

Team updates:

We are extremely pleased to **welcome 3 new members** to our team: **Lena Sikorska** Surveillance Administrator for Maternity HIV, **Tubaishi Rubab** Surveillance Administrator for Maternity Hepatitis B and **Randy Kupfuwa** Surveillance Administrator for Paediatric HIV (pictured L-R).



We are sorry to say **farewell** to **Saayma Akhi & Stella Georgiou** who both left the ISOSS/ CHARS team this quarter to pursue next steps in their careers. We are really grateful for their contributions to the surveillance over the last 2 to 3 years and wishing them all the best for the future.



ISOSS Outputs

Annual reports: Our ISOSS Annual HIV & Syphilis reports will be published in May on Gov.UK



New publication: Emily has published [Residential and healthcare mobility during pregnancy among women living with HIV in the UK, 2009–2019 \(Dema et al\)](#) in HIV Medicine. Key findings are:

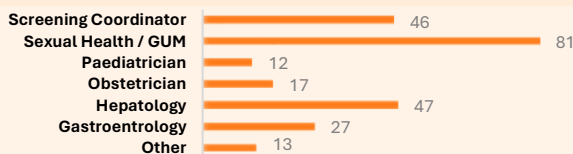
- **19.6%** reported **residential mobility** and **8.1%** reported **change of NHS Trust** (in >10,000 pregnancies)
- Mobility was **more likely** among **younger women, migrants**, and those **new antenatal HIV diagnosis**
- Mobility was not associated with detectable viral load at delivery, although a **higher proportion of infants** born to these women **were lost to follow-up**

Maternity survey results

A **big thank you** to everyone (over 100 of you!) who completed the **ISOSS Maternity respondent survey**. We value your feedback and will work hard to implement your suggestions. Here are some key findings:

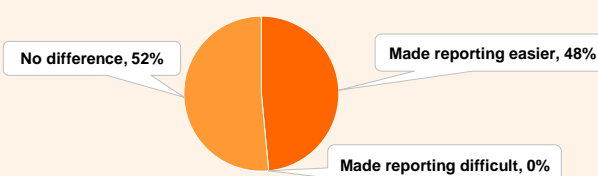
ISOSS maternity reporting continues to engage respondents from a **wide range of specialities** (Fig 1.)

Fig.1 Reporting contributions (multiple answers possible)



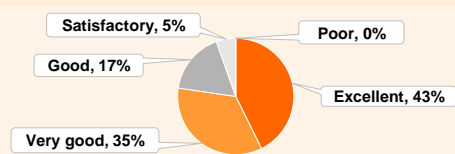
100% reported that the **changes** made to our IT interface this year **were positive** or no concerns and **48%** felt these have made the **reporting process easier** (Fig. 2)

Fig.2 Opinions on the changes to the IT interface



100% **rated** the support received from the ISOSS team as **positive** (Fig. 3)

Fig.3 Opinions on the UCL ISOSS team's support

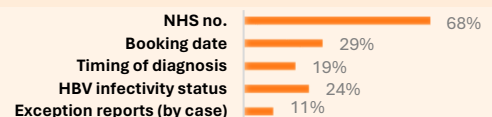


"The ISOSS system seems good to me, very logical and easy to use" – Antenatal Screening Officer

"I know the user guide is there if I need it, and also, I have telephoned for support when I had a query and received a quick response" – Screening Midwife

- **96%** found the ISOSS Online **user guide helpful**
- There were a number of useful suggestions we have taken on board for the **Standards dashboards** (Fig.4)

Fig.4 Suggestions for additional information to be added to the standards dashboard (multiple answers possible)



Maternity reporting tips



Following a recent [full review of our data query processes](#) we are pleased to let you know that we are sending out far fewer queries. You may have already noticed that [some software updates](#) have been made to our forms to support data completeness at the point of submission, and in general we are [aiming to significantly reduce the query burden](#).

To help us keep data queries to a minimum please make sure that:

- **Transfers of care to and from your unit are reported on your Green Card.** If a woman transferred her care and/or gave birth at a different unit and you are unable to access essential information please tick the 'unable to complete' at the end of the outcome form.
- **False positives/indeterminates are not reported** until confirmed by sexual health
- **Sexual health/specialist info (e.g. ART):** if you are having difficulty obtaining these details please contact us to see how we can support you and make sure you feedback reasons why not provided

Reporting reminder for Standards this quarter:

Many thanks to all maternity respondents for submitting your S6 Q3 data (97.2% completed). This quarter we will be preparing **annual data for Standard 5 & 7** (alongside your Q4 Standard 6 data). Annual data will be available on your Standards dashboard to **review from 3 June**. Please ensure **notification forms** for women booked 1 Apr 2023- 31 Mar 2024 are **complete by Friday 31 May** alongside **Hepatitis B outcomes** for infants delivered 1 Apr 23- 31 Mar 24. These will be colour coded in **yellow on your forms dashboard**.

ISOSS at conferences

Chiva conference

The ISOSS/CHARS team hosted a stand at the [Chiva Annual conference](#) in Birmingham in March where we enjoyed meeting our paediatric colleagues. Helen presented the latest CHARS data: [ART, immune response & clinical outcomes among children & young people seen for paediatric HIV care in England in 2022-2023](#).



L-R: Anna Kafkalias (NHSE), Helen, Kate, Corinne (ISOSS/CHARS)

BASHH



Upcoming conferences

We will be hosting stands and presenting at the [BHIVA Spring conference on 29 April – 1 May](#) in Birmingham and [BASHH conference on 17 – 19 June](#) in Bournemouth. We hope to see many of you there!



Paediatric reporting

CHARS updates:

Our first [CHARS report has been published](#) and focused on 301 children and young people seen for HIV care in England in 2022-23. Key findings include:

- The **majority** of those in paediatric care are teenagers and will **soon be transferring to adult services** (1/3 have already transferred to adolescent or adult care since CHARS launched)
- **Almost half** were **born abroad** and nearly all children acquired HIV vertically.
- There is **high retention in care** with **nearly all children and young people on ART**. Triumeq is the most commonly reported regimen.
- Clinical markers are reassuring with **nearly 90% virologically suppressed** and 80% with Stage 1 immune status.

ISOSS Updates:

Over the next quarter you will see updates to our paediatric forms making the reporting process more streamlined. **Please remember:** we generate paediatric forms based on maternity reports. You only need to generate paediatric notification forms for any newly diagnosed children.

