low- and middle-income countries (LMICs). Although severe acute malnutrition (SAM) is considered a more life-threatening condition, moderate acute malnutrition (MAM) affects a greater proportion of children globally, and unlike SAM, there are currently no WHO recommendations for MAM treatment. This systematic review and meta-analysis will aim to assess the effectiveness of product-based interventions, versus standard care, in the management of MAM in LMICs.

**Methods** Studies conducted in LMICs that compared the effectiveness of food-based products versus standard care in promoting recovery from MAM in children, were included in this review following a search of five databases. A mixed-methods approach was used to analyse data. Where appropriate, combined outcome data were analysed using random-effects meta-analyses, and assessed for heterogeneity. Descriptive analysis was also used to summarise findings on any reported information regarding the characteristics of children who recovered from MAM, versus those who did not recover.

**Results** A total of seven randomised-controlled trials were identified for inclusion in this review. Of these, five compared a lipid-based nutrient supplement (LNS) with a fortifield-blended flour (FBF), one compared two types of LNS, and one compared food-based supplements with nutrition counselling. There was some evidence that children aged 6–59 months with MAM who are treated with an LNS have an increased probability of recovery compared to children treated with CSB+/++ (RR 1.03, 95% CI: 1.00 to 1.06, p=0.022). Furthermore, treatment with an LNS was associated with a lower risk of persistent MAM at the end of a treatment programme, compared with CSB+/++ (RR 0.82, 95% CI: 0.71 to 0.95, p=0.007), and with a lower risk of progressing to SAM, compared to a blended food product (RR 0.87, 95% CI: 0.76 to 0.99, p=0.042).

**Conclusions** Supplementation with an LNS was shown to improve recovery and prevent non-response, progression to SAM and death compared to supplementation with a FBF. Further research is needed to determine the role of nutrition education in MAM management, and identify children at risk of failure to recover.

**G264(P) MENB (BEXSERO) IMMUNISATION SIDE EFFECTS IN EXTREMELY PREMATURE INFANTS (<28 WEEKS)**

1D Mukherjee, 1A Mukherjee, 2A Rajai, 1S Senthil, 1NE Osagie. 1Neonatal Intensive Care Unit, St Mary’s Hospital, Central Manchester University Hospitals NHSFT, Manchester, UK; 2Research and Innovation, Central Manchester University Hospitals NHSFT, Manchester, UK

**Objective** We retrospectively evaluated tolerability of Bexsero vaccine on preterm babies in our neonatal intensive care unit.

**Methods** Retrospective observational study comparing tolerability of the vaccines in the two time periods, before (Period 1, n=13) and following (Period 2, n=13) the introduction of the new vaccine (Bexsero) in September 2015. We inspected the clinical status of the vaccines in the two time periods, before (Period 1, n=13) and following (Period 2, n=13) the introduction of the new vaccine (Bexsero) in September 2015. We inspected the clinical status of the vaccines in the two time periods.

**Results** Before introduction of Men B vaccine, there was convincingly low levels of side effects in our babies following routine immunisation. After introduction of MenB vaccine, 46% (6/13) of babies became unwell within 24–48 hours of immunisation; 30% (4/13) needed escalation in respiratory support. 15% (2/13) needed rescue ventilation after Bexsero vaccination.

**Conclusions** We hypothesised that all babies immunised with Bexsero alongside regular vaccines will remain clinically stable and will tolerate the vaccines without any appreciable side effects. 46% of our babies became unwell following the combined MenB programme, raising speculations about safety profile of the Bexsero in preterm infants. Precautionary monitoring following vaccination is recommended. Larger studies are needed to ensure safety of Bexsero vaccine in preterm babies.