Abstracts

92.5 for motor, 30 for disability) and 10 CAYP at 1 year (median 98.25 for motor, median 28 for disability). Gross Motor Function Measure (GMFM) score was available for 9 CAYP at baseline (median 40), 8 CAYP at 1 year (median 47) and 7 CAYP beyond 1 year (median 43.1). Changes in GMFM and BFMDRS did not reach statistical significance.

Pain was measured with paediatric pain profile, classified into most troublesome pain (MT) and pain on a good day (GD), available for 14 CAYP at baseline and 6 CAYP at 1 year. There was marked improvement in median MT pain (29 at baseline to 17 at 1 year) but less significant improvement in median GD pain (16 at baseline to 13.5 at 1 year).

Conclusions For a heterogeneous cohort of CAYP with motor disorders, ITB appeared to improve ease of care and comfort as indicated by change in CPCHILD score. Multiple measures are required to fully capture benefits seen in this cohort, which should be focused on their individual needs for intervention.

G77(P) RESPIRATORY TRACT INFECTION IN CHILDREN WITH A NEURODISABILITY – MICROBIOLOGY, ANTIBIOTIC CONSUMPTION AND HOSPITAL ADMISSION – A SERVICE EVALUATION FOR A HIGH-RISK GROUP

^{1,2}L Marrable, ^{1,2}JRF Sanner, ²M Flanagan, ²T Wolff, ^{1,2}MN Hurley. ¹School of Medicine: Division of Child Health, Obstetrics and Gynaecology, University of Nottingham, Nottingham, UK; ²Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust, Nottingham, UK

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Aims Children with neurodisability (ND) have an increased risk of respiratory tract infections (RTI). We aimed to establish the organisms implicated in pulmonary infection in children with ND in our area in the context of antibiotic provision, as well as document hospital admissions within this population.

Methods The City Rapid Access Physiotherapy Service (RAPS) cares for children with ND who have frequent RTIs. A random number generator was used to select a sample of 30 children from a complete list of 74 children accessing this service. Respiratory tract samples are taken when RTI is suspected. Patient records were used to investigate respiratory microbiology, hospital admissions and inpatient antibiotic provision, from 30/09/15 to 30/09/19 inclusive.

Results Of the 30 children, 15 were male; 14 had cerebral palsy, 6 had a neurodegenerative disease, 5 had a neuromuscular condition and 5 had other complex ND conditions. A total of 184 admissions were documented across 26 patients; the average admission length was 9.5 days (range 0–116 days). The average number of positive respiratory microbiology samples per patient was 8 (range 0–54). 7 patients had no positive respiratory samples. 185 (76.8%) positive isolates were viral and 56 (23.3%) were bacterial. Common isolates are presented in *table 1*.

18 patients received prophylactic antibiotics, notably azithromycin (16). In total, 176 courses of inpatient antibiotics were prescribed; 36 were co-amoxiclav. The average number of inpatient antibiotics prescribed per child was 6 (range 0–41). Lower RTI was the most common (46.1%) documented reason for antibiotic prescription.

Conclusion Viruses are most commonly isolated from children with ND during an exacerbation of symptoms, although many bacteria are also implicated. Infections in these patients lead to frequent inpatient admissions and are managed by a wide

Abstract G77(P) Table 1 Organisms most commonly isolated in respiratory samples from a random sample of 30 children with ND

Organism	Number of patients isolated in	Number of isolations
Rhino/enterovirus	19	113
Parainfluenza virus	15	38
Respiratory syncytial virus	14	37
Human coronavirus	10	18
Adenovirus	8	14
Metapneumovirus	9	12
<i>Pseudomonas aeruginosa</i>	6	17
<i>Haemophilus influenzae</i>	7	15

variety of antibiotics, of which co-amoxiclav is the most commonly prescribed. It is uncertain whether there is an association between the microbiology and severity of disease.

G78(P) ABSTRACT WITHDRAWN

G79(P) CYTOMEGALOVIRUS AND HERPES SIMPLEX VIRUS 1 & 2 MENINGITIS AMONG CHILDREN WITH SUSPECTED MENINGITIS AT A TERTIARY EMERGENCY UNIT IN NIGERIA

¹A Akindolire, ²A Adigun, ¹O Tongo, ¹AO Asinobi, ³A Odaibo, ³D Olaleye. ¹Department of Paediatrics, University of Ibadan/University College Hospital Ibadan, Nigeria; ²University College Hospital Ibadan, Nigeria; ³Department of Virology, University of Ibadan, Ibadan, Nigeria

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Aim To determine the incidence of cytomegalovirus and herpes simplex virus 1 & 2 among paediatric emergencies presenting with suspected meningitis at the children's emergency room.

Methods It was a prospective cross sectional study of all consecutive paediatric emergencies over a period of three months. Patients were included in the study if they had any neurological signs such as but not limited to lethargy, coma seizures with or without fever. Clinical details were entered into a structured proforma. Cerebrospinal fluid (CSF) samples were obtained at admission and sent to the Virology Laboratory in a cold box. Deoxyribonucleic acid (DNA) extraction was done using commercially available DNA extraction kit by Jena Bioscience (Jena Germany) according to the manufacturer's instruction. The DNA was then tested for HSV 1&2 and CMV using gene specific primers in a multiplex reaction. Positive samples were detected after agarose gel electrophoresis using a trans illuminator.

Results Forty patients were recruited, 29 (72.5%) males and 11 (27.5%) females, with a mean age of 27.1±18.3 months. The most common presenting clinical features were seizures 37 (92.5%), fever 35 (87.5%), lethargy 29 (72.5%), poor feeding 23 (57.5%) and coma 11 (27.5%). Twenty (50%) the patients had CSF positive for HSV 1, 13 (32.5%) of whom were also positive for CMV and 12 (30%) for HSV 2. Eleven patients (27.5%) were positive for all three viruses.

Conclusion The high incidence of viral meningitis among children with suspected meningitis is consistent with findings from high income countries. Mortality and morbidity from meningitis remain high in this setting however, viral aetiology