Aims Since the publication of the Lancet commission in global surgery (2015) the need for more timely, accessible and affordable surgical care in low- and middle-income countries (LMIC) has been increasingly recognised. There is a paucity of data to guide healthcare advocacy and resource allocation.
This student paediatrics society has collaborated with UK paediatric surgeons to develop a novel research hub (OxPLORE). OxPLORE will investigate three paediatric solid tumours (Wilm's tumours, Neuroblastomas and Rhabdomyosarcomas) and report their incidence, management and post-operative outcomes in differently resourced settings visited by medical students on elective placements.
Methods Students are currently forming links with consultants in their host centres, prior to the first batch of elective placements in November 2017 – February 2018. Host consultants are pairing elective students with local trainees and medical students.
Data will be anonymously recorded on a standardised proforma, by elective students and their host collaborators. The primary outcome is survival (at post-operative day 28, date of death, or date last seen alive). Secondary outcomes include: patient demographics; tumour stage; pre-operative management and morbidity (Clavien-Dindo Classification); operative details; post-operative management and follow up.
Ethical approval is arranged for each centre at an institutional level. All collaborators will be named authors on resulting publications.
Results In November and December, the project supervisors will run the first data collection pilot in Tanzania, and a student participant will gather data in Rwanda. Further OxPLORE collaborations will follow in early 2018.
The data from our UK centre has already been gathered (from 2012–2017). These data will be analysed and compared to Tanzanian and Rwandan data to describe the differing experiences of paediatric solid tumours in these centres.
Conclusions

- Information generated from these collaborations will inform individual centres of which tumours represent a greater burden of disease, and act as an advocacy tool to be used to obtain funding for surgical resources.
- OxPLORE students will develop relationships with link institutions, which will be nurtured for future collaborations driven by local colleagues.
- Comparative data may help to advise best management of paediatric solid tumours in differently resourced settings globally.

G291(P) UNINTENTIONAL CHILDHOOD INJURIES IN SUB SAHARAN AFRICA – A FOCUSSED LITERATURE REVIEW 2009–2015

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Aims Childhood injury disproportionately affects children in low and middle-income countries and Sub Saharan Africa has the highest death rate in the world from injury. Given the burden of childhood injury in Sub Saharan Africa the allocation of resources for public health interventions to address this problem are inadequate. This focussed literature review aimed to describe the burden of childhood injury in Sub Saharan Africa and to explore the extent to which trauma registries or injury databases are being used by focussing on research conducted following the Report on Child Injury Prevention.
Methods A search protocol was designed using the key terms 'child* or paediatric or paediatric' AND 'injur* or trauma' AND 'unintentional or accident*.' The literature was reviewed for all studies in Sub Saharan Africa as defined by the United Nations. The databases Medline, Pubmed and Web of Science were searched for papers in the English Language that have been published since 2009. Twenty eight papers were identified for full text review and thirteen papers met the inclusion criteria. Data were extracted from the papers and common themes discussed.
Results Six countries out of the fifty one in Sub Saharan Africa had published papers on childhood unintentional injury since 2009. A large degree of heterogeneity existed between the studies. There were significant differences in the proportion of unintentional injuries due to either falls or road traffic incidents depending on the location of the study. Burns were found to be most common in children under the age of 5 whilst boys in all studies were more at risk of injury. Children were more likely to be injured at home or on the streets as opposed to school.
Conclusion Childhood unintentional injury in Sub Saharan Africa is under researched. Greater efforts need to be made to carry out research at a local level in order for public health interventions to produce the most benefit. The widespread implementation of trauma registries will help this process.

G292(P) ESTIMATES OF THE BURDEN OF GROUP B STREPTOCOCCAL DISEASE WORLDWIDE FOR PREGNANT WOMEN, STILLBIRTHS AND CHILDREN

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Background We aimed to estimate, for the first time, the global burden of Group B Streptococcus (GBS), with regards to invasive disease in infants, as well as in pregnant and postpartum women, and fetal infection/stillbirth. Intrapartum antibiotic prophylaxis (IAP) is currently used for prevention of early onset infant disease in high-income contexts, but is difficult to implement globally, and may contribute to antimicrobial resistance. Maternal GBS vaccines are in development.
Methods For 2015 live births, we used data from systematic reviews and meta-analyses (presented in separate papers in this GBS supplement) and a compartmental model to estimate:

- exposure to maternal GBS colonisation,
- cases of infant invasive GBS disease,
- deaths, and
- disabilities.

We applied incidence or prevalence data to estimate cases of maternal and fetal infection/stillbirth, and infants with invasive GBS disease presenting with neonatal encephalopathy (NE). We applied risk ratios to estimate numbers of preterm births attributable to GBS. Uncertainty was also estimated.

