COVID-19 in Serbia
First year of the pandemic: Years of Life Lost due to calculating age-standardized mortality rates. We acknowledge December 2020. European Standard Population was used for COVID-19 were calculated for the period from March to different age-groups were acquired from the Statistical Office population estimates and remaining life expectancy for All-cause mortality data disaggregated by age and sex, Methods:

The first case of COVID-19 in Serbia was reported on 6th peaks, which have led to a considerable increase in premature burden needs to include frequency of COVID-19 deaths mortality. Basic evaluation of COVID-19 premature mortality The observed numbers of ED visits for non-Covid ED visits from 2020 to March 2022, in order to identify potential indirect impact of the epidemic. Methods:

The main medical diagnosis (MD) coded in ICD-10 from each ED visit from 2017 to March 2022 was classified into 17 ICD-10 chapters and in 95 disjoint subgroups of pathologies. The observed numbers of ED visits by age group and by chapters/subgroups were compared to expected numbers, estimated using an overdispersed Poisson regression model based on 2017-2019 data.

Results:
The observed numbers of ED visits for all chapters and for a large part of subgroups were significantly lower than the expected numbers during the three lockdowns in all age groups and progressively returned to the expected level in 2021. A change in the pattern of a limited list of subgroups was observed: ED visits for purpura, chronic blood diseases and neurologic disorders in children decreased during the first lockdown and remained under the expected level until March 2022. Inversely the number of ED visits for mental health and wheezing in children, for pulmonary embolism in adults and for neoplasms in the elderly increased and remained over the expected values until 2022.

Conclusions:
Syndromic ED system was a pillar of the French reactive surveillance of direct and indirect impacts of COVID-19 epidemic. The changes observed for different subgroups of
pathologies may reflect a negative impact of the epidemic, a positive effect of protective measures on the spread of other infectious diseases, a modification in the organization or in the use of health care in specific domains. Further studies using hospitalization data could explore these hypotheses.

**Key messages:**
- Existing syndromic surveillance system implemented before the emergence of SARS-COV2 enabled to monitor non-Covid-19 visits to emergency departments and assess changes in patterns of pathologies.
- An increase in the number of emergency department visits during the COVID-19 epidemic was observed for mental health in children, for pulmonary embolism in adults and for neoplasms in the elderly.