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 marriage, 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 modern 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 Syndrome 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 circumstances 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.