Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
**Methodology:** A longitudinal observational study done by analyzing the preexisting data; administered through interviewer method of the counselling sessions given, which was captured by following variables provided: Ration kits Covid kits HPHC Foods Protein Supplements
- Data of two groups- GROUP A (Phase Precovid) and GROUP B (Phase during Pandemic) was analyzed using Random sampling.
- Cancer patients <18yrs from two CY 2019-2020 as subjects using convenience sampling method.
- Parent-patient education given across the family through Online and offline mode during pandemic. Nutritional and Hygiene Infection control counselling sessions were taken.
- Online IECs, PPTS, Videos were used to educate parents, patients. Needs-based online staff training was also conducted during pandemic.

**Results:** During the time period of 2019CY (Phase Precovid), 88 Nutritional Counselling sessions were given to 82 patients through offline mode and 181 Hygiene counselling sessions were given to 51 patients. However, in 2020CY (Phase during pandemic) after restructuring the services and expanding its mode of delivery 1078 Nutritional Counselling sessions were given to 207 patients through online and offline mode and 656 Hygiene counselling sessions were given to 138 patients. The data clearly shows more patients were registered amid pandemic and maximum services were provided.

**Conclusion:** The study reveals that providing additional services amid pandemic and combination of online/offline platforms for educating them helped families in continuing cancer treatment.

**COVID-19 IN PEDIATRIC HEMATOLOGY-ONCOLOGY PATIENTS-THE COMPARISON OF FIRST AND SECOND WAVE THAT HIT INDIA**

Swati Bhayana, Manas Kalra, Anupam Sachdeva. *Pediatric Hematology Oncology and BMT unit, Sir Ganga Ram Hospital, New Delhi*

**Introduction:** Indian subcontinent witnessed first wave of COVID-19 from around March 2020 and second wave in April 2021. The mutant delta variant was 2.5 times more transmissible and led to the severe second wave. We compared the impact of two waves on paediatric haematology and oncology patients at our tertiary care centre that was at heart of managing COVID-19.

**Methods:** Children between 0–18 years, who were treated for a hematological illness, malignancy or stem cell transplant with confirmed COVID-19 infection or who developed multi-inflammatory syndrome in children were included.

**Results:** A total of 48 (22-first, 26-second wave) children were evaluated. Despite better understanding of disease and standardised management algorithms, we found a trend towards younger age, increased requirements of oxygen, severe pneumonia and other post-covid complications in admitted patients during the second wave. We observed early RTPCR negativity in second wave. Invasive aspergillosis, disseminated candidiasis, reactivation of tuberculosis and MISC were the main complications. No child died of COVID-19. Only one child developed long-term complication in form of extensive CNS aspergillosis that developed post-COVID.

**Conclusion:** Our data describes the outcomes of two waves of COVID-19 infection in pediatric hematology oncology patients with serious complications in few children, more so in the second wave of pandemic.

**DELEVERING PEDIATRIC ONCOLOGY SERVICES DURING A COVID-19 PANDEMIC IN INDIA: THE E REVOLUTION**

Rachna Seth, Aditya Gupta, Kritika Setlur, Gargi Das, Prasanth Siri, Aditya K. Gupta, Jagdish P. Meena.

**Background:** The global pandemic of the novel coronavirus disease, COVID-19, has had a serious impact on pediatric patients, making it difficult for them to continue treatment. Providing medical care to children with cancer has been challenging during the pandemic, given the risks of death from cancer versus death or serious complications from COVID-19 infection in immunocompromised hosts. It was a challenge to deliver near optimum oncology services during the COVID-19. The pandemic necessitated rapid uptake of Digital Methods for continual and optimal health care delivery with widespread use of internet use/smart phones/tablets.

**Methodology:** The physical consultations were changed to teleconsults, physical appointments to online appointments, patients on maintenance chemotherapy were monitored on what’s app prescriptions and emergency triage was changed to phone based triage. Travel passes were issued digitally where required. Health education was imparted via telephone/video visits.

**Results:** Triage was done for patients on chemotherapy (green, very low risk; blue, low risk; red, high risk). Patients were allocated to a risk zone and relevant treatment advice was given. Patient tracking/tele consultations was done by our nurses and social workers and assisted by the doctors. Reorganization of day care services was done to facilitate treatment. Patients were contacted and helped by telephone helplines, and emails and using a support group called “Sambhav.” Over 700 prescriptions were provided on what’s app and over 600 prescriptions were provided on email. Virtual tumor boards and virtual public lectures were organized to facilitate care. Virtual networking with other academic institutes was done. Seminars were replaced by webinars, Conferences with zoom meetings.

**Conclusions:** Online and digital means provided opportunities for rapid Covid appropriate ways of for community learning and outreach. Social Distancing gave way to social media for socialization, online education provided a host of new and unexplored opportunities for learning. Online became the ‘in’ thing.