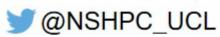




Characteristics of children diagnosed with HIV in the UK 2000-2015

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www.ucl.ac.uk/nshpc



CHIVA, Bristol May 2016



Background

- The mother-to-child transmission rate of HIV in the UK continues to decline from 2.1% in 2000-01 to around 0.5% in 2010-11 amongst diagnosed women
- Since 2000, 1511 children have been diagnosed as HIV infected in the UK & Ireland and reported to the National Study of HIV in Pregnancy and Childhood (NSHPC)



Aim

To explore recent trends in the diagnosis and characteristics of HIV-infected children, born in the UK and abroad.



National Study of HIV in Pregnancy and Childhood

Comprehensive observational surveillance in UK and Ireland since 1990

Complementary reporting schemes

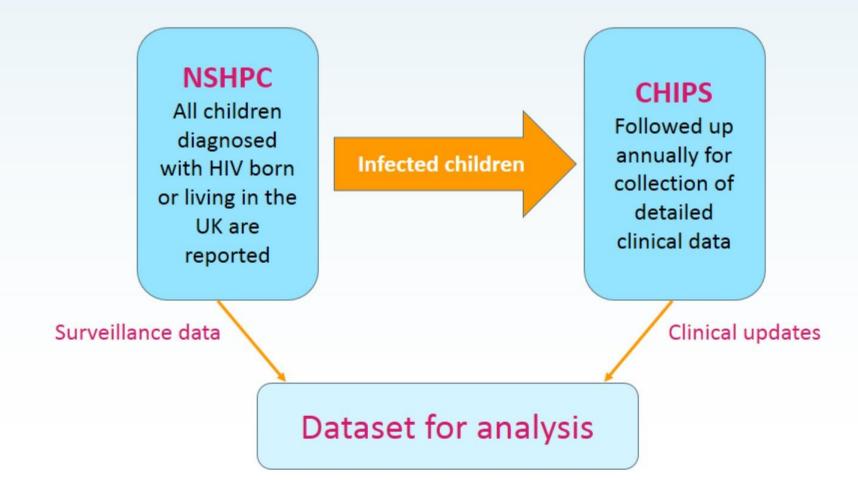
- Paediatric reports, clinics and BPSU orange card
- Obstetric reports, RCOG approved scheme

No interventions, no enrolment, surveillance only

Substantial feedback to clinicians and HIV networks maximises coverage and case ascertainment (>95%)



National Study of HIV in Pregnancy and Childhood



UCL

Methods

- Analysis of 1511 children diagnosed 2000-2015, reported by the end of 2015:
 - 1. Children born and diagnosed in the UK (n=524)
 - Children born abroad and diagnosed in UK (n=803)
 - 3. Children born abroad and diagnosed abroad (n=184)

- Data collected on infected children includes:
 - Date and country of birth
 - Timing and reason for diagnosis
 - Clinical status



Results

1511 infected children (born between 1984 and 2015)

Characteristic	n	Summary statistic
Mode of acquisition	1471	97% vertically infected
Sex	1511	52% female
Country of birth	1511	65% born abroad
Ethnicity	1511	83% Black African
When mother diagnosed	1302	90% after pregnancy, 6% during



Results: Children born abroad

987/1511 children born abroad

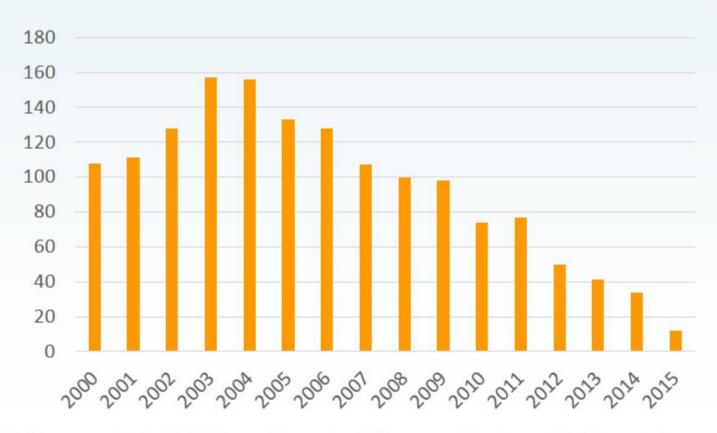
Characteristic	Diagnosed in UK (n=803)	Diagnosed abroad (n=184)
Diagnosis yr: 2000-04 2005-09 2010-15	403 (50%) 290 (36%) 110 (14%)	17 (9%) 74 (40%) 93 (51%)
Age at diagnosis (median)	9yr (IQR: 6 - 12)	8yr (IQR: 5 - 11)
CDC C symp. at diagnosis	53 (7%)	9 (5%)
Lag between UK arrival & diagnosis	60% (60/565) within 12mth 19% (107/565) >3yr	-
Treatment experienced on arrival	-	14/56 (23%)*

^{*} Data only collected from 2012



Results

Annual paediatric diagnoses have declined over time after peaking in 2003-04, <50 diagnoses per year since 2012 (p<0.001)



^{*}Children reported to NSHPC by end December 2015, some delay in reporting for recent years



