G169

ARE CHILDREN AT RISK OF SEVERE INFLUENZA AND ITS COMPLICATIONS RECEIVING PROTECTION FROM SEASONAL FLU?

¹D Gokulakrishnan, ¹R Khaliq, ²MG Semple. ¹Medical School, University of Liverpool, Liverpool, UK; ²Faculty of Health and Life Science, University of Liverpool, Liverpool, UK

10.1136/archdischild-2020-rcpch.140

Aim To evaluate the rate of influenza vaccination of 'at-risk' children and household members attending tertiary care clinics during the influenza season, 2018–19, and assess changes in trends by comparison with a similar study conducted in 2016–2017.

Methods Two medical students DG and RK produced an online survey, consisting of 10 questions focused on influenza vaccination, which was given to parents or guardians of children attending specified outpatient clinics over two weeks in January 2019.

Results 218 responses were split into at-risk children (n=139) (defined by Immunisation against Infectious Disease: Influenza Chapter 19 revised 2018) and standard risk children (n=79). Of the at-risk group, 57% had received influenza vaccination for the 2018/19 season - a 40% increase from the 2016/17 influenza season. Rate of uptake was highest in patients attending Diabetes clinic (83%) and lowest in those attending Rheumatology clinic (25%). Only 48% of vaccinated patients lived in a household where all members of the household also had protection against influenza. The most used service to administer the influenza vaccination was general practice (41%), and only 13% utilised tertiary care. Common reasons stated for non-vaccination were: 'did not believe it was necessary', 'not offered vaccination' and 'was not given enough information'.

Conclusion There has been a rise in influenza vaccination rates within the population over the two influenza seasons (2016–2019). However, from a public health perspective, the vaccination rates against seasonal influenza are continuously suboptimal (<95%). Parents are not adequately informed about the influenza vaccination. In light of this, better parental education is needed, and we recommend clinicians take initiative to discuss vaccination with patients deemed 'at-risk' at every opportunity. We suggest that hospitals and other healthcare services utilise their waiting areas as an opportunity to raise awareness on the importance of influenza vaccination. It is hypothesised that offering vaccination within tertiary clinics may increase uptake in patients and their families.

G170

OBESITY: IS IT A PROBLEM IN PRESCHOOL CHILDREN?

S Buxton, T Skeath, A Dale. Paediatrics, Gateshead Health NHS Trust, Gateshead, UK

10.1136/archdischild-2020-rcpch.141

The Gateshead Millennium Study found 28% of children aged 6–8 were obese or overweight increasing to 1/3 by age 10. This reflects the national child measuring programme which describes ¼ of reception and 1/3 year 6 children as overweight/obese. But is this too late for identification? Are children overweight and obese before this age?

Method Health visitors locally were trained to calculate and plot BMI on a specially made insert for the child health record to act as a visual aid to identify overweight children. BMI was collected over 6 months at the 2 year health check. Questionnaires were completed by health visitors to gather

opinion around the issue and how we can improve identification and support families. Consenting families were interviewed to discover their opinion of how they felt going through the process, about weight in this population and what we could do to prevent overweight children.

Results 157 toddlers (mean age 2.3 years) were included with 132 BMI being calculated. 25 children with no BMI were felt to be unmeasurable due to compliance. 27% children were above overweight and obese centiles for BMI. 45 health visitor questionnaires were returned, and 12 parents individually interviewed. Health visitors and parents recognise that this is an issue and have similar opinions on the causes and how we can try to improve the situation. Parents felt that BMI was an acceptable tool for identification once explained. They felt if handled sensitively and with support this was an appropriate time for identification of children at risk of being overweight and obese.

Conclusion Overweight and obesity is an issue in children from as young as 2 years. This urgently needs to be addressed to prevent well known long term effects of excessive weight. Parents and health visitors agree and are a potential group to implement change.

G171(P)

ESTABLISHING THE USE OF AND OPTIMISING THE IMPACT OF THE HEADSSS PSYCHOSOCIAL ASSESSMENT TOOL FOR 12–16 YEAR-OLDS PRESENTING WITH SELF-HARM, OVERDOSE AND INTOXICATION TO THE PAEDIATRIC EMERGENCY DEPARTMENT

WP Tasker, N Goodall, E Ironside, M Hartley. Children's Unit, NSECH, Cramlington, UK

10.1136/archdischild-2020-rcpch.142

Aims

- To introduce and standardise the use of the HEADSSS assessment.
- To use this information to promote integrated care; optimise social service referrals, coordinate care with ICTS (children's mental health team), prompt health promotion discussions and signpost to supporting services.

Methods HEADSSS assessment forms were made available and awareness was raised via email and at induction. Reminders to use the assessment were made part of the morning team huddle. Monthly audits of completion rates were circulated via email.

The audit was extended to measure the completion of routine referral to social services including communication of the child sexual exploitation(CSE) risk, handover to ICTS and evidence of health promotion and signposting, after health promotion website cards were made available.

Results

- Completion rate rose from 12% to 80% over 4 audit cycles, then reduced to 53% in subsequent cycles.
- HEADSSS were less likely to be completed from 12:00–15:00(33%) and 18:00–21:00(46%)– higher workload with no formal handover prompt at these times.
- 60% of 14-year-olds compared to 20% of 12-year-olds had a completed HEADSSS.
- No evidence of social service referral for 14%–18% of eligible patients,(2 audit cycles). One patient had a significant CSE risk but no social service referral.
- 47% of patients were identified as having 'no safeguarding issue' on their discharge letter.