Worldwide in 2015, we estimated 2 05 000 (uncertainty range [UR], 101000–327000) infants with early-onset disease and 1 14 000 (UR, 44000–326000) with late-onset disease, of whom a minimum of 7000 (UR, 0–19000) presented with neonatal encephalopathy. There were 90 000 (UR, 36000–169000) deaths in infants<3 months age, and, at least 10 000 (UR, 3000–27000) children with disability each year. There were 33 000 (UR, 13000–52000) cases of invasive GBS disease in pregnant or postpartum women, and 57 000 (UR, 12000–104000) fetal infections/stillbirths. Up to 3.5 million preterm births may be attributable to GBS. Africa accounted for 54% of estimated cases and 65% of all fetal/infant deaths. A maternal vaccine with 80% efficacy and 90% coverage could prevent 1 07 000 (UR, 20000–198000) stillbirths and infant deaths.

Conclusions Our conservative estimates suggest that GBS is a leading contributor to adverse maternal and newborn outcomes, with at least 4 09 000 (UR, 144000–573000) maternal/fetal/infant cases and 1 47 000 (UR, 47000–273000) stillbirths and infant deaths annually. An effective GBS vaccine could reduce disease in the mother, the fetus, and the infant.

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G293(P) CHILDHOOD NEURODISABILITY IN RURAL NEPAL: CHALLENGES AND NEEDS

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Aims In Nepal, 1.94% of the population is reported to have disability. A lower standard of living is reported in households with a person with disability in both rural and urban Nepal.[1] Little is known about the impact of neurodisability among children in Nepal. Our aim was to understand the impact of childhood neurodisability in Eastern Nepal.

Methods Qualitative research was carried out among care-givers of 24 children (18 boys, 6 girls; mean age 8.3 y). Focus group discussions and interviews guided by structured questionnaire were employed. Thematic analysis of the data was carried out to identify the challenges of children with neurodisability.

Results Study participants had conditions ranging from cerebral palsy to rare neuro-degenerative conditions. They raised several issues, which were previously reported.[2] The main challenges identified were difficulty in accessing appropriate and timely medical advice, financial and educational challenges, cultural beliefs and taboos that affect the child and the family, and the psychological impact of the illness on the children and caregivers. There is often delay in seeking medical advice and accessing care. Limited facility for medical treatment and therapy made it inaccessible at regular interval. Among the study group, 18 caregivers reported significant anxiety and fear about children's future. Alcohol addiction, domestic abuse abandonment of a parent was reported in 4 families. Most families reported their children being treated differently by the community (19/23). Three families reported that the community positively supported their children.

Conclusion Our data identified inadequate service provisions to support children with neurodisability and their families in Nepal. This is compounded by other factors- cultural and religious beliefs and financial constraints. A few families have identified culturally acceptable solutions to deal with some of the long-term challenges in their lives. These included alternative educational arrangements, home modifications and making separate financial provisions for the child.

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G294(P) HEALTH AND DISEASE IN CHILDREN OF THE ' IRISH TRAVELLER' COMMUNITY

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Background and aims Irish Travellers are a Roman Catholic endogamous minority group believed to originate from the 12th century whose ethnicity was finally recognised by the Irish Government in March 2017. Latest estimates put their numbers at 40 129 on the island of Ireland, 15 000 in the United Kingdom, 6000 on Mainland Europe and 7000 in America. Nomadism and family are core features of their identity. Early and arranged marraige, frequent child bearing and consanguinity are cultural norms.

Our aim was to collate current data on morbidity and mortality of Traveller children with a view to planning of services and provision of healthcare for this population in our region.

Methods A Literature and database(s) search was conducted and relevant clinicians contacted in an effort to compile data on the complexity and heterogeneity of the moden Irish Traveller Community to inform appropriate action in the area of Traveller Child Health.

Results Almost 50% of the Irish Traveller population are children under 15 years of age. Between 650 and 850 Traveller babies are born on the island of Ireland every year. The infant mortality rate is 3.5 times that of the general population. 10% of Traveller children are dead before their second birthday. Main causes of mortality are accidents, congenital malformations and inherited metabolic disorders. To date 93 different genetic disorders are reported, 82 of which the genetic basis is known. There are 60 founder mutations. The commonest disorders are Galactosemia, Hurler Syndome and I-Cell disease, the carrier frequency for which is 1/11,1/11 and 1/15 respectively.

Our study highlights the huge disease burden imposed on these children by the combination of curcumstances of poverty, increased frequency of genetic disorders in consanguineous communities, peripatetic lifestyle,nomadic mindset, superstition, stigma and distrust and provides useful epidemiological information with particular reference to the healthcare needs of minority groups marginalised in our society.