patients with a novel rare but severe disease phenotype, Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2 (PIMS-TS) continues to need hospital admission. The importance of considering the wider differential such as malignancies should be highlighted.

Objectives To establish the range of diagnoses of children admitted to a tertiary London children’s hospital presenting with a history of fever and high CRP, in whom PIMS-TS was considered as a diagnosis, during the COVID-19 pandemic.

Methods Clinical records from 1st March 2020 to 30th June 2020 (inclusive) were retrospectively analysed to identify patients under the age of 18 years admitted to a tertiary London children’s hospital with a history of fever and CRP >60. Electronic notes were reviewed to determine final diagnosis.

Results 140 patients were admitted with a history of fever and CRP >60 during the study period. 58% (n=81) had PIMS-TS and 42% (n=59) had alternative diagnoses. Of those with an alternative diagnosis 81% (n=48) had infective diagnoses and of these 46% (n=22) had upper or lower respiratory tract infections; 25% (n=12) had sepsis; 13% (n=6) had urinary tract infections or pyelonephritis; 10% (n=5) had gastroenteritis; 4% (n=2) had lymphadenitis and 2% (n=1) had meningitis. 10% (n=5) had surgical diagnoses most commonly appendicitis (n=3). 5% (n=3) had inflammatory diagnoses; 2 with an exacerbation of Crohn’s disease and 1 with vasculitis. 3% (n=2) had autoimmune diagnoses, 1 with juvenile idiopathic arthritis and 1 with Still’s disease who developed macrophage activation syndrome. 2% (n=1) had Burkitt leukaemia. Conclusions In the midst of a pandemic there is a high suspicion of PIMS-TS in unwell febrile children. The high numbers of patients with PIMS-TS admitted to this hospital reflects the regional referrals pathway for the PIMS-TS patients during the first wave of COVID-19. However infections remain a major cause of children presenting with fever and a high CRP. The range of alternative diagnoses outlined in our cohort is not surprising, when one considers that PIMS-TS is a disease with a subjective and broad case definition, with signs and symptoms overlapping with other serious diagnoses – infectious, surgical, inflammatory, autoimmune and malignant.

The wider differential diagnoses should always be considered when children present with fever and a thorough history and examination is paramount. Alternative diagnoses may have indolent or more chronic symptoms. Our experience has shown that discussion within a multidisciplinary team has helped to ensure alternate diagnoses are not missed.

REFERENCE

British Paediatric Neurology Association

TICS AND THE COVID PANDEMIC-OBSERVATION FROM A TERTIARY CARE SEIZURE CLINIC
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Background The SARS-CoV-2 pandemic has had a notable negative impact on the overall mental well-being of children and young adults. Those with Tourette syndrome have had worsening of both tics and associated co-morbidity such as obsessive behaviours along with sleep disturbance. Social isolation is likely to have not helped this vulnerable population.

Objectives The current study aims to document the impact of COVID 19 on tic exacerbations, frequency, severity and type of tics, incidence of Tourette syndrome and child and parent-perceived change in the pattern of tics among a cohort of children attending seizure clinic.

Methods This observational study reviewed patient numbers of tics/tic-like functional neurological symptoms in a cohort of children attending a seizure clinic at the department of paediatrics, Oxford University Hospitals NHS Foundation Trust, United Kingdom. The data was reviewed for a one year period (March 2020 to March 2021) and compared to the pre-pandemic numbers over a similar duration. Feedback given by children having tics and their parents were considered in documenting specific observations.

Results There was over four-fold increase in the number of children presenting with tics over the observation period compared to the preceding year. Tic-like functional neurological presentations also had increased dramatically (both vocal and motor phenomena) and a small proportion of these children mentioned seeing videos of popular personalities with tics on a social media platform. New diagnosis of Tourette syndrome saw a three-fold increase in this set-up. On the positive side, home schooling had helped some children with pre-existing tics with regards to the perceived severity. These parents reported that their children felt no necessity to suppress their tics all day (unlike whilst in school) and hence they observed a steady pattern of tics rather than significant troublesome outbursts in the evenings. A third had associated sleep disturbance.

Conclusions Ours is an interesting observation and discussions with colleagues in the wider set-up revealed similar patterns. Documenting this will help inform healthcare providers with a view to expanding available mental health expertise for this challenging cohort of children and young adults.

Paediatric Special Interest Group: British Society of Haematology

THE IMPACT OF THE COVID-19 PANDEMIC ON ACUTE AND ELECTIVE PAEDIATRIC SICKLE CELL SERVICES: EXPERIENCE FROM A DISTRICT GENERAL HOSPITAL IN A HIGH PREVALENCE AREA
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Background Children with sickle cell disease (SCD) may not be at increased risk of developing severe illness from COVID-19, but their health services could be indirectly affected by the consequences of the pandemic.