reassurance did not change participants initial impressions of acceptability.

Conclusion Conducting a human challenge study in pregnancy would be acceptable to some pregnant women and may offer a means to investigate the specific environment that surrounds commensalisation of neonates. Furthermore, this may offer new avenues to explore vaccine development for the prevention of neonatal infection. While participants would want the maximum amount of information available before considering whether to participate, initial aversion to this methodology it is unlikely to be changed.

G603(P) NEONATAL CHIKUNGUNYA: AN INDIAN PERSPECTIVE

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Introduction Chikungunya in neonates is a rare entity with varied clinical presentation and poses a diagnostic challenge in neonates.

Methods Four neonates were studied during the period of June to September 2016, admitted to the NICU, born to symptomatic mothers and IgM serology positive. Each of the babies was enrolled after a written informed consent. In addition to a thorough clinical history and examination these babies underwent a sepsis screen, blood culture, Chikungunya IgM ELISA and CSF examination.

Results

Profile	Case 1	Case 2	Case 3	Case 4
Maternal history- fever, rash, arthralgia	2 days prior to delivery	4 days prior to delivery	7 days prior to delivery	5 days prior to delivery
Maternal	Positive	Positive	Positive	Positive
Chikungunya serology IgM				
Signs and Symptoms				
Fever	Present	Present	Present	Present
Skin rash	Present	Present	Present	Present
Refusal to feed	Present	Present	Present	Present
Apnea	Absent	Present	Absent	Present
Seizures	Present	Present	Absent	Present
Shock	Absent	Present	Absent	Present
Encephalopathy	Present	Present	Absent	Present
Investigations				
Sepsis screen	Negative	Negative	Negative	Negative
CRP	Present	Present	Present	Present
Platelet count	30,000/cu.mm	1,25,000/cu. mm	1,57,000/cu. mm	1,00,000/cu. mm
CSF	Hypoglycorrhagia	Normal	Normal	Normal
Chikungunya serology IgM	Positive	Positive	Positive	Positive
Ventilatory support	Required (2 days)	Required (2 days)	Not required	Required (3 days)
Outcome	Discharge	Discharge	Discharge	Discharge

Conclusion A strong clinical suspicion should be kept when a newborn presents with features of encephalopathy, perioral hyperpigmentation especially in endemic areas when the mother has been viremic in the pre and intrapartum period.

G604(P) FIVE CASES OF LYME DISEASE PRESENTING WITHIN A SPAN OF THREE DAYS

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Background Incidence of Lyme disease in UK has been estimated as 3000 per year by Public Health England, and recent observations have raised doubt about its true incidence as it is not always reported and sometimes can undergo undiagnosed in view of its presentation as flu like illness. It is caused by *Borrelia*, a spirochete bacteria, transmitted by the bite of infected ticks.

Case Series Case 1: A four year old boy presented on 9th days after he had multiple insect bites while out on a boat. Initially he had developed macular rashes with mild flu like symptoms which resolved spontaneously. Few of his rashes kept enlarging and became target like lesions before he visited emergency department. Examination revealed typical target lesions over left deltoid area. Systemic examination including neurological examination were normal. He was allergic to penicillin and henceforth treated with Azithromycin for 17 days. As his presentation was typical, no investigations were required.

Case 2: A seven year old boy presented to ED with six erythema migrans rash, a day after he was bitten by insects in a park. He developed rash within a day of tick bite. He was systemically well. As he gave a distinctive history of tick bite and rashes were characteristics of the Lyme disease, no investigations were required. He was treated with Azithromycin and recovered well.

Case 3: A twelve year old female presented with erythema migrans rash two days after she was being bitten by ticks in the same park as the patient in case 2. She had no headache or cardiac symptoms. She was treated with Doxycycline for 21 days (as per NICE recommendations) and she recovered well.

Case 4 and 5: Presentations were similar to case 3 with characteristics rash and responded well to treatment.

Conclusions Characteristics rash in Lyme disease showed wide range of its first notifiable change (enlargement with central clearing and appearance of target like lesions) in our cohort of cases. It ranged from as early as 24 hours up to 9 days. History is vital in arriving at initial diagnosis.

G605(P) THE MISSING LINK IN PREVENTING TETANUS DEATHS IN NIGERIAN CHILDREN

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Background Global evidence reports tetanus as one of the highest contributors to preventable child deaths. Despite increasing advances in medicine, Nigeria still contributes a large burden to unnecessary child deaths having failed to eradicate tetanus.

