there was heterogeneity in the use of single versus graded oral provocative tests.

**Conclusions** There is good evidence that DPT with penicillin is safe in non-immediate mild cutaneous reactions. DPT in conjunction with tight safety net advice is practical in emergency and urgent care settings. However, whilst adopting this practice to foster antimicrobial stewardship, it is reasonable to consider the ED 4-hour target performance indicator.

**REFERENCES**


**International Child Health Group**

**732 DETERMINANTS OF CARE-SEEKING BEHAVIOUR FOR FEVER, ACUTE RESPIRATORY INFECTION AND DIARRHOEA AMONG CHILDREN UNDER FIVE IN NIGERIA**

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**Background** Despite available, inexpensive and effective treatments, malaria, diarrhoea, and pneumonia still contribute the majority of the global burden of childhood morbidity and mortality. Nigeria has one of the highest absolute numbers of child deaths worldwide. Optimal care-seeking is important for prompt diagnosis, appropriate and timely treatment, and prevention of complications.

**Objectives** The objective of this study was to examine the prevalence of and factors associated with optimal care-seeking for childhood illnesses.

**Methods** We used the most recent Nigeria Demographic and Health Survey (2018) to assess the prevalence of optimal care-seeking among mothers of children under five with symptoms of common childhood illnesses. Optimal care-seeking was defined as seeking care from a hospital or health centre for diarrhoea, and additionally seeking care within two days of symptom onset for fever and symptoms of acute respiratory infection (ARI). Multivariate logistic regression was carried out to assess factors associated with optimal care-seeking for each illness.

**Results** At least 25% of parents did not seek any care for children with fever or ARI; this figure was over one third for diarrhoea. Only 15% and 14% of caregivers showed optimal care-seeking for diarrhoea. Predictors of optimal care-seeking varied according to childhood illness. Maternal and/or paternal education were associated with increased odds of optimal care-seeking for all three illnesses, as well as previous facility delivery. Having multiple symptoms was associated with optimal care-seeking for ARI and diarrhoea, but not fever. Rural/urban residence was not associated with optimal care-seeking for any illness and wealth was only associated with increased odds of optimal care-seeking for fever.

**Conclusions** Overall, care-seeking for childhood illnesses was suboptimal among caregivers in Nigeria. Interventions to increase caregivers’ awareness of the importance of optimal care-seeking are needed alongside quality of care interventions that reinforce people’s trust in formal health facilities, to improve timely care-seeking and ultimately reduce the high burden of child deaths in Nigeria.