Results

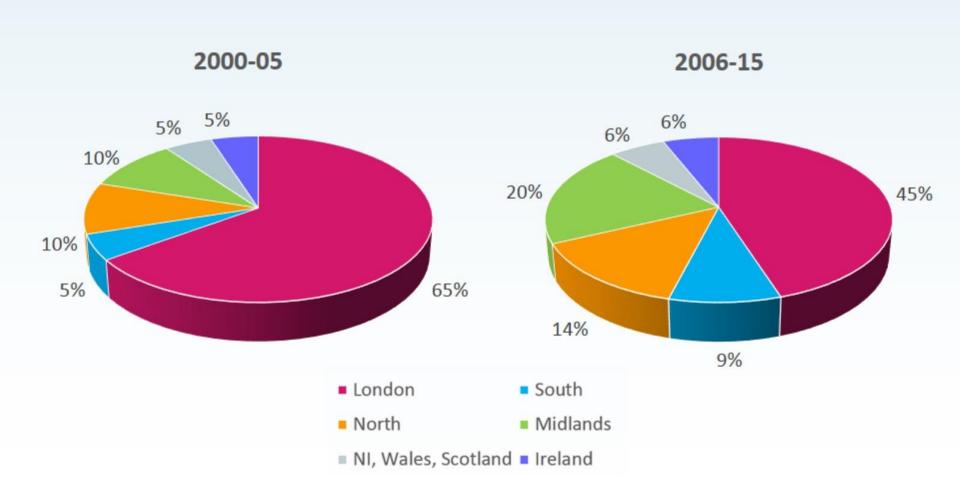
Proportion of infected children born abroad remains higher



^{*}Children reported to NSHPC by end December 2015, some delay in reporting for recent years



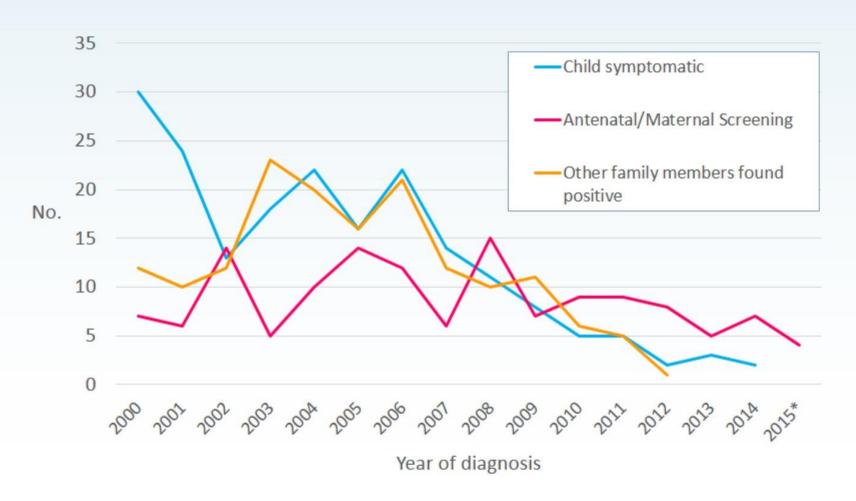
Results: Region of report





Results: Reason for diagnosis

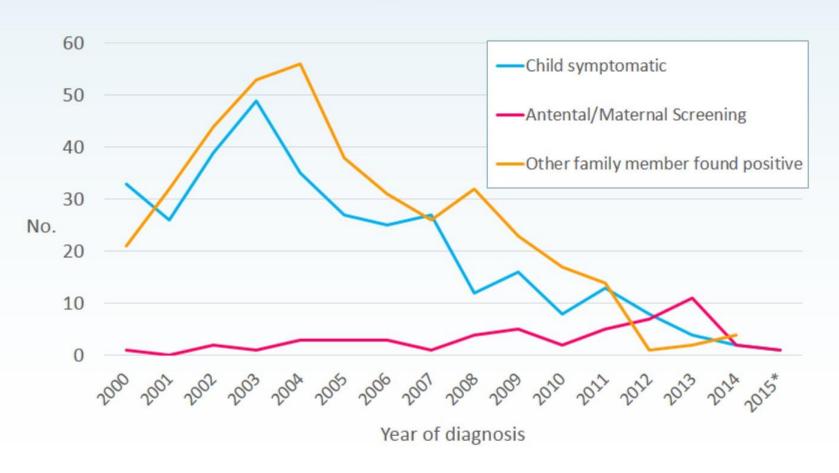
Children born UK





Results: Reason for diagnosis

Children born abroad and diagnosed in UK





Results: Age at diagnosis

Median age of diagnosis has decreased for children born in UK and abroad

Year of birth	Born UK	Born Abroad
2000-04	10 months (IQR 0.3-3y)	5.5 years (IQR 3-8y)
2005-09	7 months (IQR 0.2-2y)	4.0 years (IQR 1-6y)
2010-15*	3 months (IQR 0-0.8y)	2.5 years (IQR 0.3-3y)



NB: restricted to children born 2000 onwards

*Some children born in this period may still be undiagnosed/reported later



Results: CDC C Symptoms

- 11% (170/1514) had symptoms at presentation
- Proportion of children with CDC C symptoms at presentation declined from 18% of those diagnosed 2000-03 to 0% since 2012 (p<0.001)
- 18% (30/170) of those with symptoms at presentation have died to date



Conclusions

- Annual paediatric diagnoses peaked in 2003-04, with subsequent decline over time
 - Currently 30-50 new diagnoses per year (since 2012)
- Most new diagnoses are now in children born abroad
 - Majority of these were diagnosed in UK 2000-2004; since 2010 almost half are diagnosed abroad
- Median age at diagnosis decreased significantly
 - Remains higher for children born abroad
- Declining proportion of children presenting with CDC C symptoms through the period



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