General Hospital setting. Clinical records of patients (aged 0-16 years) diagnosed with anaphylaxis during last 5 year period (2016 to 2021) were audited against NICE recommendations on assessment and referral to specialist allergy services. NICE recommended proforma was used to assess the department’s compliance.

Patients with documented triggers and those with unknown triggers were included in the audit. A total of 40 patients were identified. Two patients were discounted because of incorrect coding. Eight patients were excluded from the study due to their clinical records and/or e-discharge summaries were not uploaded in the trust portal.

**Results** Thirty two out of 40 patient records were identified during the five-year period. Male preponderance was noted (69%). The mean age and weight on presentation were 6 years and 26.9kg respectively. More 17(53.1%) patients presented during the weekends compared to weekdays. Peanuts and eggs were the commonest triggers identified in the initial history. The trigger for the anaphylaxis was unknown in 22% of admissions.

In majority of presentation (78.1%), clinical features consistent with a diagnosis of anaphylaxis were documented. However, Mast cell tryptase test was done only in 22% of the patients. Most of the patients (87.5%) were admitted to paediatric wards following emergency treatment for further management. Most of these patients record show that they were advised on trigger avoidance (78.1%) and measures to manage anaphylaxis (62.5%). Education on using adrenaline auto-injectors was documented in two-thirds of patients (62.5%). Two adrenaline auto-injectors were prescribed prior to discharge in majority 18 (56.3%) of the cases. There was no documentation on the information of patient support groups in any of the clinical records viewed. Almost all of these patients presented with anaphylaxis were subsequently 31 (96.9%) referred to specialist allergy clinics on discharge.

**Conclusion** The audit showed that the high compliance to NICE recommendations on managing children and young people presenting with anaphylaxis to our hospital. However, documentation of referral to patient support groups and mast-cell tryptase testing were under-utilized. Hence, we have initiated local adaptation of NICE recommendations as local unit guidelines and agreed to use information leaflets from recommended support groups.

**203 PROFILE OF MULTISYSTEM INFAMMATORY SYNDROME (MIS-C) IN INFANTS DURING THE SECOND WAVE OF SARS-COV-2 PANDEMIC: AN OBSERVATIONAL CROSS-SECTIONAL STUDY**

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Aims Multisystem inflammatory syndrome in children (MIS-C) secondary to severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has affected not only the older children, adolescents and adults but also infants, more so during the second wave of the global pandemic. Thus, this study was done to describe the profile of infants presenting with multisystem inflammatory syndrome (MIS) with the aim to alert clinicians regarding the need for its early diagnosis and timely management in this vulnerable age group to prevent the morbidity, mortality and long term complications associated with MIS-C.
Abstracts

Methods All sequentially admitted infants hospitalized during a period of 6 months from, who fulfilled the WHO/CDC/RPCH criteria for MIS-C were included in the study. The data was recorded in a semi-structured pre-tested self-designed proforma regarding the demographic profile, presenting symptoms, clinical signs, laboratory parameters and treatment received. The data was analysed using appropriate statistical tools.

Results A total of 19 infants were studied. Of these, 68.3% (13) had an evidence of recent COVID-19 infection. The median age of presentation was 2 months. The male:female ratio was 1:1. The most common presenting symptoms were fever (68.4%), gastrointestinal complaints (63.1%) and edema (36.8%) (figure 1). Other predominant signs were shock (78.9%), myocarditis (52.6%) and neurological complaints (26.3%). Incomplete Kawasaki disease was present in 21% patients. Elevated CRP, ferritin, D-Dimer, NT pro BNP and reduced fibrinogen were markers of severe illness. All subjects received IVIG (100%), 31.5% received a second dose of IVIG and 63.1% received pulse intravenous methylprednisolone. (table 1) A total of 5 (26.3%) died as a result of the disease process.

Conclusion MIS-C in infants is usually under-diagnosed and under-reported due to the considerable overlap between sepsis and MIS-C especially due to the higher incidence of sepsis in developing countries. The spectrum of this illness can be varied and is different from the overt clinical signs seen in older children and adolescents.

Thus, these investigations should be done early in the course for optimal therapy with immunomodulators and favourable outcome.

Results The proportion, nature, maximum intensity, and duration of injection-site, systemic, and serious AEs were generally comparable between recipients of V114 and PCV13. No serious AEs were reported to be vaccine related. In comparison to PCV13, V114 met non-inferiority criteria for all 15 serotypes based on IgG response rates at PD3. V114 further met non-inferiority criteria based on IgG GMCs for all serotypes at PD3 and PD4 except serotype 6A at PD3. V114-induced antibodies displayed functional activity as assessed by OPA.

Conclusion In healthy infants, V114 has an acceptable safety profile and generates comparable quantitative and qualitative immune responses to the 13 serotypes shared with PCV13, with higher responses to serotypes unique to V114. These results support use of V114 in infant immunisation.

Aims The objective of this study is to determine how effective faecal calprotectin is as a marker of cow’s milk protein allergy (CMPA) for diagnosis and follow-up in infants under one year of age as well as identify internal and external influencing factors towards differing levels of faecal calprotectin and note their correlation.

Methods This is a retrospective pilot study in infants who presented at Mediclinic Parkview and Welcare Hospitals, Dubai. Inclusion criteria for the study consists of patients that are under one year of age with gastrointestinal symptoms and high faecal calprotectin marker of > 120 µg/g with suspected CMPA. A total of 92 patients below 1 year of age were recruited. (29.3% male, 70.7% female) with their stool samples being tested.

Results The patients with more severe signs and symptoms exhibited a higher FC level. The data is statistically significant with a P-value of 0.02. With the exclusion diet, at 4 weeks follow up, all patients’ symptoms subsided. For those with a follow-up FC value (17 patients), there was a significant drop indicating the improvement with excluding dairy products.

Conclusion This study has demonstrated a successful application of fecal calprotectin as a tool to aid in the diagnosis and assessment of disease activity in patients with CMPA. It has proven to be a reliable, inexpensive, and non-invasive biomarker thus potentially becoming the gold standard for the detection of CMPA in infants.