Abstract G281(P) Table 1 Problems reported

Interview question	Themes	Sub-themes
General problems produced by living in a refugee camp	Education	Classrooms
		School life and location
	Camp setting	Lack of electricity
		Lack of water
Most important mental health and psychosocial problems		Enclosed camp
		Financial problems
		Long waiting hours at the hospital
	Daily routine	Boredom
		Social life in the camp
	Child protection issues	Child marriage
		Child labour
	Ongoing worries	Security
		Violence and bullying
		Domestic abuse
		Fears about the future
	Feelings of sadness	Missing Syria
		Bereavement over people left behind

Conclusion Participants suffer a variety of psychosocial problems, mostly related to camp structure. However, this does not necessarily imply that they suffer from a mental disorder. With few validated assessment tools and great psychosocial distress, it is imperative to validate more tools to screen for mental disorders. Strengthening existing coping mechanisms such as social cohesion can help buffer many aspects of their distress. Finally, future research to substantiate this study's findings is required.

G282(P) CAUSES OF MORTALITY IN A SIERRA LEONEAN DISTRICT HOSPITAL NEONATAL UNIT

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Introduction Neonates are one of the most vulnerable groups of patients worldwide, and this is even more so in low-resource settings. In 2015, neonatal mortality in Sierra Leone was estimated at 35/1,000 live births. Although impossible to determine exactly, it is thought that 45% of under-five mortality worldwide occurs in the neonatal group. Basic neonatal care can make a significant difference in reducing morbidity and mortality.

Aim To ascertain the main causes of mortality in a Sierra Leonean district hospital neonatal unit.

Method Neonatal admissions over a four-month period from 1 st March 2017 to 30th June 2017 were retrospectively analysed. Data collected included demographics, main diagnosis, treatment and final outcome.

Results Over the study period there were 97 admissions to the neonatal unit. 20.6% had a birth weight less than 2000 g. Overall mortality was 21.6%. Given the lack of reliable diagnostic investigations, the main causes of death were ascertained based on history and clinical assessment. Of the neonates that did not survive, 47.6% had hypoxic ischaemic encephalopathy, defined as the need for resuscitation at birth and abnormal neurological examination thereafter. Prematurity accounted for 23.8% of deaths, and this was determined by

known gestation or clinical appearance of the neonate at birth when exact gestation was not known. The median birth weight of the premature neonates who died was 1005 g, with more than half of them also having severe respiratory distress. Presumed sepsis accounted for 19% of deaths.

Conclusion This is a report of the main causes of neonatal mortality in a neonatal unit in a Sierra Leonean district hospital. At the time of data collection, this unit was supported by an international non-government organisation and the average in-hospital birth rate was 90 live births per month. Almost half of deaths were secondary to hypoxic ischaemic encephalopathy, with the remainder being related to prematurity and its complications or presumed sepsis. Interventions aimed at reducing this burden of mortality include national neonatal resuscitation training, emphasis on prompt delivery of broad spectrum antibiotics for neonates with signs of early onset sepsis and basic care of the preterm infant, including kangaroo mother care.

G283(P) IMPLEMENTATION OF EMERGENCY TRIAGE ASSESSMENT AND TREATMENT (ETAT+) IN A SIERRA LEONEAN DISTRICT HOSPITAL

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Introduction Paediatric under-five mortality in Sierra Leone is one of the highest worldwide at 114/1000 live births in 2016. A history of civil war and viral haemorrhagic fever outbreak has impeded growth and development of the country's health system. With a lack of resources and very few paediatric trained staff, children's health care in Sierra Leone is greatly disadvantaged. The ETAT+ protocols have been developed to improve emergency care of paediatric patients in low-resource settings.

Aim To ascertain the impact of implementing national ETAT +protocols on the quality of care and mortality in malaria admissions in a Sierra Leonean district hospital.

Methods Data on all paediatric malaria admissions were collected over a four-month period between 01/03/17 and 30/06/

17. During this period ETAT+protocols were implemented through a three-month training programme. Data collected included demographics, symptoms at presentation, quality of care and outcome.

Results The results are as presented in the table 1.