Methods A multipronged cross-sectional study aimed at identifying contributors to tetanus deaths in children in Lagos state. A 5-year retrospective hospital survey was carried in a tertiary centre to identify paediatric admissions due to tetanus,

outcomes and factors contributing to the deaths. An epidemiological assessment tool was given to paediatricians to identify their practices in care of children with tetanus. A survey among 1000 caregivers in the Idi-Araba community assessed knowledge of- and preventives practices of tetanus in the community.

Data was analysed using the SPSS version 22, demographic, clinical and social data were presented using descriptive statistics in the form of frequency tables, continuous data was presented as means $\pm$ standard deviation. Associations were determined using independent t-tests. Statistical significance was (p-values) set at ≤ 0.05 .

Results There were 102 tetanus admissions between September 2012 and 2017. Mean age at admission was 9.14 ± 3.65 years. Although 63.26% of the children had been previously vaccinated according to the National program of immunization, mortality rates for tetanus was 49.26%.

Several (65.26%) health care professionals lacked adequate information about prevention of- or management of a child with tetanus.

Among caregivers, 48.21% had never heard of tetanus, 50.21% of those who were aware had never vaccinated their wards and poor preventive practices was seen in 70.46% of caregivers. Only 12% of community children received booster doses after 5 years of age.

Conclusion Despite the nationwide policy to immunise all children with 3 doses of tetanus before the age 1, in Idi-Araba community there is a problem of implementation.

In children who were vaccinated according to the national schedule, Majority still did not get booster doses at school entry points which leaves them at risk.

If we hope to reduce tetanus mortality, there is a need to educate health care professionals and caregivers and ensure proper establishment and implementation of appropriate immunisation practices.

G606(P) CLINICAL IMPACT OF RAPID IDENTIFICATION OF PATHOGENS IN CSF OF GENERAL PAEDIATRIC PATIENTS

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Rapid diagnosis and treatment of meningitis and encephalitis are advised to help reduce morbidity and mortality. However, few children treated for suspected central nervous system (CNS) infection have confirmed infection. FilmArray[®] Meningitis/Encephalitis (FA- M/EP) Panel is a multiplex PCR system that can rapidly test for common CNS pathogens.

We aimed to assess the clinical impact of FA-M/EP in general paediatric patients.

From 6th June 2016 FA-M/EP was performed on cerebrospinal fluid (CSF) when requested by the general paediatric consultant. Following an interim review the following changes were made:

- FA-M/EP was not performed on CSF that was visibly blood stained
- FA-M/EP was only performed if enough sample was available to send for confirmatory vial PCR.

- FA-M/EP was performed in in a separate room in the laboratory.

Data was collected for a further 12 months following these changes (October 2016 – October 2017).

Results FA-M/EP was performed on 43 children during June-Oct 2016.

Results of FA-M/EP were helpful in managing 16 (37%) children – see table 1. In four children results (9%) FA-M/EP led to prolonging of hospital admission (HSV, pneumococcus, Haemophilus), increasing the length of stay by 17 days. No bed days were saved overall in this period.

FA-M/EP was performed on 63 samples from 59 children during the next 12 months (Oct 2016 – Oct 2017).

Results of FA-M/EP were helpful in managing 30 (48%) episodes; saving 25 Bed days for 13 episodes. In one child results from FA-M/EP led to prolonging hospital admission by 2 days (Varicella).

All positive results by FA-M/EP for HSV1 HSV2, Varicella zoster virus, *Haemophilus* and pneumococcus did not correlate with the clinical features and were likely false positives.

Abstract G606(P) Table 1 FilmArray[®] Meningitis/Encephalitis panel results that affected clinical management

FA-M/EP result	Prolonged admission	De-escalate abiot	Stop aiot	Early discharge	?False positive
Enterovirus			15	4	1
Parechovirus		1			
HHV6		1			
HSV1	1				3
HSV2	1				1
H influenzae	1				2
Pneumococcus	1				2
Varicella	1				2
Negative		17	6		

Conclusions FA-M/EP was useful in rapid detection of enteroviral meningitis and ruling out HSV encephalitis. However false positive results for HSV, VZV, Haemophilus and pneumococcus led to prolonged admissions. In general paediatric patients with a low risk of meningitis/encephalitis rapid tests which give false positive results may lead to unnecessary treatment and prolonged admissions. These tests should be used with caution in this population.

G607(P) ANTIBIOTIC CHOICE IN COMMON PAEDIATRIC EAR, NOSE AND THROAT INFECTIONS: A GUIDE FOR PAEDIATRICIANS

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Aims Paediatric Ear, Nose and Throat (ENT) conditions are some of the most common presentations to the health service. Despite their prevalence, the treatment choice in children can often be unclear to those outside the ENT field with antibiotic choice often dependent on consultant preference and experience. There are currently few UK-based ENT treatment guidelines available, although local hospitals have formed their