Suppurative intracranial infections are rare but serious neurological diseases. This cohort demonstrated a decrease in the incidence of Paediatric Suppurative Brain Infection in 2020-2021 of 78% \((p<0.003)\). This correlated with the first year of the SARS-CoV-2 pandemic.

This audit supports a high clinical suspicion for brain abscess in children with a recent infection, particularly sinusitis. Ceftriaxone and Metronidazole are an adequate first line empiric treatment, with adjustment according to sensitivities.

The emerging patterns in this audit are supported by similar, larger studies; this data presents valuable information for the management of paediatric intracranial infections and informs further studies.

**REFERENCES**

1. Paediatric focal intracranial suppurative infection: a UK single-centre retrospective cohort study, Van der Velden et al.
2. Clinical and Microbiologic Features Guiding Treatment Recommendations for Brain Abscesses in Children, Felsenstein et al.

**Aims**

Two years into the COVID-19 pandemic, there is better understanding of the clinical impact on children. We aimed to assess hospitalisation data for all children admitted with SARS-CoV-2 infection at Mater Dei Hospital Malta, from March 2020 to December 2021.

**Methods**

Case details were gathered from ward documentation. Results of investigations, clinical details on severity of infection and management were obtained from electronic records.

**Results**

A total of 105 children were admitted with a median age of 1.8 years (range 1 month-15 years) of whom 50% were male. COVID-19 PCR results were positive prior admission in 44.7% and found to be positive after being admitted in 55.2%. Symptomatic COVID-19 was the sole diagnosis in 45%, 10% had a dual diagnosis, 12% were asymptomatic and incidentally diagnosed after being admitted for an unrelated pathology, and 33% had incomplete documentation. The median duration of hospitalisation was 1 day. Most presented with fever (59%); this being the only symptom in 23.5% whilst others had accompanying respiratory (13.6%) and gastrointestinal (12.6%) symptoms. Overall, the commonest symptoms were cough (9.8%) and vomiting (8.5%). Complete blood counts and C-reactive protein were largely normal in all. Chest X-ray, done in 27% of cases, was normal in 89%. Abnormalities included perihilar infiltrates and one was found to have an unrelated upper mediastinal mass.

Management mostly involved observation; antibiotics were prescribed in 23% of cases (mainly for suspected pneumonia). Only 1.4% of cases required minimal oxygen via facemask.

**Conclusion**

Children below 2 years of age are more likely to be admitted to hospital with SARS-CoV-2 related symptoms. Many are discharged after exclusion of an alternative serious diagnosis, with the majority having normal blood investigations and chest X-ray findings.

**Aims**

To review the presentations and management of children and young people presenting with acute Covid-19 requiring hospital admission in South East Scotland.

**Methods**

Retrospective identification of children testing positive for Covid-19 infection at time of admission to the hospital.