electroencephalogram and computer tomography suggestive of encephalitis, over one year. In these patients, VE was if CSF cell count was <1000 cells/mm³ (lymphocyte predominance) and absence of non-viral pathogens in the CSF or blood. BM was CSF cell count > 1000 cells/mm³ (polymorph predominance) and CSF protein >0.45 g/L and CSF/plasma glucose <40%, and/or positive Gram stain and/or bacterial culture. JE was VE with ≥ 40 units of anti-JE-IgM in the CSF and/or serum. All CNS infections were defined as, suspected cases by treating clinician with or without fever with LP showing CSF cells > 4/mm³.

**Results** Out of 38, bacterial meningitis was found in 47%, JE 21% and other causes in 32%. Although WHO definition of AES was not significantly associated with all CNS infections (p-value = 0.069), it was significantly associated with VE (p-value≤0.001, sensitivity 74%, specificity 93%, PPV 94%, NPV 70%) and BM (p-value≤0.001, sensitivity 30%, specificity 7%, PPV 33%, NPV 6%). Likewise, CSF criteria (cytology and biochemistry) for diagnosing JE was significantly associated with confirmed diagnosis of JE (p-value = 0.001).

**Conclusion** We validate WHO AES definition of BM and VE and CSF cytology and biochemistry analysis for the diagnosis of JE, as a significantly useful screening tool for children with these diseases specially in resource poor settings, endemic areas and confirmary tests were not easily available.

**Aims** To explore the experiences of accessing care for low birth weight (LBW) infants in rural Kenya, in order to identify the barriers and facilitators to support the development of interventions to improve outcomes of these infants in rural Kenya and other similar settings.

**Methods** Qualitative research using in-depth interviews. Purposive sampling was used to identify participants with experience of caring for a LBW infant in Homa Bay County, Kenya. These included primary caregivers of LBW infants who had recently been discharged from the Newborn Unit at Homa Bay County referral hospital and health care providers in both primary and secondary level health facilities within the County. The interviews were held at the Homa Bay County hospital, conducted in either English, Dholuo or Swahili by an experience research assistant and were audio recorded. They were transcribed verbatim and the non-English transcripts were translated to English. A thematic approach was used to analyse the data.

**Results** Overall, carers and health care provider experiences focussed more on the barriers to accessing care for LBW infants in this setting. The key barriers were household deprivation, inadequate support networks for mothers of LBW infants, maternal psychological stress associated with having a LBW infant in the community, lack of knowledge about danger signs in LBW infants amongst caregivers, community and health care workers beliefs and attitudes about the poor outcomes of LBW infants and inadequate resources to provide care for LBW infants in the health system. The main facilitators were the information shared by health care providers in some of the antenatal clinics that empowered mothers to access care for their infants earlier and the support of