Feedback forms were sent after the 24h event and responses analysed (n=21). Responses covered 5 continents and 12 countries (limited by only being available in English and sent out some time after the event).

Conclusions Listening and Sharing sessions provided a useful format to rapidly share issues, ideas, and good practice across disciplines and around the globe. This format proved easy for all to engage with and may be useful as a future tool for rapid communication and sharing of knowledge, experience, and skills. Listening and Sharing sessions may be particularly useful where acquisition and transfer of knowledge is time critical. The Global Task Force was very active during the first phase of the pandemic but not during the second wave which may be an indication of people being better prepared.

** KNOWLEDGE AND AWARENESS OF MATERNAL CHRONIC HEPATITIS B CARRIERS TO PERINATAL ANTIVIRAL USE IN PREVENTION OF MOTHER-TO-CHILD HEPATITIS B VIRUS TRANSMISSION **

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**Background** Antiviral treatment is recommended to reduce the vertical transmission in women with high viral load for mother-to-child transmission (MTCT). However, most women decline treatment.

**Objectives** We aimed to determine the knowledge and awareness of maternal chronic hepatitis B carriers to antiviral use.

**Methods** A cross sectional study was carried out in a tertiary hospital in National University Hospital of Singapore. Maternal hepatitis B carriers with children less than 5 years old were surveyed on attitudes and knowledge on hepatitis B virus as well as what their reasons were for taking/not taking antivirals.

**Results** Fifty-seven were surveyed; 50.9% had a degree, 64.9% worked full time, 47.4% had 1 child or more. Most were risk averse. Many, 78.9% were not aware of the role of antivirals to reduce MTCT. Only 21.1% knew the risk of vertical transmission with/without antiviral. Reasons for not taking antivirals were attributed to a lack of knowledge. Many, 87.7%, are willing to take antiviral therapy during their pregnancy to reduce MTCT from 10% to 1% and 45.6% willing to pay at least S$2 to S$2.90 daily over 12 weeks for it.

**Conclusions** It is the practitioner’s role to update and improve the quality of education programmes that target women of childbearing age about the benefits of antiviral use to reduce MTCT in mothers with high hepatitis B viral load. Additionally, from a health system perspective, providing subsidies for antiviral treatment to ease the financial concerns of parents, is likely to reduce long-term expenses generated by chronic hepatitis B virus complications, thus being more cost-effective.