Total IgE levels are nonspecific and these don't add in management of the patients.

Guidelines to prescribe Epipen should be followed and every patient should be given Epipen when indicated.

Guidelines for doing Specific IgE testing will be revised will be revised.

Re audit will be done in due course to see if the updated guidelines are being implemented.

British Paediatric Neurology Association

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TAILORING TRANSITION CARE PATHWAYS TO COMPLEXITY OF YOUNG PEOPLE'S NEEDS

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Background Historically, families reported 'falling off a cliff' on reaching adulthood, as paediatric care ceased. If health needs of disabled adults and those with long-term conditions starting in childhood are to be adequately met, they must first be accurately identified and documented for children and young people. Clear arrangements are required to ensure all needs continue to be addressed, including who is responsible for leading clinical care through transition and into adulthood.

Objectives To describe how local transition care pathways have been developed, based on the evidence of complexity of the needs of young people and in collaboration with families. To describe the numbers of young people on each transition pathway and detail their needs.

Methods Data capture about the multifaceted needs of children and young people is embedded at the point of care in local paediatric clinics. These underpin care pathway design, including on transition to adulthood. Identification of learning disability is prioritised in the paediatric service. Joint paediatric-neurorehabilitation transition clinics have been held for 20 years. Collaboration with learning disability and adult palliative care teams has supported young people with the most complex needs through transition.

This work was approved by the Chief Executive Officer of the NHS Foundation Trust. Funding for the data analysis was from Together for Short Lives.

Data from birth years 1997–2003 were analysed. Complexity of needs was calculated using the Disability Complexity Scale.

Results For 756 young people aged 17 years+ seen in paediatric clinics, the lead for adult healthcare was identified as: routine general practitioner (GP)-led care for 484; enhanced GP care, with annual learning disability health checks, for 183; epilepsy neurology clinic for 62; regional neurofibromatosis service for 5; neurorehabilitation service for 93; adult palliative + learning disability multidisciplinary team care for 9. Whilst the numbers of young people graduating on the neurorehabilitation and palliative care pathways have been relatively stable over time, the number identified with learning

disabilities have increased from 4 in the 1997 birth cohort to 44 for those born in 2003.

The range of medical, functional and family-reported needs and technology dependencies of the young people following each transition care pathway will be presented, including for the group who have died.

All young people on the palliative pathway had 11+ needs, with a higher burden of technology dependencies compared to other groups.

Conclusions Population data evidencing complexity of needs of young people approaching transition to adulthood led to redesign of care pathways in collaboration with families. Population data evidence equality of access to transition care pathways for all young people with the same level of needs.

British Paediatric Allergy Immunity and Infection Group

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SEROPREVALENCE AND KINETICS OF SARS-COV-2 ANTIBODIES IN CHILDREN IN THE UK: A PROSPECTIVE MULTICENTRE COHORT STUDY

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Background During the first wave of the SARS-CoV-2 pandemic in England, children accounted for just 1% of confirmed infections, had a milder clinical course and had much lower mortality than adults, a pattern similar to other international settings. The proportion of children in the UK infected with SARS-CoV-2 was unknown, with children less likely to attend symptomatic testing and issues with the sensitivity of real time reverse transcription PCR of oral/nasal swabs.

Objectives To measure the seroprevalence of SARS-CoV-2 antibodies in children of healthcare workers in the UK and to characterise the antibody response to SARS-CoV-2 infection and longitudinal antibody kinetics of SARS-CoV-2 infection.

Methods Multicentre observational prospective cohort study designed to determine seroprevalence of antibodies to SARS-CoV-2 in healthy children and report on symptoms experienced. Children of healthcare workers were recruited from five UK centres and underwent phlebotomy at three time points, beginning 16 April. There were follow up plasma/serum collections at two and six months after the original collection. Serum and/or plasma were tested for SARS-CoV-2 antibodies.

Results 1042 potential participants were screened for inclusion, with 35 excluded. Of the 1002 included 15 were excluded from analysis due to unsuccessful phlebotomy. Of the 992 included participants at the first time point, 68 had positive SARS-CoV-2 antibody tests, giving a seroprevalence of 6.9% (95% CI 5.4% to 8.6% n=992). Belfast had a significantly lower seroprevalence than all other sites at 0.9% (95% CI 0.2% to 3.3%, n=215, p<0.0001), and London had a seroprevalence significantly higher.