25-OH Vitamin D: 26.76 µg/L (20–120). The Ca/Cr ratio in spot urine was 0.07. DEXA: Z score was –1.3. Gene analysis was performed for hypophosphatasia accompanied by low ALP and dental findings.

Conclusions Patients who present with the complaint of spontaneous early loss of primary teeth should be evaluated in terms of hypophosphatasia. The most important issue for diagnosis in such patients is clinical suspicion.

British Association of Child and Adolescent Public Health

1400

TRENDS IN HOSPITAL ADMISSIONS FOR CLINICALLY VULNERABLE INFANTS IN ENGLAND DURING THE COVID-19 LOCKDOWN

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10.1136/archdischild-2021-rcpch.617

Background One in four infants have a hospital admission in their first year of life, of which 75% are unplanned. Clinically vulnerable infants have more planned and unplanned hospital contacts than other infants. They are therefore likely to have been disproportionately affected by restricted access to hospitals during the COVID-19 pandemic.

Objectives To compare trends in planned and unplanned hospital contacts among clinically vulnerable and other infants before and during the COVID-19 pandemic.

Methods We included infants born between September 2016 and March 2020 in Hospital Episode Statistics (HES).

We defined clinically vulnerable infants by (i) long-term health conditions (chronic conditions or congenital anomalies), or (ii) adverse birth outcomes (low birth weight <2500g or preterm birth <37 weeks of gestation). We included characteristics and diagnoses recorded at birth, during subsequent hospital admissions, or as a cause of death.

We described rates of planned and unplanned hospital admissions (excluding the birth admission) between January 2017 and March 2020 for infants with and without vulnerability.

Results Of 2,184,114 infants in the study, 9.1% had a long-term health condition (6.8% had a chronic condition; 3.8% had a congenital anomaly), 9.3% had an adverse birth outcome (6.1% were low birth weight and 6.7% were preterm), and 16.4% had one or more.

Between January 2017 and March 2020, an average of 0.12% of the infants had a planned and 0.69% had an unplanned admission each week. Infants with a long-term health condition were at a higher risk for hospital admissions with 16 times (RR: 15.38 (11.16–21.74)) as many weekly planned and over four times (RR: 4.56 (4.00–5.20)) as many weekly unplanned admissions as infants without these conditions. This was similar for infants with an adverse birth outcome who had twice as many weekly planned (RR: 2.36 (1.86–3.02)) and unplanned (RR: 1.75 (1.59–1.93)) admissions as infants without.

Both weekly planned and unplanned hospital admissions started to fall two weeks before the first lockdown on March 23, 2020 for infants compared with the same period (averaged over 2017 and 2019); unplanned admissions fell more steeply. The reduction was greater for clinically vulnerable infants: there was a ten-fold decrease in planned admissions

and a four-fold decrease in unplanned admissions for infants with long-term health conditions compared to those without. There was a three-fold reduction in planned admissions and a two-fold reduction in unplanned admissions for infants with an adverse birth outcome compared to those without.

Conclusions The impact of the COVID-19 pandemic was greatest for unplanned admissions in infants with long-term health conditions. This may be due to restricted access to hospitals, fear of COVID-19 infection, lower rates of other infections, closer monitoring by carers at home, or deferred presentations. Reductions in planned admissions could reflect postponement of elective procedures. Further research is needed to establish the unmet needs that will result from the pandemic. Prioritisation of interventions to address unmet clinical need during lockdown should focus on clinically vulnerable infants.

Paediatricians with Expertise in Cardiology Special Interest Group

1401

MILD AORTIC ARCH TURBULENCE – WHAT IS THE LONG TERM OUTLOOK

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10.1136/archdischild-2021-rcpch.618

Background Aortic arch anomalies might exist in isolation but also may be associated with other congenital heart defects. Mild hypoplasia of the arch could result in note of mild turbulence on echocardiography and may be incidentally diagnosed in infancy but there are no published data on the long term outlook in these patients. These patients are usually monitored annually with Blood pressure monitoring and serial echocardiographies. It is not known how many of these patients go on to develop coarctation of aorta or need surgery in future. We would like to present a case series of 5 infants who were diagnosed in infancy with mild aortic arch narrowing and review their follow up over 5 years.

Objectives To review the clinical details in 5 children diagnosed with mild aortic arch hypoplasia in infancy and follow up with their outcome over 5 years.

Methods Review clinical notes of these five patients and analyse the findings

Results There were 5 children in this study, which included 4 girls and 1 boy who were all non-syndromic. All children had normal blood pressures and palpable femoral pulses. All of them were diagnosed with mild aortic arch hypoplasia with turbulence noted at the distal transverse arch with velocities of around 2.2–3.0 m/s before their first birthday. All 5 children had left sided arch and it was an isolated finding in 3 of the 5 cases. One child also had a small secundum ASD (Atrial septal defect) and one patient had mild mitral regurgitation. At the time of this study these children were in 5–7 year age group. Most of the cases were followed up annually. Only 1 child had evidence of mild concentric left ventricular hypertrophy. All 5 patients had trileaflet aortic valve. None of the 5 patients needed cardiac interventions. One patient had resolution of flow acceleration and was discharged at 4 years of age. The rest of the patients have continued to be followed up with minimal or no increase in flow velocities.