

ISOSS is a part of the NHS Infectious Diseases in Pregnancy Screening Programme, NHS England: GOV.UK

First ISOSS Hepatitis B report published

We are pleased to announce that the <u>first IDPS programme ISOSS report on hepatitis B</u> has been published on gov.uk focusing on **the first year of maternity hepatitis B data**. There were 1,988 pregnancies to women with hepatitis B **booked between April 2021** and March 2022.



Pregnancy data at a glance...

95% of pregnancies were to women who were **born outside the UK**

71% of pregnancies were to women of minority ethnic backgrounds

Median age at delivery was 31 years, with 10% of pregnancies to women aged >40

18% experienced adverse social circumstances (e.g., housing concerns, immigration problems)

20% HBV screen positive pregnancies were to women newly diagnosed in pregnancy

7% of pregnancies were to women with higher infectivity markers

80% of women **newly diagnosed** or of **higher infectivity** were seen by specialist services within 6 weeks

90% of women of lower infectivity were seen within 18 weeks

Future work will involve data linkage with the UKHSA on infant outcomes, as well as the establishment of a Clinical Expert Review Panel to review all vertical transmissions of hepatitis B.

Maternity reporting: KPI submissions

Thank you to all of our maternity respondents for ensuring **100% completeness of Standard 6 reports** for **Quarter 1**. This has allowed us to submit complete data to the IDPS on your behalf



- Feedback has been positive: we have made alterations to the Standards dashboard to allow easier querying and cross-checking between you and the ISOSS team
- As a reminder ISOSS are now collating Standard 6 on a quarterly basis so please ensure all HBV higher infectivity and new diagnoses for Q2 are up to date by 27th November ready for you to review on your dashboard early December.
- Please ensure to exception report and account for every women who does not meet the standard

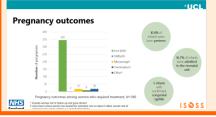
ISOSS at conferences

BHIVA Autumn conference

The ISOSS and CHARS UCL team will be hosting a stand at the 2023 BHIVA Autumn conference on 24th November in London. Please come and say hello and pick up materials to find out more about our work on HIV in pregnancy and children.







FSRH: Preventing and recognising syphilis and HIV in women
It was great to see ISOSS data being highlighted by Dr Soonita
Oomer at the Faculty of Sexual and Reproductive Healthcare
(FSRH) hot topic event in September where leading experts and healthcare professionals gathered to address critical issues of syphilis and HIV among women.

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Maternity reporting tips

- <u>Syphilis</u>: In line with <u>BASHH guidelines</u> all infants born to women requiring treatment for syphilis in pregnancy require birth serology and minimum 3 month follow-up it will be queried if 'not known' or 'no' is provided without a reason.
- <u>Syphilis:</u> If syphilis diagnosis from sexual health is not yet available, aim to submit these forms later when diagnosis is received. Forms submitted with incomplete screen positive breakdown will be sent back to you or queried. Please note that **false positive results should not be reported to ISOSS**.
- <u>Hepatitis B</u>: if **viral load was retested in pregnancy**, we are now collecting the additional VL result and test dates on the outcome forms

Getting the most out of your ISOSS Reporting Dashboard

- Colour coding: we have introduced RED highlighting for notification forms that have not been submitted >6 months since the booking date to enable you to prioritise submissions. Please note that hepatitis B forms required for this quarter's standard 6 submission will be highlighted in YELLOW.
- **IDPS Standards**: you can now view your IDPS standards history on the dashboard. Please note that from this quarter we will have an ISOSS dialogue box that will facilitate communication on standards data if a query is raised.

Spotlight on: Management of syphilis in pregnancy

Helen presented the first overview of maternity syphilis surveillance at the **BASHH 2023 conference** in Llandudno. Findings from 906 pregnancies booked in 2020 showed that:

- Two-fifths of women required treatment
- The majority of these women were correctly treated with benzathine penicillin
- Issues with treatment included incorrect use of macrolides, late booking or unbooked and disengagement with clinical care

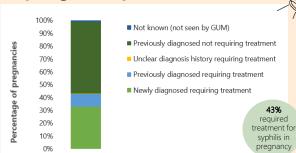


Figure: Diagnosis and treatment status of 906 syphilis screen positive pregnancies booked in 2020

BASHH

Alongside core metrics, ISOSS will continue to monitor social circumstances to further support NHS England work on inequalities. Slides are available from the <u>ISOSS website</u>.

Paediatric reporting

Paediatric reporting updates

In the next few weeks, we will be sending out a <u>paediatric reporting survey</u> to collect respondent feedback on the CHARS paediatric reporting process

Breastfeeding form updates

- Thank you to everyone who submitted breastfeeding data for our upcoming review of all
 cases of supported breastfeeding.
- We are improving our <u>breastfeeding forms</u> to streamline our breastfeeding data collection process and involve sexual health colleagues for improved postnatal data.

CHARS reporting updates

- Follow-up forms are generated at the beginning of each quarter (Jul, Oct, Jan & Apr) with a submission deadline of the end of that quarter, the next deadline is 31 December 2023.
- <u>CHARS reporting is quarterly</u> to support timely quality of care indicators for NHS England and CHIVA Standards of Care.

CHARS form updates

 The CHARS forms on your dashboard are now <u>colour coded</u> based on how long they have been on your dashboard. RED forms are >1 year and HIGH IMPORTANCE, orange >6 months and yellow >3 months. Please check your dashboard for any coloured forms.

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page 2