collected. A retrospective audit of all patients seen in the service was performed. **Results:** Of the 59 children seen in the service between 2010 and June 2012, complete data was available for 36. Of these, 67% had Juvenile Idiopathic Arthritis. Other diagnoses included non-inflammatory musculoskeletal pain (25%), juvenile SLE (8%), and dermatomyositis (6%). Chronic immunosuppressive medication was used in 39% of the cohort, and biologics in 11%. Intra-articular corticosteroid injections were given at least once in 25% of children. Distance travelled ranged from 2 to 590 km, with an average distance of 78km travelled (excluding outreach services to Mt. Isa and Palm Island). **Conclusion:** The model of care described in the study provided specialist paediatric rheumatology services using an evidence based model of care. Children and families were relieved of the burden of travelling to capital cities for care.

Rescue Therapy in Ulcerative Colitis: A Regional Queensland Experience

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Background / Aims: Infliximab is established therapy for steroid refractory Crohn's disease but is not subsidised for treatment of refractory Ulcerative Colitis (UC). Cyclosporine is subsidised for treatment of refractory UC. Recent data suggests infliximab and cyclosporine may be equally efficacious at achieving short term remission and avoidance of urgent colectomy. Studies have however shown that more complications are associated with cyclosporine compared with infliximab. Experience in regional Australian centres with these two medications is unknown. We aimed to review the demographics, disease severity, type of rescue therapy, complications and outcomes of patients with severe UC refractory to steroid therapy. **Methods:** A retrospective chart review was performed of patients with UC treated with rescue therapy for refractory disease at The Townsville Hospital. **Results:** Seven patients were included in the study. Infliximab therapy was given at week zero, two and six at 5mg/kg. Cyclosporine therapy was administered at 2mg/kg infusion as an inpatient and changed to oral therapy at 5mg/kg upon discharge. Three patients received infliximab alone, one patient received cyclosporine alone and three patients received both. To date none of the patients treated with infliximab or cyclosporine as monotherapy have required colectomy. Three patients treated with both therapies received cyclosporine first followed by infliximab. Two subsequently proceeded to surgery. One patient had an anaphylactoid reaction to cyclosporine leading to immediate cessation of treatment and switch to infliximab. **Conclusion:** In this small group patients who received cyclosporine were more likely to need rescue with infliximab. Both patients who proceeded to colectomy were initially treated with cyclosporine. The one major adverse event was associated with cyclosporine use.

Preliminary Observations of Hat Wearing in Brisbane Schools

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Background / Aims: Queensland is the Australian state with highest incidence of melanoma, however, only 50% of primary schools in Queensland are SunSmart. Although the SunSmart program has been very successful overall, data on actual implementation of the program are scarce. Though no hat no play is commonly found in SunSmart policies, anecdotal evidence shows that this guideline could be better implemented. This study aims to document the proportions of children and adults at schools observed actually wearing hats. **Methods:** On 6 separate days from April to June 2012, 2 trained volunteer observers drove to a convenience sample of 71 schools in Western Brisbane and conducted observations from the road for time periods ranging from 1 to 20 minutes during the following: walking into school grounds, before school, late arrivals, morning tea, lunch break, PE lesson, outdoor lesson, in the school yard, excursion, and at the bus stop. **Results:** Of the 71 schools, 57.7% were public schools. 94.4% were co-educational. 90.1% were primary only and 4.2 % were secondary only. 71.5% of children, 33.5% of adults and 15% of siblings were wearing hats overall and 71.6%, 45.9% and 20% of siblings were wearing a hat of some kind. **Conclusion:** According to this preliminary data, implementation of hat wearing policies in Brisbane schools could be improved. Adult role modelling of hat wearing and of using hats on students' siblings is an area where more public health education is needed. Further observational studies are needed.

Impact of the SunSmart Early Childhood Program in Queensland

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Background / Aims: There are few studies of sun protection practices in early childhood settings. This study was conducted to provide baseline data about the sun-protection knowledge and practices in early childhood centres (ECCs) in Queensland 18 months after implementing the SunSmart Early Childhood Centre Program, to see whether the program made an appreciable difference to reported sun-protection knowledge and practice in SunSmart/participating centres compared to non-SunSmart centres. **Methods:** A statewide survey conducted in 2002 explored sun-protection knowledge, practices and policy of directors/senior teachers of 1383 early childhood services in Queensland (56.5% response). **Results:** Kindergarten/preschools and commercial/private centres had the highest uptake of SunSmart status, and an inner regional location was associated with the highest proportion of SunSmart status. SunSmart status appears to have significantly improved the following: 1. Children's reported overall median sun protection practices scores; 2. Children reported hat-wearing and tendency to play in the shade more than 80% of the time; 3. Presence of rules/guidelines about suitable clothing; 4. Sun-protection mainly taught through a combination of formal and informal methods; 5. Early childhood service directors/coordinators attendance at in-service training about sun-protection in previous 12 months; 6. Percentage of staff who had attended a sun-protection in-service; 7. Proportion of ECCs that had developed and implemented a current (written) sun-protection policy. **Conclusion:** The beneficial effect was mainly on policy, curriculum and inservice attendance rather than sun-protection practices and knowledge. This survey shows that further work is required to protect children from future skin cancer.

Variation in Emergency Department Presentations during a Major Sporting Event: The Effect of the State of Origin Broadcasts on Our House

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Background / Aims: This study examines variation in patient presentations to the Townsville Hospital Emergency Department (TTH ED) during the State of Origin series. **Methods:** This study was a retrospective audit of data on ED presentations obtained from Emergency Department Information System (EDIS). The number of presentations during the State of Origin game days during the 2005 to 2012 series was compared with control days matched for year, seasonality and day of the week. Variations in hourly presentation rates before, during and after the game were also examined. These comparisons were then examined for sex differences. **Results:** Patients presenting on 24 game days (N=3582) and 80 control days (N=12647) were included for analysis. There was an average of 8.84 fewer patients presenting to ED on game days at 149.25 patients compared to 158.09 patients on control days ($p=0.035$). When the data was examined for hourly attendance from 6pm to midnight, presentation averages began to diverge significantly from 7:00 pm ($p=0.03$). The reduction in hourly presentations was most marked during State of Origin kick off, from 8:00 to 9:00 pm ($p<0.001$). There was no association between gender or age and game day. **Conclusion:** Results indicate that factors other than urgency of complaint may influence the decision to attend the ED. Knowledge of variations in patterns of presentations can assist with resource planning