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.

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731 DOES THE STRENGTHS OF POSITIVE DIRECT ANTIGLOBULIN TEST PREDICT THE NEED FOR PHOTOTHERAPY AND DURATION OF PHOTOTHERAPY?

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Background The available evidence on the use of Direct Antiglobulin test (DAT) in management of neonatal hyperbilirubinaemia are conflicting.

Objectives To assess if the strength of positive Direct Antiglobulin test (DAT) predicts the need for phototherapy, duration of phototherapy and need for major interventions.

Methods This was a retrospective single center study conducted over a period of six years (2014–2019). We collected data on all DAT positive neonates ≥ 32 weeks. Data regarding blood group, DAT and clinical details were obtained from hospital database. We also collected data on serial haemoglobin and other relevant laboratory parameters. Irrespective of DAT status we also collected data on infants receiving major interventions like exchange transfusion, in-utero transfusion, immunoglobulins and postnatal transfusion for the duration of the study period. All of these infants were electronically followed up for a period of 6 weeks. This study was approved by institutional audit authority. All the statistics were performed using SPSS software.

Results A total of 1285 DAT tests were performed during this time frame. Out this, 91 infants were DAT positive (7%), and 78 DAT positive infants were available for analysis. 72% of the study population were >37 weeks of gestation. There were 54 infants with DAT (1+), 15 infants with DAT (2+), 7 infants with DAT (3+) and 2 infants with DAT (4+). There was no significant difference in terms of need for phototherapy, duration of phototherapy, need for major interventions and haemoglobin levels at different time points between the groups (DAT 1+ Vs DAT $\geq 2+$; DAT 2+ Vs DAT $\geq 3+$). Total of 10 infants received major interventions, with one infant receiving all three interventions (DAT 3+ with significant maternal antibodies), 2 infants (both DAT1+) received exchange transfusion, 6 infants received immunoglobulin (2 infants: DAT 2+; 4 infants: DAT 1+) and one infant (DAT 1

+) with significant maternal antibodies received postnatal transfusion.

Conclusions The strength of DAT did not predict the need for phototherapy, duration of phototherapy, and need for major haemolysis related intervention in the first six weeks of life.

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 their children with fever and ARI respectively, and 27% of mothers sought care in a formal health facility 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.