

## Congenital syphilis among women with a negative screen in pregnancy (2015-2023) [presented at BASHH 2024]

There have been **55 cases of congenital syphilis** reported to ISOSS and reviewed by the IDPS Clinical Expert Review Panel by end September 2023 (Fig 1). A range of contributing factors were identified including late antenatal booking and disengagement with clinical care.

**24 of the 55 infants with congenital syphilis** were born to women who had a **negative screen in pregnancy**: 22 livebirths and 2 stillbirths to 23 women.

**All 23 women were identified as screen positive after delivery**, acquiring syphilis later in pregnancy. Negative screening results ranged from 4-20 weeks gestation.

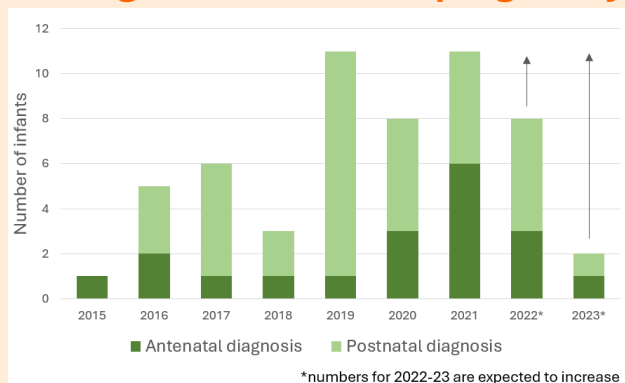


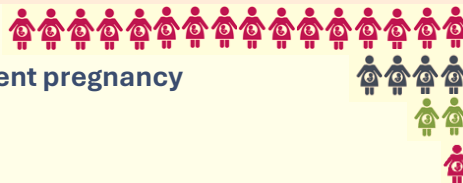
Figure 1: congenital syphilis in England 2015-23 by timing of maternal diagnosis

**16 women** were identified through **their infant's diagnosis**

**4 women** were identified through **antenatal screening in a subsequent pregnancy**

**2 women** presented at **sexual health services with symptoms**

**1 woman** was identified following her **partner's diagnosis**



Findings highlight the importance of **'negative now'** messaging in pregnancy. Consideration of possible missed opportunities to identify women who may be at risk and require testing later in pregnancy is needed.

## Team Updates

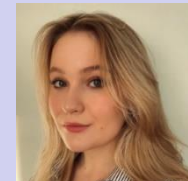
### Welcome to Charlotte:

We are very pleased to welcome **Charlotte Roberts** to the team as our **new HIV Maternity Administrator**. Charlotte is currently studying her Masters at UCL. She has a Bachelor's degree in Anthropology and a background of working as a clinical receptionist. She is interested to learn more about infections in pregnancy and getting to know all the respondents!



### Goodbye to Lena:

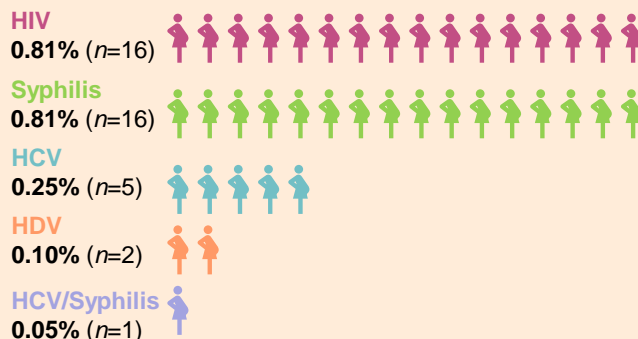
We are sorry to say **farewell to Lena Sikorska** who has left the ISOSS team to take up a new and exciting role. Lena has been a huge asset to the team over the past year working on our maternity HIV data collection and we wish her all the best for the future.




