children – admissions

Bronchiolitis

Bronchiolitis is a viral infection in the small airways that affects young children. Many children manage without being admitted to hospital, but the condition can cause severe breathing difficulties that may require extra oxygen and breathing support. Antibiotics are not effective against a viral infection. Studies have shown that long-term hospitalisation with monitoring and inhalation treatment does not improve treatment outcomes compared with less extensive treatment over a shorter period.

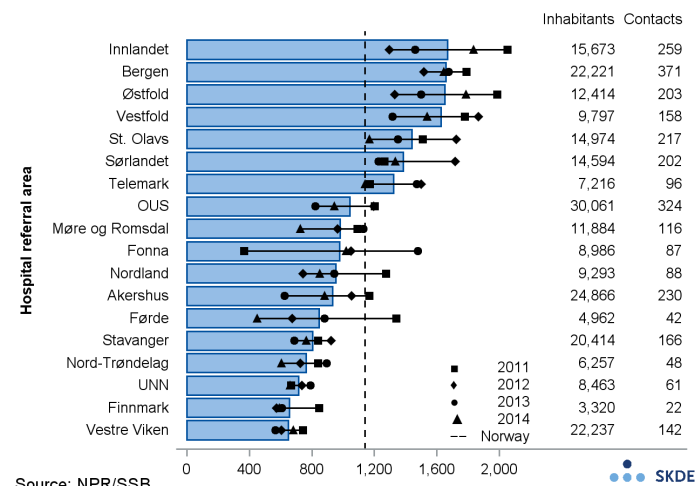
Sample

The sample consists of admissions of children aged 0-3 years for bronchiolitis in the somatic specialist health service with a duration of at least 24 hours. Strictly speaking, the diagnosis bronchiolitis should be reserved for children under two years of age, but it is also used for older children. The clinical distinctions are not clear-cut, and we have therefore set a pragmatic upper limit at the age of three. Bronchiolitis is defined by a primary or secondary diagnosis (ICD-10) in code blocks J12 or J20-22.

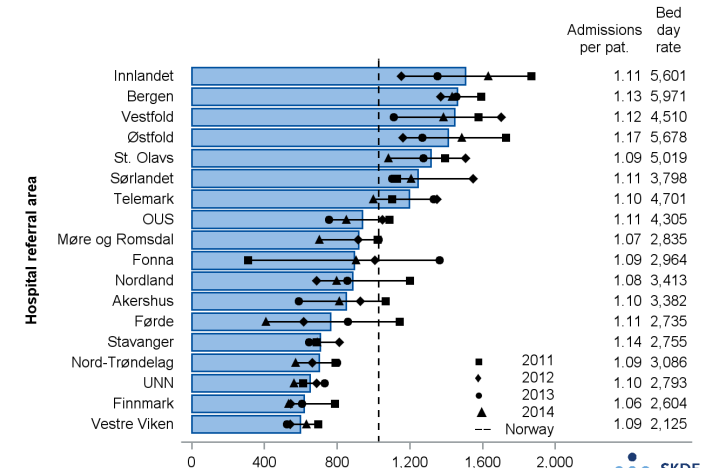
Comments

Bronchiolitis accounts for 6-7% of all children's admissions for medical diagnoses in Norwegian hospitals. Of children diagnosed by the specialist health service, 53% are admitted while the rest are treated as outpatients.

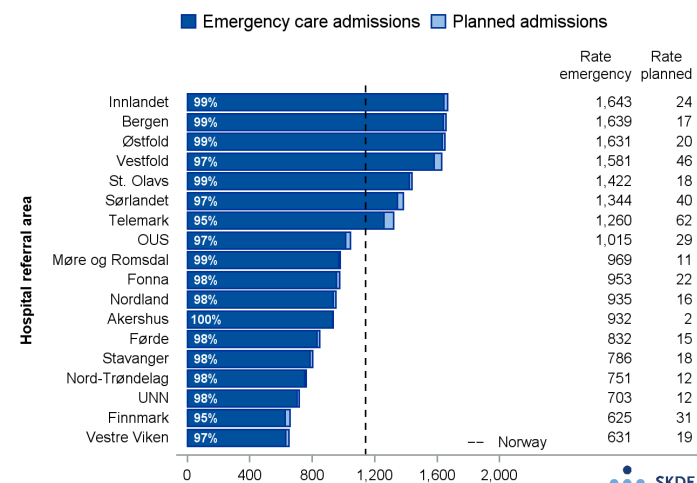
The usage rate in Innlandet hospital referral area is 2.6 times higher than in Vestre Viken. The variation in usage rates are largely due to the fact that more patients are admitted in the areas with high usage rates. Nearly all patients in this diagnosis category are admitted as emergency care cases.



Source: NPR/SSB
Bronchiolitis, admissions, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.



Source: NPR/SSB
Bronchiolitis, admissions, age-adjusted patient rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014. Average number of admissions per patient (contact frequency) and bed day rate.



Source: NPR/SSB
Bronchiolitis, admissions, by degree of urgency, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area and as an average for the period 2011-2014.

The prevalence of respiratory tract viruses that cause bronchiolitis vary over time as well as geographically, but this variation will probably even out when the four-year period is considered as a whole. It is therefore unlikely that the identified variation in usage rates between hospital referral areas is due to differences in morbidity. There is reason to question whether there is an unwarranted variation in usage rates for admissions between hospital referral areas.