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.

Child Protection Special Interest Group

1243 SHOULD PAEDIATRICIANS BE TRAINED IN THE USE OF MEDICAL PHOTOGRAPHY?

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10.1136/archdischild-2021-rcpch.503

Background Paediatricians are responsible for carrying out child protection medical examinations, which will sometimes include the use of photography to document injuries. Ideally, a trained medical photographer would take all photographs when needed. This service is not always available and the paediatrician may have to take time critical photographs.

Objectives Our aim was to audit the child protection photographs taken in one year at our hospital and compare them to the national guidelines from the Institute of Medical Illustrators.

Methods All children (0–18years) who had a child protection medical in 2019 were identified. Those that had photographs taken during their medical were highlighted and the photographs were compared against the standards set out by the Institute of Medical Illustrators.

Results 49 child protection medicals with photography were completed in 2019. Clothing was removed appropriately in 86% of cases. However, an appropriate background was used in only 18% of photographs. The three photograph principle (a location photograph, a close-up photograph, and a close-up photograph with a linear scale) was used in 0% of cases. Location photographs or close-ups with no linear scale were taken in only 14% of cases. Photographs with a linear scale were taken in 67% of cases, in which a triangle ruler was used in 83% of these.

Conclusions Overall, child protection medical photography in our centre is of inadequate quality. Ideally, support from medical or police photography should be available at all times for child protection medicals and other medical photography. This

is not currently the case in all centres. With the COVID-19 pandemic, there has been an increase in domestic child abuse cases, possibly leading to more of us, as paediatricians, needing to complete child protection medicals. We recommend that training is offered to all paediatricians who may be taking medical photographs, and could be considered an important part of trainee induction. Any photographs taken can be used as evidence in court and, therefore, their quality is of paramount importance.

British Society of Paediatric Endocrinology and Diabetes

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

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10.1136/archdischild-2021-rcpch.504

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,

Abstract 1244 Table 1 Comparison of average HbA1c (mmol/mol) pre- and post-lockdown grouped by baseline HbA1c

Group	Number of Subjects	Pre-LD (1)	Post-LD (2)	Av-Post-LD (3)	Improved 1-2	Improved 1-3	Improved 2-3
>69	38	86.67	76.94	76.49	Yes	Yes	Yes
64-69	25	65.69	61.82	61.07	Yes	Yes	Yes
58-63	44	60.14	58.31	59.78	Yes	Yes	No
53-57	23	55.35	54.23	54.63	Yes	Yes	No
48-52	18	50.51	52.25	52.59	No	No	No
<48	13	42.07	44.24	46.50	No	No	No

highlighting the pandemic's disruption to the care of patients with long-term conditions. Contrary to guidance, 14.73% of patients were not tested in the nine months post-lockdown, potentially reflecting reluctance to attend hospital during the pandemic. Nevertheless, where results were available, lockdown seemed to have a positive impact on HbA1c despite the enforced use of telemedicine, unless the patient was already close to target. It is possible that lockdown provided more routine and parental supervision for those with initially high HbA1c but disrupted the successful routine and sporting activities of those initially closer to target.

British Paediatric Respiratory Society

1245

IMMUNOLOGICAL FINDINGS AND RESPIRATORY MANIFESTATIONS IN ATAXIA-TELANGEICTASIA: A SCOPING REVIEW

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10.1136/archdischild-2021-rcpch.505

Background Ataxia-telangiectasia (A-T) is a rare autosomal recessive, multi-system, neurodegenerative disease due to mutations in the ataxia-telangiectasia mutated (ATM) gene. It causes neurological impairments, immunodeficiency leading to serious recurrent infections, and malignancy.

There are two types of A-T; the more severe classical A-T that presents in early childhood, and the less severe variant A-T that presents later in childhood, or adulthood.

People with classical A-T generally present at approximately 18 months of age with a cerebellar gait ataxia, are wheelchair-bound by 10 years and rarely live beyond their twenties, with death mainly due to malignancy or lung disease.

People with variant A-T present later in childhood, or as an adult, and have a milder phenotype with a longer survival. **Objectives** To document the immunological and respiratory manifestations of A-T.

Methods 17 searches were carried out in each of 5 databases (Ovid SP (Medline), EMBASE, Web of Science, PubMed, Scopus). The Cochrane Library was also searched. The search protocol is available.

The inclusion criteria were all dates, languages and ages; humans; and clinical relevance. The exclusion criteria were: no reference to A-T, not an original article, animal studies, not clinically relevant.

Results Search returned 194,890 articles; 14,622 titles and abstracts were reviewed after removing 180,268 duplicates.

Full text review of 1,163 articles was performed and 1,039 studies were included (13,459 exclusions, 124 excluded after full text review).

The most frequently reported immunoglobulin abnormality was low IgA in the classical group, followed by high IgM. The majority of immunoglobulin results reported in the variant group were normal. The most likely abnormality in the variant group was high IgM. Very limited age data were reported.

Other common immunoglobulin abnormalities in the classical group included low IgG2 (n=283), low IgG3 (n=44) and low IgG4 (n=86).

699 cases in the classical group received replacement immunoglobulin, starting at a median age (n=40) of 4 years 6 months (range 2 months to 16 years 0 months, IQR 3 years 0 months to 8 years 0 months). No cases in the variant group were reported to be on replacement immunoglobulin. 230 cases in the classical group and 3 in the variant group were reported to have received prophylactic antibiotics.

Recurrent infections were reported in 1118 cases in the classical group and 18 in the variant group. The most frequently reported recurrent infection was sinopulmonary infection in the classical group (n=570) and lower respiratory tract infection/pneumonia in the variant group (n=11).

Non-infectious respiratory manifestations reported in the classical group included bronchiectasis (n=228), interstitial lung disease (n=35), unspecified chronic lung disease (n=3), pulmonary fibrosis (n=7), and pneumothorax (n=50). Age data (where available) will be reported on these manifestations. No non-infectious respiratory manifestations were reported in the variant group.

Conclusions There is a wide variety of infectious and non-infectious respiratory manifestations, and immunological abnormalities reported in classical A-T. There are fewer immunologic and respiratory manifestations reported in variant A-T.

We are grateful to Action for A-T, the A-T Society, and BrAshA-T, for financial support.

British Paediatric and Adolescent Bone Group

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JOINT EFFUSIONS: AN INDICATOR OF UNFAVOURABLE OUTCOME OF CRMO IN CHILDREN

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10.1136/archdischild-2021-rcpch.506

Background Chronic Recurrent Multifocal Osteomyelitis (CRMO) is an autoinflammatory, chronic disease that usually appears in childhood. It can be unifocal or multifocal, and main symptoms are pain and swelling on the area of the affected bones. Most of the times, it has a benign and self-limiting course; however, there is a minority of patients for whom the disease remits often and the symptoms are not well