

Maternity Respondent ISOSS Survey 2022 Results

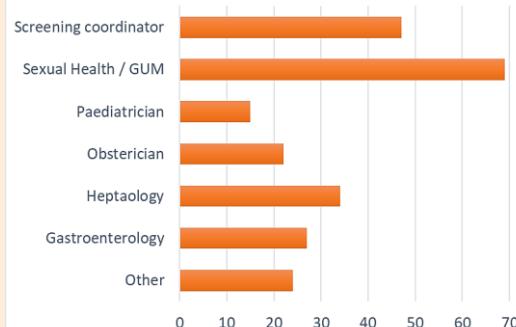
Thank you for completing our annual survey circulated in May. We received responses from 64% (92/144) of ISOSS online reporting units, with 91% completed by those responsible for reporting on all three (HIV, syphilis & hepatitis B) infections.

There was **evidence of good practice** with cross-department support for reporting (Fig 1). In over 80% of units a woman with a screen positive result who does not continue with her pregnancy is referred to specialist services (Please note: IDPS guidance is for all women to be referred). Nearly two-thirds of respondents report to ISOSS on a monthly/quarterly basis (Fig 2).

88% of respondents have an MDT with 61% having meetings least quarterly

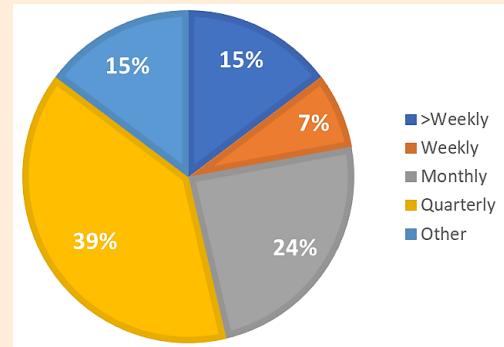
At least 84% of units have a named link for clinical management in pregnancy (HIV:93%, syphilis: 84%, hepatitis B: 88%)

Figure 1: Support with ISOSS reporting*



*respondents selected all that applied; other included no support, IT systems

Figure 2: ISOSS reporting frequencies



The **majority of respondents were also responsible for submitting standards and KPI data** (77%) with 69% agreeing that if ISOSS were able to submit data on behalf of the Trust, this would improve or maintain timely ISOSS reporting on women who screen positive. **Most respondents (84%) felt that data submitted to ISOSS were sufficiently accurate for standards reporting.**

Infectious Diseases in Pregnancy Screening (IDPS) Programme updates

Standards pilot: As ISOSS is piloting submitting IDPS programme standards data on behalf of the trusts, please ensure **any bookings up to 31 March 2022 are submitted as soon as possible**. The project aim is to reduce some of the reporting pressure on screening teams in the future.

The [updated IDPS lab handbook](#) is now available on GOV.UK with updated guidance on urgent screening for women presenting unbooked in labour

The **annual ISOSS HIV and syphilis reports** are due to be published over the summer on GOV.UK

- Both reports will provide an [overview of the current population](#) and present latest findings and recommendations from the [Clinical Expert Review Panels on vertical transmissions](#)
- **HIV report:** spotlights on supported breastfeeding and the latest transmission rate
- **Syphilis report:** first look at maternity syphilis data, including treatment and management

ISOSS at BASHH



ISOSS were proud to attend the BASHH conference celebrating 100 years. At the ISOSS stand we met our sexual health colleagues who support reporting. ISOSS data featured in a number of presentations, including the upcoming syphilis guidelines



Maternity reporting: how to avoid data queries



- **Transfers of care:** if a woman transfers care out of your unit, please complete the outcome form by ticking 'unable to complete' and provide any details in the notes.
- **Weight:** please enter weight in kg not stones (st) or pounds (lbs).
- **Dates on notification forms:** please ensure these are in logical order (dates samples taken, dates results reported and dates seen). If they are not, please provide a reason in the notes.
- **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.
- **False positives:** ISOSS do not collect information on women with a false positive result.

ISOSS at CHIVA

The ISOSS team were delighted to attend the annual CHIVA conference, this year celebrating 20 years of CHIVA. The team enjoyed meeting many of our paediatric colleagues at our stand (right: Kate, Helen, Laurette, Corinne) and hearing about the other projects CHIVA is involved with and hearing from the CHIVA Youth Committee.



Kate and Helen presented 'From CHIPS to CHARS: the Future of Paediatric HIV Surveillance'.

Snapshot of the current HIV paediatric population:

Among children being followed up in the Children's HIV and AIDS Reporting System (CHARS):

- **75% of diagnoses since 2015 have been in children born abroad**
Increasing proportion of children already diagnosed and on treatment prior to UK diagnosis
- **15-25 new diagnoses per year since 2015**
Median age at diagnosis: 2.8 years (IQR: 0.5y, 7.2y)
► UK born: 0.7y (0.2y, 2.3y) vs 7.0y (3.9y, 10.9y) for children born abroad



Paediatric reporting: reminders and updates

CHARS updates:

Many thanks to everyone who has put in a huge amount of work to catch up with 2 years' worth of CHARS data. Reporting is going extremely well with **over 80% of case reports caught up**. Feedback on the online portal has been great with respondents already seeing the benefit of **streamlined reporting** and stored **reporting history**.



ISOSS updates: Syphilis:

Syphilis maternity reporting has highlighted a handful of cases nationally where infant follow-up for babies born to women requiring treatment for syphilis in pregnancy has been missed in error. Please note: national guidance is that **all infants born to women requiring treatment for syphilis in pregnancy** have birth serology and are **followed up for a minimum of 3 months**.

Please note: Recording and submitting the required data to ISOSS and CHARS is a mandated contractual obligation under the Schedule 6 of the NHS Standard Contract