Conclusions High admissions rates from OPD reflect the challenges of serving a geographically large and rural population. In the rainy season, dengue fever flourishes and fear of missing this diagnosis in febrile children may influence clinician behaviour during this period. Admission rates were highest in July with a second peak in September. OPD attendances peaked later (October). We suggest that road flooding in August and September restricts travel, limiting total attendances. With the state hospital's increasing role as a receiving centre from smaller hospitals, further study is needed to characterise the burden of disease in children presenting to hospital and guide service development in Myanmar.

G458(P) CODING OF ADMISSION DIAGNOSIS IN A DISTRICT GENERAL HOSPITAL IN MYANMAR

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Background With increasing numbers of children presenting to state and district general hospitals, including those transferred from smaller township and station hospitals, there is increasing need to understand the burden of disease presenting to hospital. The WHO recommends all countries use ICD-10 coding for reporting health data. There is little research to date describing the terms used to record admission diagnoses in paediatrics in Myanmar.

Aim To review the library of terms currently used to record admission diagnosis in a typical paediatric ward and map these against the ICD-10; to assess feasibility of applying this standardised system of coding across paediatrics in Myanmar.

Methods Logbook records from the Child Ward (CW) were reviewed for the period May 2018 – April 2019. All primary admission diagnoses were recorded and grouped by body system. Without editing or inferring meanings of the terms, these were individually tested for matching against ICD-10 codes.

Results Over a 12 month period, 343 different admission diagnoses were recorded. It was possible to match 90.9% diagnoses to ICD-10 codes. However, many could only be matched to 'not specified' codes and 18.5% could only be matched to terms in Chapter XVIII (symptoms and signs not elsewhere classified). Some chapters had no matches across the 1 year review period.

Conclusions We have shown that it is possible to use ICD-10 but the application of such a complex system has multiple challenges in a resource-limited setting. The heavy use of 'not specified' codes reflects a lack of diagnostic precision, which is multifactorial, influenced by factors including limited availability of investigations, variable access to specialist advice and lack of training in coding. A coding system for this setting would need to factor in the inherent diagnostic uncertainty and be user-friendly enough to require little clinician training, whilst yielding clinically and academically robust data.

We propose that a standardised approach to diagnosis recording, with modifications to overcome the challenges of directly applying ICD-10 in a low-resource setting, would be useful here and in other global healthcare facilities to guide

resource allocation and to monitor changes in patterns of illness according to interventions.

G459(P) VACS: VACCINATION AWARENESS IN CHILDREN STUDY – A STUDY TO LOOK INTO PERCEPTIONS AND ASSUMPTIONS AMONG PARENTS AND CLINICIANS

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Introduction The Childhood Vaccination Coverage Statistics of England, 2018–19, shows a drop in vaccination rate of primary vaccination ranging from 0.2 to 1.0 percentage points. Of note the average uptake of annual flu vaccination across UK has been 50% amongst children. Despite having a robust vaccination programme there is declining trend in vaccination uptake in United Kingdom for the past few years. We were keen to explore the uptake rate of childhood vaccination in our population; to evaluate this further we explored knowledge and perceptions amongst parents and clinicians of the 'up-to-date' vaccination status in our cohort.

Methods The study was conducted in a busy tertiary paediatric hospital. We included children more than 3 months of age admitted to the paediatric wards over one month period.

Study was conducted in two phases:

First phase: Consisted of face to face questionnaire (Interview) conducted with parents. We then retrospectively looked at the vaccination status in the clerking notes. As the final step we then checked the accuracy of this information with the red book.

Second phase: Knowledge assessment for junior doctors in our paediatric department performed by survey. The doctors involved in this study were excluded from this assessment.

Results Data from 50 children was analysed which showed 100% uptake of routine childhood vaccinations. Flu vaccination uptake was 50%. Vaccination status was documented in 50% of the initial clerking notes. Red book was not available to cross check the accuracy in most children. There were significant gaps in knowledge among junior doctors from their assessment.

Conclusion Junior doctors can act as important messengers in promoting vaccination awareness. Our study highlights that the perception of being fully vaccinated by parents and clinicians may not always be accurate. Parents do not always carry red books and there is a need for alternate means of information sharing amongst health professions.

Address gaps in knowledge among junior doctors will empower them to play an important role in health promotion of vaccine preventable disease.

