three years before and after its introduction to UHW in April 2016.

Methods Retrospective data review of all EV positive PCR's from CSF in patients 0–16 years of age in UHW, Ireland from August 2014 to August 2019, inclusive.

Results 13 cases of EV meningitis identified by PCR, 6 cases via the NVRL (April 2013 - March 2016), 7 cases diagnosed in UHW using BioFire® FilmArray® ME Panel (April 2016 - April 2019). Median age 35 days [range 9 days to 14 years], 46% of patients were under 2 months of age. All 13 patients presented with pyrexia and irritability and treated empirically for a sepsis-like presentation. A 'normal' CSF WCC [reference range <30 in infants] was seen in 5/13 patients. 3/9 patients had no pleocytosis when a CSF differential was obtained, 9/13 patients had raised protein in CSF [reference range 0.15–0.45g/L]. The majority of patients had a CRP within normal range of < 10mg/L [median 4.3mg/L, range 0 to 82mg/L], 2/13 patients had raised serum WCC and only 1/13 had lymphocytosis. The mean length of admission (days) in cases identified via the NVRL vs on-site BioFire® FilmArray® was reduced from 5.3 to 3.8 days respectively.

Conclusions The availability on on-site Film-array for PCR testing of CSF has led to rapid identification of EV meningitis where there was high clinical suspicion but often normal CSF cytology and low inflammatory markers and negative cultures. Case detection rates were similar in the two study periods however in providing a more rapid turnaround of results compared to the 3 years prior to its introduction in April 2016, in-house BioFire® FilmArray® has reduced the length of hospital stay in our EV meningitis case series.

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985

A SAMPLE SURVEY: PARENTAL VIEWS ON ROUTINE CHILDHOOD VACCINATION, THE FLU AND COVID VACCINES DURING THE PANDEMIC

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Background Fewer routine childhood vaccinations have been given during the COVID-19 pandemic compared with January to April 2019.¹ The COVID vaccination programme has brought into light a massive wave of concern internationally about vaccination hesitancy thus risking global public health strategies. Are more parents choosing not to access childhood immunisations because of concerns about attending clinical settings, or are they questioning the principles of vaccination in general?

Objectives To improve local routine childhood vaccination rates by identifying parental barriers behind vaccination hesitancy. To share this learning with local child health professionals who support families with decision making around childhood vaccination.

Methods A sample survey was performed in the children's outpatient department at St Mary's hospital on 26th & 27th November 2020. It involved a 5-minute open-question discussion with parents regarding their views on routine

childhood vaccination, the flu and COVID vaccines. Confidentiality and anonymity were maintained during data collection and analysis. All data was gathered by a single paediatric junior doctor to minimize collection bias. The results were shared with the local child health integrated care team (Connecting Care for Children) at the weekly multi-professional meeting.

Results 27 families were approached. All parents agreed to participate. All children were up to date with their immunisations. Most common parental comments in favour of routine vaccinations included the 'protection of my child from serious illnesses', 'protection of others who cannot be vaccinated', and 'following the national paediatric guidelines'.

23 out of 27 children were eligible for flu vaccination with only 35% (8 out of 23) having received it. Up to 30% of parents in the unvaccinated children group said that the flu vaccine 'was not necessary', with 22% supporting that they 'weren't offered' or 'weren't aware' their children could have it.

30% of parents were in favour of the COVID vaccine and said they have 'trust in science', it is 'the only way to come back to a normal life', and that 'the risk of having it outweighs the risk of not having it'. Those who were negative (44%) or undecided (26%) said that this vaccine is 'too new to be trusted', there are 'unknown long term side effects', it's 'not tested on all age groups', and 'there are unknown ingredients'. Parents in the negative/undecided group said that only time could change their mind. Also, if they were to have another baby they would now think twice before vaccinating their child with the routine immunisations.

Conclusions This sample survey has revealed diverse parental views regarding vaccination. Worryingly our results indicate that the arrival of the COVID vaccine has made some parents more reluctant to access routine childhood vaccines. Sharing our results locally has supported child health professionals to address these concerns with families when discussing vaccination. We recommend conducting this survey across other Trusts to assess whether this trend reflects the majority of the population and can be used to address vaccination hesitancy on a national scale.

REFERENCE

1. Santoli, et al. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration - US, 2020.

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986

PAEDIATRIC BLOOD TRANSFUSION SAFETY IN THE UK: LEARNING LESSONS FROM ADVERSE EVENT REPORTING

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Background Serious Hazards of Transfusion (SHOT) is the UK independent, professionally-led haemovigilance scheme which has collected and analysed anonymised reports on adverse