**Results** Out of 653 patients, 51 had positive influenza detection and unanimous expert diagnosis: 44 simple viral infections and 7 influenza with bacterial coinfections (Figure 1). Antibiotics were prescribed to all 7 cases of influenza with bacterial coinfection and to 20/44 cases adjudicated as simple viral infections, indicating an overuse rate of 45%. The assay correctly classified 40 of the 44 simple viral cases (out of the remaining 4, 2 were assigned viral with bacterial coinfection and 2 received equivocal outcomes) as well as 5 of the 7 viral with bacterial coinfection cases (the remaining 2 received equivocal outcomes) supporting the assay’s potential to reduce antibiotic overuse 5-fold (from 45% to 4/44=9%, P<0.001).

**Conclusion** The host-response assay can differentiate between simple influenza and influenza patients with bacterial coinfection, with potential to reduce antibiotic overuse. Utility studies are warranted to demonstrate that the assay can safely assist physicians in correct management of influenza patients.

**OC5** **‘UP, AWAY AND OUT OF SIGHT’ – HOW CHILDPROOF ARE CHILDPROOF MEDICATIONS?**

Aim Despite numerous campaigns re storing medication safely away from children there are still many incidents of accidental poisoning each year. Parents often feel ‘childproof’ caps are 100% safe, even with inadequate storage. This study aims to assess how safe ‘childproof’ caps on medication are by determining if children of various ages can open these medication containers and if so, how quickly they can achieve this.

**Methods** Children aged up to 16 years old without severe physical or intellectual disabilities were included in this study. Data collection was obtained in the outpatient department while patients awaited their OPD appointment. The time taken for a child to open each ‘childproof’ medication container was recorded up to a maximum of two minutes. The age of the child and any relevant diagnosis was also recorded. Information on safe storage of medication was provided to parents.

**Results** Seventy-six children were included in this study to date. Ages ranged from 1 year to 16 years and were from a wide range of specialty clinics. Fourteen (18%) children were able to open at least one container within 2 minutes (age range 4 to 16 years). All children 11 years and older were successful. All children aged 7 years and younger were unable to open the container, except one child who had been taught how to open his medications.

Twenty-five percent of females were able to open at least one medication bottle versus 14% of males, however there was a preponderance of females in the older age group. Of the children who were successful, the majority were able to open the container in less than 5 seconds. An incidental finding of this study was that in cases where the medication cap was not properly closed, most children were able to quickly open the container without difficulty.

**Conclusion** This study shows that the almost all children 7 years and younger were unable to open a childproof medication bottle in 2 minutes, however real-life data shows the majority of paracetamol and ibuprofen poisonings occur in children under 10 years old. Parents of young children often overestimate how safe ‘childproof’ medication containers are and underestimate what a child can do in a brief unsupervised period. Public awareness needs to be increased of the importance of proper closing and the safe storage of ‘childproof’ medications in order to minimize the risk of accidental poisoning.