whether infection resulted from an epidemiological link between the cases.

The Canadian study collected data over 2 years (May-2015 to April-2017). Eight cases of laboratory-confirmed listeriosis were reported in newborns and infants. Six cases had EOD and 2 had LOD. All the six EOD cases presented as septic on DOL 1 (median: 0.5 hours, range: 0–2 hours). All EOD cases had bacteremia and one also meningitis. All EOD cases needed ICU (or NICU) admission; 2 of the EOD cases died. Of the LOD cases, one case became symptomatic on DOL 9 and the other presented on DOL 20 with seizures. Both LOD cases survived the episode, but in one case, the infant suffered permanent sequelae (hemiplegia).

Conclusion While the incidence of neonatal listeriosis recorded in Switzerland exceeded the incidence as could be expected from routine surveillance data, this increase likely related to the unusual cluster of cases. Contrary, the number of cases reported in Canada was far below the incidence as could be expected from the reported incidence of neonatal listeriosis in the literature (table 1). Under-reporting was unlikely as no additional listeriosis were reported through the national notifiable system. This apparent reduction in incidence of EOD could reflect perinatal antibiotic prophylaxis for Group B streptococcus; conclusions about LOD will require longer study period.

Abstract 19 Table 1

	Switzerland	Canada
Study duration [months]	8	24
Number of cases	4	8
Incidence/100'000 live births	4.5	1
Sex ratio (M:F)	1:1	1:1.7
Gestational age at birth [range of weeks completed]	34–39	25–41
Birth weight [range in g]	2220–3770	880–3900
Age of infant at onset of symptoms (range)	17 hour – 8d	0–20 d
Ratio of early- to late-onset disease	1:1	3:1

110 ADHERENCE TO TREATMENT AND REDUCTION IN BMI SDS ASSOCIATED WITH LOWER HBA1C, 1 YEAR AFTER DIAGNOSIS OF TYPE 2 DIABETES IN YOUTH

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Objective To report outcomes from a national cohort of children and young people with type 2 diabetes (T2DM), 1 year post diagnosis

Research design and methods

1 year follow up of a cohort of children (<17 years) with T2DM reported through the British Paediatric Surveillance Unit between April 2015 to April 2016. This established an overall UK incidence of 0.72 per 1 00 000 per year (2.92/100,000 in Asians, 1.67/100,000 Black/African/Caribbean/Black British)

Results Ninety-nine (93%) of the 106 notified cases had data available for one-year review. Of these, seven had been lost to follow up and one had the diagnosis revised. The mean age at follow up was 15.3 years. Of those with data, average BMI SDS was 2.72 with a mean increase of 0.14 SDS over a year (92% remained overweight or obese). Only ~15% of cases achieved a reduction in body weight of 5% or more from baseline. Median HbA1c was 53 mmol/mol (range 31–130 mmol/mol) and ~40% attained the UK national target of <48 mmol/mol. HbA1c was associated with BMI SDS change at 1 year ($p=0.007$) and clinician reported compliance and attendance concerns ($p\leq 0.0001$). In over half of cases, clinicians reported issues with compliance and attendance. Mean clinic attendance was 77%. Metformin was the most frequently used agent in management at baseline (77%) and follow up (87%). Microalbuminuria at 1 year was seen in 16.4% of cases compared to 4.2% at baseline.

Conclusions Good compliance and BMI reduction is associated with better outcomes, one year after diagnosis in early onset T2DM. It is concerning that the prevalence of microalbuminuria increases four-fold in this short time frame.

111 21 YEARS OF SURVEILLANCE FOR VITAMIN K DEFICIENCY BLEEDING IN INFANTS: POLICY CHANGES IN AUSTRALIA AND INTERNATIONAL COMPARISONS

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Background The NHMRC recommends Vitamin K at birth for the prevention of Vitamin K Deficiency Bleeding (VKDB). Intramuscular injection (IMI) is the preferred route of administration but oral dosing may be chosen. We describe the incidence and outcome of VKDB during changes in vitamin K prophylaxis policy and the introduction of a new formulation of Vitamin K.

Methods Infants with VKDB were identified by active surveillance through the Australian Paediatric Surveillance Unit (APSU), 1993–2012. Demographics, clinical characteristics and outcomes were collected via questionnaire completed by the reporting doctor.

Results Fifty-one cases of VKDB were reported; 36 late onset and 15 early/classical. Twenty-seven (53%) infants received no vitamin K, in 22 (81%) of these parents refused consent, and this was the case in 92% of the 12 home births. The national incidence of VKDB was 0.9/100,000 live births per annum. Higher incidence was detected in 1993 (4.6/100,000) when oral dosing was recommended and in 2000 (2.3/100,000) coinciding with changes in Vitamin K formulation to enable oral dosing. Of 7 infants who received oral doses of Vitamin K, only 1 received the complete course of 3 doses. Surprisingly, 6 cases of VKDB were reported in 2013 (2/100,000); parents refused consent in 5.

Thirty-one (61%) infants had a good outcome after bleeding was corrected with vitamin K. Ongoing morbidity was almost exclusively confined to those with late onset VKDB (12/36, 30%) and related to underlying liver disease, or intracranial haemorrhage. Six (12%) infants died including one in 2013 due to intracranial