International child health group

G438 TRENDS IN REPORTED ANTIBIOTIC USE AMONG SICK CHILDREN UNDER FIVE YEARS ACROSS LOW- AND MIDDLE-INCOME COUNTRIES IN 2005–2017: A SYSTEMATIC ANALYSIS OF 132 NATIONAL SURVEYS FROM 73 COUNTRIES

¹G Allwell-Brown, ²L Hussain-Alkhateeb, ^{1,3}FE Kitutu, ⁴S Strömdahl, ¹A Mårtensson, ¹EW Johansson. ¹Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden; ²Sahlgrenska Academy, School of Public Health and Community Medicine, Gothenburg University, Gothenburg, Sweden; ³Department of Pharmacy, Makerere University, Kampala, Uganda; ⁴Department of Medical Sciences, Section of Infectious Diseases, Uppsala University Hospital, Uppsala, Sweden

10.1136/archdischild-2020-rcpch.379

Background Global antibiotic consumption assessments have relied on pharmaceutical sales data that do not measure individual-level use, and are often unreliable or unavailable for low- and middle-income countries (LMICs). To help fill this evidence gap, we compiled data from national surveys in LMICs in 2005–2017 reporting antibiotic use for sick children under five years. Based on 132 Demographic and Health Surveys and Multiple Indicator Cluster Surveys from 73 LMICs, we analysed trends in the proportion of reported antibiotic use among children under five years with fever, diarrhoea, or cough with fast or difficult breathing symptoms by region, income classification and symptom complaint.

Methods A logit transformation was employed to estimate the outcome using a linear Bayesian regression model. The model included country-level socioeconomic, disease incidence and health system covariates to impute estimates for country-years with missing values.

Results Across LMICs, reported antibiotic use among sick children under five years increased from 36.8% (UI: 28.8%–44.7%) in 2005 to 43.1% (UI: 33.2%–50.5%) in 2017. Low-income countries experienced the greatest rise (34%) from 29.6% (UI: 21.2%–41.1%) in 2005 to 39.5% (UI: 32.9%–47.6%) in 2017 although levels remained lowest of any income group throughout the study period.

Conclusion We found a limited but steady increase in reported antibiotic use for sick children under five years across LMICs in 2005–2017 although overlapping uncertainty intervals complicate interpretation. This increase was driven by gains in low-income countries. Our study expands the evidence-base from low-income countries where strengthening antibiotic consumption and resistance surveillance is a global health priority.

G439 RECOGNISING AND REPORTING CHILD ABUSE IN CLINICAL PRACTICE: A QUALITATIVE STUDY OF PAEDIATRICIANS IN BOGOTÁ, COLOMBIA

¹C Whiteside, ¹F Feron, ²A Pinzon. ¹Maastricht University, Maastricht, The Netherlands; ²Universidad del Rosario, Bogota, Colombia

10.1136/archdischild-2020-rcpch.380

Aims Child abuse is extremely prevalent worldwide but overwhelmingly underreported and underrecognised, meaning the scope of the problem is often underrepresented. Paediatricians are in a unique position to identify and stop cases of child abuse from escalating. This purpose of this study was to identify potential barriers amongst paediatricians in recognising

and reporting child abuse cases in their practice. UNICEF highlighted that in Colombia, careful attention was required to tackle violence against children, as some people considered exploitation and abuse as normal or acceptable and that there is an 'insufficient budget, services and trained human resources..to meet the needs of children'.

Methods A review of relevant literature highlighted under recognition and underreporting of suspicious cases of abuse and described confusion and inconsistencies in paediatrician's role and involvement in detection and reporting. This descriptive phenomenological study utilised a qualitative research design with 9 in-depth semi-structured interviews, conducted with paediatricians working in clinical practice in Bogotá, Colombia.

Results The main barriers noted were fear, inadequate training and guidelines and lack of confidence or understanding in the follow up process. Factors which were shown to positively impact on reporting included the role of the multidisciplinary team, level of perceived responsibility, and their relationship and level of communication with the patient and their family. These factors were all shown to impact on a paediatrician's clinical reasoning in determining if a child is being abused and if they should report it, along with their gut feeling and ability to identify signs of abuse.

Conclusion Child abuse is a complex interplay of factors, with a large difficulty in clinical practice in identifying the 'cut off' between 'normal parenting' and abuse. This study highlighted the need for standardisation and renewal of training on child abuse for paediatricians throughout their undergraduate and postgraduate career, with screening tools and guidelines that would increase paediatricians' awareness and confidence in dealing with child abuse. The results of the study highlight a framework with a complex interlinking and interdependency of factors affecting clinical practice with no 'one size fits all approach' in regard to recognising, reporting and safeguarding an at-risk child.

G440(P) VALIDATION OF WORLD HEALTH ORGANIZATION DEFINITION OF ACUTE ENCEPHALITIS SYNDROME WITH CENTRAL NERVOUS SYSTEM INFECTION IN NEPALI CHILDREN

^{1,2}A Rayamajhi, ²S Sharma. ¹Pediatrics, National Academy of Medical Sciences, Kathmandu, Nepal; ²Pediatric Medicine, Kanti Children's Hospital, Kathmandu, Nepal

10.1136/archdischild-2020-rcpch.381

Aims World Health Organisation(WHO) defines acute encephalitis syndrome(AES) as a person of any age, at any time of year, with the acute onset of fever and a change in mental status and/or new onset of seizures in order to identify patients with possible acute encephalitis(AE). We aimed to compare and validate WHO definition of AES with the diagnosis of all central nervous system(CNS) infections, bacterial meningitis (BM), viral encephalitis and Japanese Encephalitis (JE). We also aimed to validate positive cerebrospinal fluid (CSF) cytology and biochemistry result with the diagnosis of BM and JE.

Methods We conducted a prospective cross-sectional study recruiting children aged between 1 month to 14 years attending Kanti Children's Hospital, Kathmandu, Nepal with altered sensorium and two of the following: fever, seizure, focal neurological deficit, CSF pleocytosis,