## Snapshot: Coinfections to HBV screen positive women


People living with HBV infection have higher risk of coinfections, reflecting shared transmission routes and risk factors across infections. We looked at coinfections (**HIV**, **syphilis**, hepatitis C virus (**HCV**), and hepatitis Delta virus (**HDV**) among HBV screen-positive women booked for antenatal care in England 1 April 2021 to 31 March 2022. **Coinfection** was reported in **1.9%** (38/1986) of pregnancies with available data, prevalence is summarised in Figure 2. [presented at BASHH 2024]

Figure 2: prevalence of HBV coinfections, N=1986 pregnancies



## Maternity reporting tips

**Hepatitis B:** forms have been updated to **simplify inputting details of hep B treatment** and providing us with a complete picture of HBV treatment in pregnancy, including any details of treatment switches / stopping. Treatment information will be carried over to outcome forms and inconsistencies flagged at submission stage with an aim to **reduce the query burden**. 

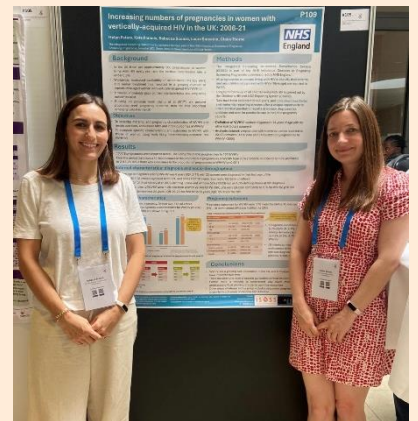
**HIV:** We are now collecting **all HIV viral loads in pregnancy:** results will be carried over to outcome forms to save you time. This will allow us to better support BHIVA guidelines and monitor any blips. If you are aware of any women receiving **injectable ART (cabotegravir/rilpivirine)**, please flag this in the notes, and we may be in touch for additional details. 

**Standards:** Please note that the upcoming standards will be **S06 Q2** which includes **HBV** screen positive women **booked 01/07/2024 – 30/09/2024** with **higher infectivity** status and/or **new diagnosis continuing to term**. Please submit the notification forms for S06 cases (highlighted in yellow) by the end of November as dashboards will be available from 01/12/2024 with the deadline to **review /approve by 20/12/2024**.

## ISOSS/CHARS at conferences:

### International Workshop on Pediatrics & HIV

Rebecca and Helen attended the Pediatrics & HIV Workshop in Munich on 19-20 July and presented posters on [Patterns in use of ART in Pregnancy](#) and [Pregnancies to women with vertically-acquired HIV](#). We enjoyed sharing our ISOSS findings with international colleagues and there was great interest in the England surveillance.



### Upcoming events: HIV Glasgow and BHIVA Autumn

The team will be attending and hosting a stand at [HIV Drug Therapy Glasgow](#) on **10-13 November**. We will be presenting posters on:

- **Postnatal prophylaxis** among infants born to women living with HIV in England, 2018-22 (Emily Dema)
- **HIV treatment cascade** among pregnant women with pre-conception diagnosis: 2017-22 (Helen Peters)
- **Antiretroviral therapy in pregnancy** in England in 2019-22: common regimens and treatment modifications (Rebecca Sconza)

On **29 November** we will be hosting a stand at the [BHIVA Autumn conference](#) in London.

## Paediatric reporting

### CHARS updates:

We have seen an increase in children and young people seen for HIV care, with **nearly 50 new reports to CHARS in 2024**, mostly among children born abroad. Please remember to **report any diagnosed children new to your clinic as soon as possible** including those already diagnosed abroad or elsewhere in the UK. We are currently preparing the **next CHARS annual report** and want to ensure all reporting is up to date so we have a complete picture on paediatric HIV in England.

Please do take care when **reporting drug switches**, it is important that these are accurately recorded – this will also minimise your query burden!

### ISOSS Updates:

In order to support our upcoming HIV annual report and produce the national HIV vertical transmission rate, ISOSS collaborate with the **UK Health Security Agency** to identify any missing test results for HIV-exposed infants and establish HIV infection status.

Please remember to report **all confirmatory antibody test results on your ISOSS follow up forms** to ensure the data we have is timely and accurate.

