degree of sensitivity and specificity. Previously used rapid antigen tests such as RSV and Influenza antigen testing have high specificity rate, but lower sensitivity rates [approximately 75.3% for RSV antigen test and 61.1% for the Influenza antigen tests], thereby resulting in high false negative results. Although more expensive than the conventional RSV and influenza antigen tests, RVP PCR test provides overall diagnostic, therapeutic and economic advantages. Our study clearly illustrates that a positive RVP PCR result led to beneficial outcomes such as low rates of hospitalization and the use of antibiotics. Although numbers in the study remain small and we are unable to compare with clinical outcomes in the absence of RVP PCR study; it seems obvious that with thoughtful clinical correlation, RVP PCR can be a very useful and overall cost-effective tool for clinical management. We therefore recommend use RVP PCR as a single swab test for children presenting with respiratory tract symptoms, rather than subjecting them to multiple swabs for Influenza and RSV.

**Clinical Profile, Laboratory Profile and Complications of Paediatric Scrub Typhus in Rural Eastern India**

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**Aims** To study the clinical profile, laboratory parameters and identify the complications associated with paediatric scrub typhus in a tertiary care setting in rural Eastern India.

**Methods** This prospective observational study is conducted in a tertiary care teaching hospital located in rural region of Eastern Indian and included 100 children aged less than 12 years, admitted between February 2021 to December 2022 and were IgM ELISA positive for Scrub typhus. The clinical, laboratory profile, complications and outcome were documented in a pre-designed data sheet and analysed.

**Results** A total of 100 cases were included in the study. The most common presenting complaint was fever present in 100% of the children followed by gastrointestinal symptoms like vomiting and pain abdomen present in 58%. Bleeding manifestations like gum bleeding, haematuria and melena were present in 1.5%. Respiratory system was affected in 30% of the children giving rise to symptoms like cough and respiratory distress. Central nervous system was affected in 26% of the children who were admitted with symptoms of headache, altered sensorium and convulsions. The predominant signs were of oedema(77%), hepatosplenomegaly(64%) followed by generalised lymphadenopathy(33%). Eschar considered to be pathognomonic for scrub typhus was found in 30% (figures 1 and 2). On analysis of laboratory parameters, most important ones which could be predictive of an underlying aetiology of scrub typhus were an elevated AST and elevated ALT present in 66% and 62% of the cases respectively along with thrombocytopenia in 65%. The most common complications requiring PICU admission were that of shock (55%) followed by meningocencephalitis (30%) (figures 1 and 2) and Pneumonia (16%). Majority of the patients (76%) were treated with Doxycycline followed by Azithromycin in the rest. 82% showed defervescence in the first 48 hours following treatment initiation. There was no mortality in our study owing to having a high index of suspicion for scrub typhus in background of its endemicity in the region along with timely initiation of specific antibiotic therapy.

**Conclusion** In a country like India, especially in rural and resource limited areas, where IgM ELISA might not be available easily at hand, it is pertinent to have a high index of suspicion for scrub typhus and more so in the endemic regions. The predominant clinical signs like hepatosplenomegaly, lymphadenopathy or the characteristic finding of eschar along with raised ALT,AST and decreased platelets can prompt the treating physicians to initiate the treatment early, thus preventing severe morbidity and mortality.