**METHODS**

**Research design:** Prospective, feasibility cohort study with data collection over one winter period (December 2015 to May 2016), with nested qualitative studies (parent and clinician interviews)

**Setting:** Primary care, 12 GP practices within 10 miles of Bristol centre

**Participants:** Approximately 777 immuno-competent children in the community aged 3 months <15 years, recruited via GP surgery postal invitation to parents (approx. 450 parents to be recruited)

**Data collection:** Online questionnaires for parents (baseline and on child incident RTI), supplemented by medical notes review; Clinical examination by research nurse; Saliva and nasal swab samples

**STUDY OBJECTIVES**

The main objective is to determine the feasibility of enhanced paediatric RTI microbiology surveillance to inform the design of a full scale cohort study and nested randomised controlled trial (RCT).

**Primary outcome** = recruitment and retention rates

*Defined as number of complete sets of data collected on each study RTI compared with the number of children and families enrolled*

The main secondary objectives are to:

- Describe the duration of community paediatric RTI symptoms with a comparison between consulting and non-consulting children
- Describe the primary and secondary care consultation rates

**BACKGROUND**

There is a growing burden on primary care clinicians, as well as a growing public health threat of increasing antimicrobial resistance (AMR). Respiratory tract infections (RTIs) are the most common problem managed by primary care with the majority occurring in children and around 50% of patients given antibiotics. It is not clear precisely what proportion of children with RTIs are brought to the attention of primary care, but it is clear that even small changes in consultation rates and clinical management could have a significant impact on primary care resources and AMR.

**DEVELOPING AN ONLINE INTERVENTION OF REAL-TIME DATA ON CIRCULATING INFECTIONS**

EEPRIS will inform the design of an online real-time illness (symptoms and microbiological) information intervention that informs parents and clinicians about circulating infections in the community, to be tested in a future RCT.

The onward intention is to:

- inform clinician diagnosis, management and prescribing practices
- improve antibiotic stewardship
- aid parent decision-making regarding RTI management (which has potential for reducing consultation rates)

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