through a step-by-step process, funding support, and ongoing opportunities within the network.

Conclusion We hope that this model can be shared to enable others to access it and help inform their systems development. Whilst the model is not exhaustive and requires further research, it represents a first step, with lessons learnt from paediatricians with actual experience of creating such networks. Hub and spoke service provision better meets the needs of all children no matter where they live in the world.

G279(P) RSV PREVALENCE IN INFANTS ADMITTED WITH BRONCHIOLITIS ACROSS CENTRAL KENYA; A PROSPECTIVE STUDY DURING GLOBAL LINKS PLACEMENT

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Background Acute respiratory infections (ARI) continue to be a leading cause of under-five mortality in the developing world. Distinguishing between bacterial and viral causes can be challenging, and although the majority are likely to be viral, most are treated as bacterial pneumonia. In Kenya, the prevalence of Respiratory Syncytial Virus (RSV) in previous, single-centre studies have varied greatly.

Aims To determine the prevalence of RSV infection in children admitted with ARI to five hospitals in Kenya, and to analyse if there were any significant associations between RSV infection and clinical signs.

Methods A prospective cross-sectional prevalence study was conducted in five different district hospitals across central and highland Kenya from April to June 2015. Lead paediatricians were Global Links volunteers (RCPCCH). Children admitted who fitted the WHO criteria for bronchiolitis had bedside RSV immunochromatography testing, and data collected about their demographics, symptoms and signs.

Results 234 participants were enrolled across the five hospitals. The overall RSV positive rate was 8.1%, although this varied between the sites. The average age of RSV positive cases was 3.9 months and RSV negative 9.2 months. Difficulty in feeding was the only clinical sign significantly associated with an RSV positive result.

Conclusion This is the first published study to look at the RSV prevalence rate in children admitted with ARIs in these areas across central and highland Kenya. The RSV rate of 8.1% is much lower than that previously reported in other parts of Kenya. Much further work is needed to better understand the viral aetiology of paediatric ARIs across the different areas of Kenya to be able to make evidenced based decisions for future public health programs and clinical guidelines.

G280(P) EFFECTIVENESS OF PLASTIC BAGS VERSUS INCUBATOR IN PRETERM AND LOW BIRTH WEIGHT NEONATES

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Aims Use of Plastic bags to prevent heat loss can be a feasible and cheaper option. Utilisation of plastic bags or wraps has been shown to prevent heat loss among very low birth weight and very preterm infants. Our aim is to compare the effectiveness of plastic bags in comparison to incubator in preterm and low birth weight neonates.

Methods We conducted a Randomised control trial at the Paediatrics Unit, Civil Hospital, Karachi for six months from 18th May 2016 To 17th November 2016. Non-probability consecutive sampling was used for the study. Newborns with gestational age <37 weeks and birth weight between 1000 and less than 2500 grams of either gender were included. Neonates with congenital malformation, skin blisters, open neural tube defects, abdominal wall defects and congenital heart defects were excluded. Total 100 newborns were randomly allocated into Interventional group and in control group. In control group initial axillary temperature was obtained. Repeat was obtained at 1 hour. In intervention group the infants remained in the plastic bag for at least 1 hour after birth, axillary temperature was noted and if the temperature found to be >36.5°C, effectiveness was positive. Descriptive statistics were calculated. Stratification was done. Chi-square test was applied post stratification and p-value ≤ 0.05 was considered as significant.

Results In group-A (Plastic Bag Group), mean neonatal temperature at admission was 32.88°C ± 1.27°C and in group-B (Incubator group), it was 32.05°C ± 1.28°C. In group-A, mean neonatal temperature after 1 hour was 36.97°C ± 0.70°C and in group-B it was 36.82°C ± 0.76°C. In group-A effectiveness was 52.5% and in group-B it was 47.5%.

Conclusion Our study found out that thermal protection of the newborn can relatively easily be achieved by wrapping the infant with plastic bag after birth. Use of plastic bags was found more effective than incubators.

G281(P) PERSPECTIVE OF SYRIAN ADOLESCENT REFUGEES ON PROBLEMS LIVING IN ZAAATARI REFUGEE CAMP

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Aims The main aim of the study is to explore Syrian adolescents' perspectives on problems related to living in Zaatari camp, the largest refugee camp in the Middle East. The second aim is to discuss the possibility of these problems affecting these refugees' mental health and psychosocial well-being. Since only a few studies have explored Syrian adolescents' experience of living in a refugee camp, this research hopes to fill an important gap by interviewing a group of vulnerable people whom are often neglected.

Methodology Qualitative methods were used. Seventeen Syrian adolescent refugees living in Zaatari camp, aged 12–17 years, were interviewed using Tool 10 from the World Health Organisation 'Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings'.

Findings Current living conditions were key triggers of emotional problems in female participants and behavioural problems in male participants. All participants expressed that seeking various forms of distraction and social engagement were their main coping mechanisms (table 1).