



Integrated Screening Outcomes Surveillance Service

ISOSS is a part of the Infectious Diseases in Pregnancy Screening Programme, NHS  
England: [GOV.UK](https://www.gov.uk)

## ISOSS at HIV Glasgow



The ISOSS team **hosted a stand at HIV Glasgow** and were pleased to welcome **BHIVA Chair, Laura Waters** (pictured right with Rebecca, Kate and Helen) and meet so many of our **UK and international colleagues**.

The team **presented key updates** on maternal trends, vertical transmissions, pregnancies to women with vertically acquired HIV and supported breastfeeding. [Presentations can be viewed on the ISOSS website.](#)



## ISOSS annual reports now published

Your data submissions directly inform our reports providing valuable evidence for the Screening Programme to improve the health of women and their babies. We are pleased to let you know the latest **HIV and syphilis reports have been published on Gov.uk** focusing on pregnancies to women booked for antenatal care in England in 2020.

### HIV: key highlights

607 women who booked for antenatal care in 2020 screened positive for HIV:

- The **majority of women already know their HIV status before pregnancy** (Fig 1).
- Women who are diagnosed for the first time in pregnancy are being identified and started on treatment earlier.
- Changes in characteristics, including maternal age and region of birth are shown in Fig 2.
- There is an **increasing proportion of women being supported to breastfeed** in line with BHIVA guidelines (from <10 per year in 2012-14 to 40-50 in 2019-21).
- The latest **vertical transmission rate for England is 0.25%** (infants born 2018-19).

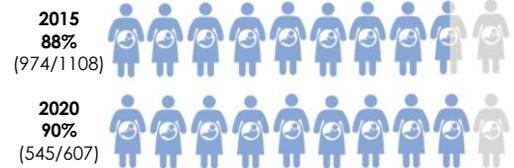


Fig 1: Maternal diagnosis before pregnancy

Characteristic	2015	2020
Maternal age >40 years	14.3%	19.1%
Sub-Saharan Africa-born	72.0%	61.5%
Eastern Europe born	4.7%	6.5%
UK-born	15.9%	20.8%
Vertically-acquired HIV	1.5%	5.6%

Fig 2: Maternal social demographics over time

### Syphilis (first report): key highlights

906 women who booked for antenatal care in 2020 screened positive for syphilis

- **67%** of women were **of white ethnicity**, with 40% of women born in the UK and 28% born in Eastern Europe.
- **33%** had a **new diagnosis** of syphilis and **10%** were **previously diagnosed requiring treatment**, meaning **43%** of women who screened positive **required treatment for syphilis** in pregnancy
- **92% of women requiring treatment received treatment in pregnancy**. The majority (95.8%) were treated with benzathine penicillin, as recommended in national guidelines.
- Of the women requiring treatment in pregnancy, there were 346 livebirths. There were **5 infants with confirmed congenital syphilis**.

## Maternity reporting tips

**Duplicate submissions:** Before submitting your green card, please check that you have not reported any of the pregnancies to women with screen positive results on a previous green card for a different quarter. You can do this by searching notification form history on the reporting dashboard.



### Hepatitis B

- **Infectivity status where pregnancies don't continue to term:** We have updated the hepatitis B form so if a woman miscarries or terminates before her infectivity is classified, you can select "not known" infectivity status
- **Timing of forms:** Please avoid submitting lower infectivity forms **until the woman has attended the specialist appointment** (within the 18 week time frame)
- **Negative cases:** please only report women with a screen positive result. Women with an hepatitis B **negative HBsAg** result are screen negative and so do not need to be reported. This includes women who have cleared a previous hepatitis B infection.

## Team updates

Following Claudia's departure, we are **pleased to welcome Gabriela Toledo as our new Surveillance Officer** working part-time on **paediatric HIV for CHARS and ISOSS**. Gabriela is doing a PhD at UCL looking at health outcomes of children HIV-exposed in Malawi. She studied Human Biology and has a Masters in Public Health from the University of Southern California.



Gabriela is enthusiastic about her work on maternal and child health in the context of HIV and hopes to expand on this following the completion of her PhD. She is excited to be part of the ISOSS/CHARS team and to contribute to the valuable surveillance work.

## Infectious Diseases in Pregnancy Screening (IDPS) Programme updates

The latest [Antenatal screening standards: data report 1 April 2020 to 31 March 2021](#) was published 6 October. Data show that **per 1,000** eligible pregnant women: **0.96** screened positive for HIV, **3.38** for hepatitis B and **1.59** for syphilis.

ISOSS continue to work with the IDPS programme on a project to see if some of the antenatal standards data could be pulled for your trust from the data you are already supplying to ISOSS. Thank you for your timely submission of data, we are pleased that we had 100% completion of Green Cards for the 2021 to 2022 period.



## Paediatric reporting

**CHARS updates:** Thank you to everyone who has caught up with the data gap - **over 90% of reports are now up to date**. We are hopeful for 100% completeness to support NHS commissioning and we plan to share summary metrics in the new year.



NHSE is keen to establish quarterly reporting, although forms will only be generated at **3 month intervals based on the date of last appointment** to stagger reporting. We welcome any feedback you may have at this stage. We have already made amendments suggested to us where possible.

**ISOSS updates (syphilis reporting):** we are aware of inconsistent practice regarding **paediatric follow-up for babies born to women requiring treatment for syphilis in pregnancy**. These babies should all have blood tests at birth and at 3 months of age for follow-up as a minimum (in line with [BASHH guidelines](#)).