British Association of Child and Adolescent Public Health

855 WHAT ARE HEALTHCARE PROFESSIONALS' AND PARENTS/CARERS' ATTITUDES TOWARDS ADDRESSING CHILDHOOD OBESITY WITHIN THE PRIMARY CARE SETTING IN THE UK?

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Background Currently in the UK a third of children leave primary school overweight or obese. Extensive research connects obesity to an array of debilitating comorbidities and with a growing evidence base for effective, early interventions it is now important to understand the attitudes surrounding this issue.

Objectives To explore healthcare professionals' (HCP) and parents/carers' attitudes towards addressing childhood obesity (CO) within the primary care setting in the UK.

Methods Three electronic databases were searched, followed by a cross-reference scan to identify ten qualitative and two quantitative papers that fitted with the inclusion/exclusion criteria outlined. Through the processes of Thematic Analysis and critical appraisal, four key themes emerged from the data: parent/carer and HCPs' perceptions and views on causes of CO; barriers and facilitators to both seeking and providing advice about CO; experiences of consultations between child, parent and, HCP; and finally where, how, and by whom should future CO management be carried out?

Results HCP barriers to providing advice included: limited time, the sensitive nature of the topic, lack of confidence in treatment interventions, and a view that their role is to treat the medical effects. Parental barriers to seeking advice were: lack of identification, fear of HCP response, mistrust in HCPs ability to treat, and concern that highlighting the obesity to the child may induce an eating disorder. Overall experiences of consultations about CO were negative.

Conclusions Allowing parents and HCPs to understanding the others' views on CO could improve primary care consultations. Future research should aim to identify which specific interventions are most effective, to allow for evidence-based treatment of CO.

RCPCH Trainees Committee

857 CLINICAL PROFILE OF PRESENTATION OF PEDIATRIC SCRUB TYPHUS IN POST-LOCKDOWN ERA IN TAMIL NADU, INDIA

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Background Scrub typhus is an important differential diagnosis of acute febrile illness in rural portions of south India. It is caused by *Orientia tsutsugamoshii* and spreads thru mites. Prior studies have documented various its prevalence between 19–32% in Tamil Nadu, India with a wide spectrum of clinical manifestation. Due to COVID restrictions and lockdowns,

there has been a reduced emphasis and under-diagnosis of non-coronavirus illnesses across the world.

Objectives This study aims to study the clinical profile of Presentation of Scrub Typhus in pediatric population at a tertiary care hospital in Tamil Nadu, India

Methods The study was conducted as a prospective, observational hospital based study at a tertiary care hospital in Tamil Nadu, India. As an institutional protocol, Scrub Typhus IgM ELISA is done for all cases with a history of fever more than 5 days in addition to cases with a strong clinical suspicion due to presence of eschar. Since the COVID-19 pandemic, RT-PCR has been done for all cases of Acute febrile illness. The study included 134 cases that were Scrub IgM positive among children aged 2–12 years between October-December 2020. 4 children who were both Scrub Typhus IgM positive and COVID RT-PCR positive were excluded from the study. The children were treated as per the IAP Consensus statement guidelines on Scrub Typhus with first line therapy by Doxycycline and second line therapy of Azithromycin in addition to symptomatic management. Demographic details, symptoms, course in hospital and outcome were tabulated.

Results 132 children presented with fever, 56 with headache, 44 with myalgia, 67 with complaints of cough, 48 had rash. 80 children had a typical eschar out of which 44 were on limbs, 20 were over trunk, 6 over scrotum, 5 behind ear and 5 near perineum. 127 children responded to Doxycycline within 48 hours, 3 children responded to doxycycline within 72 hours and 4 cases responded to combination therapy of Doxycycline and Azithromycin.

Conclusions Scrub typhus remains an important disease in children with variable presentations even in post-coronavirus lockdown era. There is a need to focus on these illnesses as the world is recovering from the pandemic.

859 TACKLING REST FACILITIES AT A BUSY TERTIARY PAEDIATRIC HOSPITAL

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Background The well-being of trainees has become a high priority for Trusts, colleges and the wider NHS. Low morale, demanding rotas and inadequate staffing are some of the issues that contribute to burnout of doctors in training. Now more than ever given the current pandemic, the working environment needs to be supportive and ensure the well being of our workforce is sustained.

The NHS '8 High Impact actions to improve the working environment for Junior Doctors' sets out key areas that need to be addressed by all Trusts, with action 2 ensuring rest breaks are promoted and encouraged.

A survey to West Midlands trainees between December 2018 and March 2019 highlighted that many trusts in our region had inadequate or no rest facilities available for staff working overnight. Sleep deprivation leads to increased clinical errors whereas as rest breaks help to improve decision making and provide safer care to patients.

Objectives Our aim was to tackle the lack the rest facilities within our Trust for our trainees working overnight at a busy tertiary hospital in the centre of Birmingham.