

## ISOSS/CHARS at HIV Glasgow and BHIVA

The ISOSS/CHARS team enjoyed attending and hosting stands at the HIV Glasgow and BHIVA Autumn conferences in November. The team presented posters at HIV Glasgow on [infant postnatal prophylaxis](#), [treatment cascade among women diagnosed pre-conception](#), and [ART in pregnancy: common regimens and treatment modifications](#). All posters are available on our [website](#).



HIV Glasgow L-R: *Emily Dema, Rebecca Sconza, Helen Peters*



BHIVA L-R: *Randy Kupfawa, Kate Francis, Helen Peters, Charlotte Roberts*

## Upcoming conferences

The team will also be attending and hosting stands at:

- [Annual CHIVA conference](#) on Friday 4<sup>th</sup> April in London, featuring sessions on pregnancy and breastfeeding.
- [BHIVA Spring conference](#) on Weds 23<sup>rd</sup> – Fri 25<sup>th</sup> April in Brighton. We hope to see many of you there!



## Reporting updates:

**Maternity syphilis outcome forms:** We are now asking for the results of the **infants' birth serology** and details of infant treatment (we already request whether infant serology was taken at birth). This additional information will help to ensure we can ascertain the infants' infection status. Please get in touch if you are having issues accessing this. Latest versions of the forms are available on the [website](#).

**Colour coding:** to help you keep on track with reporting we have updated our colour coding of pending forms, so you know what is due each quarter:

- **Maternity respondents** will find any **Standards- related forms in yellow** and any forms with **booking dates more than 6 months** ago in **red**.
- **For paediatrics:** any **CHARS** baseline forms for **newly diagnosed** children are a priority and will be shown in **red**. Forms **outstanding** for more than **6 months** will be in **orange**.

**Reporting deadlines:** Please ensure you get **up to date with all forms by 31 March** so data can be included in the next ISOSS annual reports.

**User guides:** we have updated our [online user guides newly launched for 2025](#). This includes a **step-by-step guide** to the ISOSS online reporting as well some **handy tips**. The guide is particularly helpful if you or a colleague are new to ISOSS reporting. The paediatric and CHARS user guide will be updated soon!

## New BASHH syphilis guidelines and birthplan

The new BASHH guidelines for the [Management of Syphilis 2024](#) has now been published. This includes updated guidance for the [Management of syphilis in pregnancy and children](#) as well as a [new Birthplan template](#). The ISOSS syphilis data collection forms are designed to reflect the BASHH birth plan.





## Maternity reporting tips

**All infections:** If you have a backlog of **forms still being edited** due to being “stuck” with a submission, please contact us ASAP to assist you. The **mandatory fields** are there to **help you and save on queries**. If certain details are not known/available, please put ‘not known’ and provide a reason if requested.

**Hepatitis B:** We require the **name of the drug** used for treatment of Hepatitis B and whether or not the woman was on this **at conception**. If drugs were **started/stopped** in pregnancy, please **provide a date**. We are no longer collecting whether HBV infection is acute as this information is available from the UK Health Security Agency.

**HIV:** Please provide us with **all ART details**, including **start/stop dates/gestation weeks** during pregnancy and whether the treatment was commenced at conception. If you experience issues receiving this from your specialist services do let us know so we can support you.

**Syphilis:** We always require the **date of the sexual health assessment** / appointment **during pregnancy** (this includes phone call appts or MDT discussions) and we will need to query with you if this is missing.

**Standards:** This quarter the IDPS Standard will be **S06 Q3** for **HBV** screen positive women **booked** from **01/10/2024 – 31/12/2024** 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 February as dashboards will be available from 01/03/2025 with the deadline to **review/approve by 24/03/2025**.

## Spotlight on ART in pregnancy

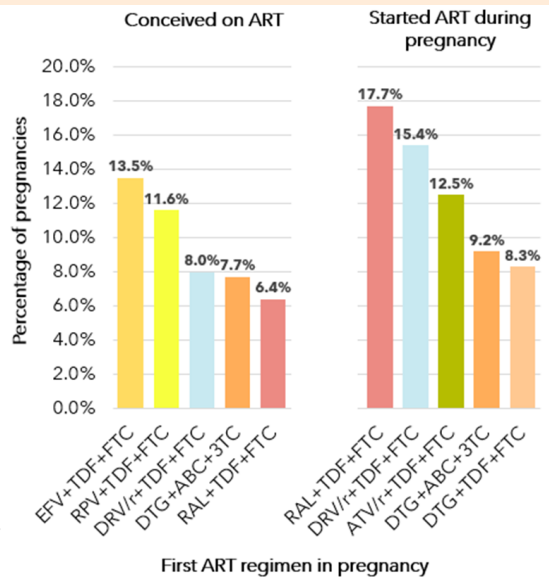
ISOSS looked at [commonly used ART regimens and frequency of switching treatment](#) in 2464 pregnancies (among 2132 women) booked for care in 2019-2022:

- **ART was used in 98.9%** (2436/ 2464) overall and 99.9% of pregnancies ending in live/stillbirth.
- **89.8%** of pregnancies were in women **diagnosed pre-pregnancy** and **81.4% conceived on ART**
- **19.1%** of those with live/stillbirths had their **regimen modified during pregnancy** (20.2% of those conceived on ART vs 14.2% who started ART in pregnancy (p=0.005)).
- The most common regimens are shown in the Figure.

Treatment differences reflect treatment history of women with established diagnoses, evolving BHIVA pregnancy guidelines and drug availability.



ISOSS treatment data are vital to continue monitoring ART in pregnancy, please try to ensure you provide all drugs used in pregnancy, both at conception plus any dates of treatment modifications during pregnancy.



**Figure.** Most common first antenatal ART regimens in pregnancy

**Abbreviations:** 3TC: lamivudine; ABC: abacavir; DRV/r: darunavir/ritonavir; DTG: dolutegravir; EFV: efavirenz; FTC: emtricitabine; RAL: raltegravir; RPV: rilpivirine; TDF: tenofovir disoproxil fumarate

## Paediatric reporting

**CHARS updates:** A **BIG THANK YOU** to all our **CHARS** respondents for getting up to date with baseline forms for new diagnoses. As you know this is of great interest and will be a focus of the new CHARS report.

We are pleased to let you know that following discussions with NHS England, **CHARS forms will now be generated every 6 months** (previously every 3 months). This is to **reduce your reporting burden** and reflect how often you see your patients. Please **use the colour coding to keep on track** with reporting and **ensure newly diagnosed** children and young people are **reported straight away**.

### ISOSS Updates:

As a result of improved maternity reporting, we are now able to **reduce the number of data items** requested on paediatric forms. To support this, ISOSS are providing a summary of treatment/management in pregnancy and any initial infant serology/information available.

**Submission deadlines** should be **no more than 6 months after birth**. Additional follow-up forms (e.g. for 18-24month HIV antibody) are generated as required.