Abstract G283(P) Table 1

	March	April	May	June	Total
No. of admissions	53	60	78	124	315
Met 'complicated malaria' criteria (%)	45.2	68.3	70.5	86.2	
Median age at admission (months)	31	24	15.5	24	
No. requiring blood transfusion	11	7	22	48	
No. with severe respiratory distress	9	6	20	19	
No. with convulsions requiring treatment	4	10	17	18	
No. with hypoglycaemia	8	8	12	18	
Correct dose anti-malarial (%)	94.3	91.7	96.2	92.7	
Correct dose anti-convulsant (%)	50	80	100	100	
Mortality	5 (9.4%)	2 (3.3%)	3 (3.8%)	7 (5.6%)	

Conclusion This hospital was supported by an international non-government organisation (NGO) at the time of ETAT+implementation, and as such baseline mortality rate was lower than that of unsupported government hospitals. There were challenges of collaborative working. Overall mortality was reduced after the implementation of ETAT+, despite a significant rise in complicated malaria admissions correlating with the start of rainy season. There was a reduction in the number of uncomplicated malaria cases admitted and treated with IV therapy, thus reducing inappropriate use of limited medication. There was an improvement in anti-convulsant prescribing after implementation. Paediatric emergency care training is essential to ensure continued delivery of life-saving treatments, particularly in the context of withdrawal of NGO support.

G284(P) A RETROSPECTIVE STUDY INVESTIGATING MALNUTRITION IN HIV POSITIVE CHILDREN IN SIERRA LEONE

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Aims To determine the prevalence of acute malnutrition, stunting and underweight in HIV infected children in an urban outpatient clinic in Sierra Leone, to establish risk factors predisposing to malnutrition, determine the outcome of these patients after 18 months follow-up, and make recommendations to minimise malnutrition in this population.

Methods A retrospective study of 409 HIV positive paediatric patients managed in an urban hospital in Sierra Leone. Data was gathered from notes at enrolment, and at 3, 6, 9, 12, 15 and 18 months after enrolment.

Results Between enrolment and 18 months the malnutrition prevalence improved significantly; acute malnutrition

prevalence 54.0% to 7.1%, stunting 53.9% to 8.0%, and underweight 62.6% to 28.9%. Logistic regression analysis showed a significant association between chronic diarrhoea (OR 4.1, CI: 2.48 to 6.8), cough (OR 3.0, CI: 2.19 to 4.09), tuberculosis (OR 1.4, CI: 1.04 to 1.8), oral thrush (OR 4.1, CI: 2.44 to 6.22), recurrent infection (OR 2.7, CI: 1.43 to 5.09), advanced stage (OR 7.4, CI: 1.05 to 80.1) and malnutrition. Protective factors against malnutrition included higher CD4 counts (CD4 >500 OR 0.27, CI: 0.13 to 0.60), female sex (OR 0.45, CI: 0.35 to 0.58), and ARVs (OR 0.18, CI: 0.11 to 0.30). Multivitamin supplementation was not protective. At 18 months 23.0% were lost to follow-up, 5.7% died. A higher prevalence of malnutrition was observed in the lost to follow-up group (acute malnutrition 78.3% vs 54.0%, underweight 70.4% vs 60.6%, stunting 65.8% vs 53.9%) and the died group (stunting 66.6% vs 53.9%, underweight 77.8% vs 60.6%).

Conclusion Most patients were acutely and chronically malnourished at presentation. A significant association was observed between opportunistic infection, advanced stage and malnutrition. Malnutrition at presentation was associated with increased mortality. Initiation of ARVs, antimicrobials and RUTF improved malnutrition prevalence. Focusing on antenatal screening to reduce transmission and earlier intervention with ARVs, antimicrobials and nutritional supplementation would improve outcomes and mortality rates. Since this study, the Ebola epidemic has diverted already limited resources away from existing public health programmes, outcomes are now likely to be even worse than at the time of data collection.

G285(P) CASES WITHOUT BORDERS: CAN ONLINE DISCUSSION OF CLINICAL CASES BETWEEN HIGH AND LOW RESOURCE COUNTRIES ENHANCE LEARNING IN PAEDIATRICS?

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Background and aims Gaining exposure to global child health can be difficult to organise both financially and logistically. 'Cases without borders' aims to evaluate the perceived learning benefits of an online case-exchange programme comparing clinical management between contrasting settings.

Methods One hour online sessions were carried out over five months between two paediatric departments; a Malawian district hospital and a UK teaching hospital.

Clinicians, Nurses and Students from both settings were invited to attend sessions facilitated by a UK registrar in each facility, using Skype or Whatsapp. Proformas divided down the middle, were circulated to participants in advance. The clerking and management of a case from each setting was entered on one side and emailed to the whole group. During the online presentation and discussion, the other hospital considered how that case would be managed in their alternative setting, completing the other side of the proforma. Feedback was collected using an unvalidated perceived learning questionnaire devised by the facilitators using 10 questions on a 5-point likert scale.