G460(P) TEACHING PAEDIATRIC RESUSCITATION IN A RESOURCE LIMITED SETTING IN WEST AFRICA

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Objective Paediatric Assessment Illness Resuscitation and Stabilisation Course (PAIRS) is an accredited one day course developed in Dublin for resource limited settings. The aim of this project was to deliver this course to front line paediatric staff in a south eastern Nigerian hospital.

Methods The course was delivered over 8 hours daily for 3 days with breaks in-between. On the 4th day, a number of delegates including doctors and senior nurses who had attended one of the 3 days were invited to participate in a more intensive course to develop more advanced skills in paediatric resuscitation and management of sick children. Delegates' knowledge was tested and they received certificates of completion at the end of the course.

Results Over the 4 days, 214 paediatric healthcare workers (136 doctors, 77 nurses, 1 'other') representing 21 hospitals were trained on a structured approach in the assessment and resuscitation of serious illness in children, team work and communication, paediatric early warning system and basic life support. Delegates reported increased knowledge and competency in the management of paediatric emergencies.

Conclusion The World Health Organisation (WHO) estimates that about five children under 5 years of age die in Africa every minute. More than half of these child deaths are due to conditions that are preventable or treatable with simple interventions. Teaching paediatric resuscitation enhances the skills of paediatric responders and has been shown to directly reduce morbidity and improve patient survival. This course enhanced their knowledge and helped the participants formulate tools required for early recognition and monitoring of illness progression in paediatric patients. On completion of the course, a local faculty was also instated to commence simulation training in the local hospital with support from the Ireland faculty. The training was well received and had a lot of positive feedback.

G461(P) IF THE KAP FITS – KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS NEONATAL HEALTH IN RURAL CAMBODIA

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Introduction Cambodia has one of the highest neonatal mortality rates (NMR) in Southeast Asia: 18 per 1,000 births. Most neonates die in rural areas, often in the community, and before reaching a health facility. Community Health Workers (CHWs) constitute a vital part of the national health system, providing health education and advice to their village. This reported study is a component of the five year 'Saving Babies' Lives' (SBL) programme, which aims to reduce NMR by implementing a comprehensive neonatal healthcare package in a rural Cambodian province. The programme intervention is participant action research to empower CHWs. The programme required a situation analysis of baseline CHW knowledge, attitude and practices, and to monitor temporal change; no SBL intervention had occurred during the timeframe examined.

Aim To examine the results and application of a neonatal Knowledge Attitudes and Practice (KAP) survey, for CHWs in a rural province in Cambodia, between 2018 and 2019.

Methods A bespoke neonatal CHW assessment tool, using a KAP survey method and based on national guidelines, was developed into a tablet-based survey using KoBoToolbox. The KAP survey comprised 47 grouped knowledge yes/no/unsure questions, and seven attitude and six practice questions using a 5-point Likert scale. In August 2018 and July 2019 all CHWs attending existing monthly meetings were surveyed.

Results 420 CHWs were surveyed in 2018 and 375 in 2019. 87% of knowledge questions were correctly answered in 2018, and 88% in 2019. Mean attitude scores were similar in 2018 and 2019 (3.95 and 3.87 respectively). Mean practice scores were also similar (2018: 4.46; 2019: 4.30).

Limitations in interpreting results include CHWs conferring during survey completion, and some confusingly worded questions.

Conclusion High baseline KAP scores possibly reflect the high volume of NGO-led CHW education in Cambodia. High scores mean change over time is unlikely to be captured, so an annual CHW KAP survey will be discontinued for the SBL programme. KAP surveys are a useful tool for situation analysis and to measure temporal changes. This study shows that the use of the KAP survey needs to be assessed and its use adapted according to findings.

G462(P) ABSTRACT WITHDRAWN

G463(P) ABSTRACT WITHDRAWN

G464(P) BUILDING REFERRAL MECHANISMS FOR NEWBORN CARE IN HUMANITARIAN EMERGENCY SETTINGS: A SYSTEMATIC REVIEW

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Aim During humanitarian emergencies, women and children are particularly vulnerable to health complications, and neonatal mortality rates rise. Additionally, health cluster partners face challenges in coordinating referrals from communities and camps to health facilities, and between different levels of health facilities. The purpose of this review was to identify the primary referral needs among neonates during humanitarian emergencies, current gaps and barriers, and effective mechanisms for overcoming these barriers.

Methods A systematic review was performed using 4 electronic databases (CINAHL, EMBASE, Medline, and Scopus) and multiple grey literature sources between June and