Results 105 positive blood cultures were returned for the time period. 6 did not have an FBC result performed close to the time of culture (N=99). These were compared to a control group of 269 negative blood cultures. Infants were matched for year of birth, birth weight and gestation.

The mean WCC in the culture-positive group was 14.2 (CI 5.76 – 18.45), and 18.63 in the negative group (CI 17.7 – 19.56).

ROC analysis revealed an Area Under Curve of 0.802 (p<0.0001). A WCC cut-off value of 9 had a PPV of 0.8 (CI 0.5–1.3) and Specificity of 93.02% (CI 88.8–96.0) in predicting culture-positive EOS, a NPV of 100% (CI 99.9–100) and Sensitivity of 54.55% (CI 44.2–64.6).

Analysis of the mortality rate amongst positive cultures revealed that a WCC value of less than 4 gave an Odds Ratio (OR) for death of 3.66 (CI 1.14–11.8; p<0.03) and relative risk for death of 2.92 (CI 1.17–7.5; p<0.03) amongst infants with positive cultures.

Conclusions Our research has demonstrated a subgroup of WCC and neutrophil values which can help to identify infants who are likely to have EOS. This may aid neonatal staff in cohorting infants for admission and observation, or for earlier LP and high dose antibiotics.

REFERENCES
The effect of music therapy on the maternal awareness, acceptability and willingness towards respiratory syncytial virus (RSV) vaccination during pregnancy

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Background RSV is the leading cause of viral lower respiratory tract infections and hospital admissions among infants. There were over 3,100 cases of RSV reported in Ireland in winter 2017/2018 and globally, RSV is responsible for over 1.4 million admissions and 27,000 deaths in Infants under 6 months annually. A vaccine against RSV has been identified as a priority by the World Health Organisation (WHO) and several candidate vaccines against RSV are currently in clinical development.

Aims To evaluate maternal knowledge of RSV infection and to assess likely acceptance if an approved licenced vaccine for use in pregnancy is made available in Ireland.

Methods Pregnant women were surveyed prospectively during normal and high-risk antenatal clinic visits. Information leaflet was provided, consent for the survey obtained and ethical approval was granted by the UL Hospitals Group research ethics committee. Study design proposed 900 pregnant women for consecutive enrolment.

Results The response from the initial part of the survey was analysed. Mean age of women surveyed was 32 years (range 17–42 years) while gestation ranged from 11 to 40 weeks of gestation (mean 29 weeks). 57% of women were in their first pregnancy, 20% in their second and the remaining 23% in their third or subsequent pregnancies. 71% of women had never heard of RSV, 19% had some knowledge of it, 10% had knowledge of its significance in infancy and interestingly no respondents among the initial cohort analysed had experience of it in their own child. 57% of women responded that if an antenatal vaccine against RSV was available, they would accept it and 37% of respondents were unsure.

35% of women felt that recommended vaccines would protect their infant from illness, 21% were confident in recommended vaccines, and a further 29% believed that vaccines would both protect their infant from illness and felt confident in the potential recommended vaccine. A combined positive response was noted from 85% of pregnant women.

54% indicated consulting their GP best influencing their decision making, 23% preferred midwife, 14% opted for discussion with obstetrician, 4% information leaflets, 3% depended on a relative and 1% online resources.

Conclusion Over half of women indicated that they would accept a vaccine to protect their infants against with high rates of vaccine confidence. Women’s preferences for advice regarding vaccination during pregnancy should be considered when planning such programmes given the strong desire for information seeking from primary care setting.