presented with a fever. 10/21 (47.6%) had a CRP of less than 20 at presentation, 11/21 (52.3%) had a transaminitis. Disseminated disease was present in 4/5 (80%) babies born at <28 weeks and 11/39 (28%) >37 weeks gestation.

Aciclovir was commenced in 54/59 but in only 23/59 (39.0%) on the day of presentation. Overall mortality was 22% but 57% in those with disseminated disease. Mortality by gestation was 60% <28 weeks, 25% 28–36+6 weeks and 18% >37 weeks.

**Conclusions** Incidence of neonatal HSV has doubled since the last national surveillance study. Mortality remains high and presenting features of disseminated disease are non-specific. Absence of fever in 86% of cases demonstrates that HSV should not only be considered in the assessment of the febrile infant. Awareness of this disease needs to be raised to enable early recognition and treatment.

**REFERENCES**


**British Paediatric Neurology Association**

**1488 MANAGEMENT OF BELL’S PALSY IN CHILDREN – A REVIEW OF CURRENT EVIDENCE**

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**Background** There is strong evidence that oral steroids improve outcomes in adult patients with Bell’s palsy, but no consensus for paediatric patients. Different management approaches exist. All use eye drops, and then either expectant management, oral steroids, or steroids and antivirals.

**Objectives** To review the current literature for management of Bell’s palsy in children to support the development of clear guidelines.

**Methods** A literature search was performed in MEDLINE, EMBASE, and CENTRAL. The results were screened with inclusion criteria (1) participants aged 18 or younger and diagnosed BP; (2) compared steroids vs placebo, steroids and antiviral vs placebo, or antivirals vs placebo (3) Primary endpoint recovery of motor function using an explained clinical scale. Randomised clinical trials (RCTs), retrospective cohort studies, and cross-sectional studies were included. Meta-analysis, case reports, and systematic reviews were excluded. Study quality was evaluated using the NHLBI quality assessment tools.

**Results** Twenty studies were included for analysis. An RCT and 15 retrospective cohort studies looked at steroid vs expectant management of BP in children. One retrospective cohort study found steroids alone improved duration until full recovery but not overall recovery rate. The other studies in this group found no statistically significant difference between steroids and expectant management. Steroids + antivirals were compared to steroids alone by 3 studies; an RCT found steroids + antivirals to be significantly better than steroids alone, and 2 retrospective cohort studies found no significant difference between steroids alone and steroids + antivirals. A retrospective cohort study found no significant difference in recovery between high and low-dose steroids.

The studies are of poor quality. None performed power calculations and they are all underpowered to detect the effect size found in larger adult studies. The retrospective cohort studies did not address important confounding factors, such as whether BP severity affected clinicians’ treatment choice.

**Conclusions** Paediatric studies fail to demonstrate the beneficial effects of oral steroids shown in adult studies but their designs are inadequate to detect potential benefits. The poor quality of existing research is an important limiting factor, and so high quality RCTs are indicated to investigate the effects of steroids alone and steroids with antivirals in paediatric BP patients.

**International Child Health Group**

**1489 EVALUATION OF A MULTI-PROFESSIONAL PAEDIATRIC TRAINING PROGRAMME IN A GLOBAL HEALTH PARTNERSHIP**

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**Background** Birmingham Women’s and Children’s Hospital (BWC)–Malawi Partnership is a global health partnership created to improve the health of children through an education and training programme between paediatric departments at BWC and Queen Elizabeth Central Hospital, Malawi (QECH). A key component of the Partnership has been the delivery of paediatric training by multi-professional teams including nurses, doctors and allied health professionals (AHP).

**Objectives** To evaluate the impact of multi-professional paediatric training delivered by the BWC-Malawi Partnership.

**Methods** A mixed-methods evaluation was undertaken using quantitative questionnaires and semi-structured interviews with 101 QECH staff in Malawi and 18 BWC trainers to assess the impact of training interventions, as part of a formal evaluation of the Partnership.

**Results** Formal classroom and bedside training sessions in paediatric Neurology, Respiratory, Burns, Cardiology, Haematology, Nephrology, Safeguarding and Radiology have been delivered. Sessions were arranged based on identification of learning needs by QECH staff and availability of BWC trainers. Multi-professional sessions by specialist nurse/doctor/AHP teams as well as individual sessions were undertaken. Sessions were targeted for either inter-professional or single profession audience.

71% of doctors and 74% of QECH nurses were aware of the training sessions as part of the partnership. 29% of doctors and 22% of nurses attended the sessions. 33% of attendees were from the acute care ward and 29% from A&E, with the remaining 8 paediatric clinical areas constituting 38% of attendees.

50% commented specifically about the teaching when asked open questions about the benefits of the partnership. Similarly 45% mentioned the value of multi-professional team teaching.