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.