We have been able to reach an outcome for fifty- three children in the BOSA clinic of which forty-seven fulfilled criteria for a diagnosis of Autism Spectrum Disorder. Surveys from patients indicated that eighty percent agreed with the professionals' outcome.

Conclusions Our ASD tool-kit and revised pathway have resulted in more prudent healthcare, reducing the number of assessments and footfall to the hospital sites. We have reduced variation and inequity. We have increased coproduction with parents by utilising telehealth and coaching parents. We have achieved increased patient satisfaction and improved our patients' experience and outcomes.

British Paediatric Allergy Immunity and Infection Group

1214 CONGENITAL SYPHILIS IN ENGLAND- IS IT ON THE RISE?

¹Helen Peters, ²Kate Francis, ³Laura Smeaton, ¹Claire Thorne. ¹Integrated Screening Outcomes Surveillance Service, UCL Great Ormond Street Institute of Child Health; ²Integrated Screening Outcomes Surveillance Service/Integrated Screening Outcomes Surveillance Service, UCL Great Ormond Street Institute of Child Health; ³Infectious Diseases in Pregnancy Screening Programme, Public Health UK

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Background Public Health England's (PHE) Syphilis Action Plan was launched in 2019 to address the recent increase in the number of infectious syphilis diagnoses including cases of congenital syphilis (CS). As part of the maternity strand of the Action Plan, the PHE Infectious Diseases in Pregnancy Screening (IDPS) programme's Integrated Screening Outcomes Surveillance Service (ISOSS) are conducting enhanced data collection of all cases of CS seen in England since 2015 (when previous surveillance ceased).

Objectives To describe the current picture of congenital syphilis in England using population-level data.

Methods ISOSS is part of PHE's IDPS programme and conducts UK population-level surveillance of the screened-for infections in pregnancy (HIV, syphilis and hepatitis B) and congenital rubella. ISOSS builds on the established National Surveillance of HIV in Pregnancy and Childhood (running for >30 years). Confirmed/suspected CS cases diagnosed since 2015 are reported to ISOSS. Enhanced data collection, commenced in 2019, is conducted for any England-born children following the established process for HIV vertical transmissions. ISOSS interview all clinicians involved in the care of the mother and baby during and after pregnancy. A Clinical Expert Review Panel (CERP) of relevant clinical specialists is convened to establish circumstances surrounding transmissions, any contributing factors and identify learning to inform national guidelines and policy. In addition, data on all pregnancies to women who screen positive for syphilis and their infants has been reported to ISOSS from 2020.

Results 24 cases of CS have been reported to ISOSS and are currently part of the enhanced data collection. Year of birth ranged from 2015–2020 and cases were reported from London (5), North (10), South (7), Midlands and East of England (2). The majority of infants were born to white, UK-born women and median age of mothers at delivery was 22 years (IQR: 21, 25). Early findings show that around a third of mothers screened negative in pregnancy, becoming infected

with syphilis before delivery; other factors arising included late booking and missed or delayed referral and/or treatment during pregnancy or after the birth.

Conclusions ISOSS provides the only population-level data collection on CS in England. Findings to date, including a number of seroconversions, demonstrate the importance of ongoing monitoring and surveillance of CS. The CERP of the 24 cases will identify themes and make recommendations to inform screening policies and clinical guidelines for the IDPS programme, PHE Sexually Transmitted Infections team and BASHH. The recently launched maternity syphilis surveillance will provide robust insights and contexts including a national vertical transmission rate and the impact of COVID-19 to contribute to the wider strategy for the PHE's Syphilis Action Plan maternity strand project.

British Society of Paediatric Endocrinology and Diabetes

1215 AUDIT OF ADMISSION TO PHOENIX WARD OF CHILDREN AND YOUNG PEOPLE WITH DIABETIC KETOACIDOSIS

¹Silvia Yakoop, ¹Sharmila Nambiar, ²Khayathiri Sundaralingam. ¹Broomfield Hospital, Chelmsford; ²Lister Hospital, Stevenage

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Background The DKA guideline has been recently updated by the BSPED; changes have been made to the guideline since it was last updated in August 2015. In 2014, a national audit comparing DKA management of adolescents in pediatric wards versus adult wards showed similar incidence of hypoglycemia in both groups and increased incidence of hypokalemia in those managed in adult wards according to adult protocol, following which guidelines were updated in 2015. This audit has been initiated locally, based on the previous audit to compare incidence of complications like hypoglycemia, hypokalemia, cerebral oedema and time of resolution of DKA between children managed by 2015 guideline versus those managed by 2020 one.

Objectives

- To ensure patients admitted with DKA are managed according to the latest BSPED guideline
- To compare between incidences of hypoglycemia, hypokalemia, cerebral edema and time of resolution of DKA in children who were managed by 2020 DKA protocol versus those who were managed by 2015 protocol

Methods

- 7 children who were included in the study were managed by 2020 guideline since May 2020 while patients' records have been used retrospectively for those children who were managed by 2015 guideline in the past few years.
- All children from both groups have been audited against the incidence of hypoglycemia, hypokalemia, cerebral oedema and time of resolution of DKA.
- Children who were admitted since May 2020 have been audited against adherence to revised IV fluid protocol.

Results

- IV insulin was given appropriately according to the guideline.