This was a very sick cohort of infants and 7 babies died. 9 babies were assessed to have had major morbidity in relation to TANEC. When considering how likely a transfusion is to have caused an adverse event a measure called imputability is used, ranging from 0 to 3. An imputability of 1 means ‘possible’, where the evidence is clearly in favour of attributing the adverse reaction to causes other than the blood or blood components. Six of the babies who died had an imputability of 1, and one was unrelated to transfusion.

Conclusions TANEC is associated with significant morbidity and mortality. The cases reported to SHOT had gestational and postnatal age characteristics in line with those previously described for TANEC. Based on available observational studies, there appears to be under-reporting of these cases to SHOT. Staff should be aware of this potential association between transfusion and NEC in sick infants. TANEC cases are SHOT reportable. Reporting helps share the learning and can identify common themes with increasing cohort numbers.

Further high-quality research is necessary to identify causation and risk factors for both NEC and TANEC, together with effective mitigation measures. We await with interest the outcome of the WHEAT (WithHolding Enteral feeds Around packed red cell Transfusion) randomised controlled trial.

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1244 COVID-19, LOCKDOWN 1.0, AND THE MOVE TO TELEMEDICINE: IMPACT ON GLYCAED HAEMOGLOBIN IN PAEDIATRIC DIABETES MELLITUS

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Background Maintaining blood glucose levels within target is the cornerstone of diabetes mellitus management, reducing the risk of complications. Glycated haemoglobin (HbA1c) is the gold standard assessment, reflecting plasma glucose over 2–3 months. NICE guidance recommends four clinic attendances and HbA1c measurements per year, with a target of 48mmol/mol or lower. The National Paediatric Diabetes Audit showed a mean of 64.6mmol/mol in 2018/19.

At a UK paediatric diabetes unit, face-to-face clinics (F2F) were converted to telephone appointments on 30/03/2020 due to the first COVID-19 UK lockdown. There was a phased return to F2F and HbA1c testing from June 2020.

Objectives To determine whether the COVID-19 pandemic and consequent national lockdown and move to telemedicine affected HbA1c levels in children with diabetes mellitus.

Methods HbA1c results were recorded throughout 2020, excluding those diagnosed in 2020. Each patient’s final HbA1c in January-March before lockdown (Pre-LD) was compared to both their first HbA1c after lockdown (Post-LD) and the mean of all of their HbA1cs after lockdown (Av-Post-LD). Comparisons were analysed grouping patients by Pre-LD, which was assumed to be their baseline.

Results Of the 258 patients, 61 (23.64%) had no Pre-LD and 38 (14.73%) had no Post-LD, excluding them from further analysis. Numbers of F2F and HbA1c testing varied throughout the year; 92 tests were done in January, pre-pandemic, falling to 1 in April, peaking at 83 in September, dipping to 27 in December. Number of tests per patient post-lockdown varied from 1–5 (mean 1.45). When comparing results grouped by baseline, a correlation was seen (table 1).

In the four groups with the highest initial HbA1c, improvements were seen when comparing Pre-LD to both Post-LD and Av-Post-LD, with the >69 group improving by 9.73mmol/mol and 10.18mmol/mol respectively. Only the two highest groups demonstrated a sustained improvement. In the two groups with the lowest initial HbA1c, a slight deterioration was seen when comparing Pre-LD to both Post-LD and Av-Post-LD, with a trend towards deterioration.

Conclusions Perhaps unsurprisingly, HbA1c testing fell during lockdown and never returned to pre-lockdown levels,