Follow-up status of HIV exposed infants in the UK 2012-2019

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Background

- In the UK the current vertical HIV transmission rate is <0.3% among diagnosed women living with HIV[1]
  - this rate excludes children whose infection status remains unknown
- BHIVA 2012 and 2018 guidelines state that all HIV-exposed infants who are not breastfed should be PCR tested at age ≤48 hours, 6 and 12 weeks and w antibody testing for seroreversion at age 18-24 months

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Methods

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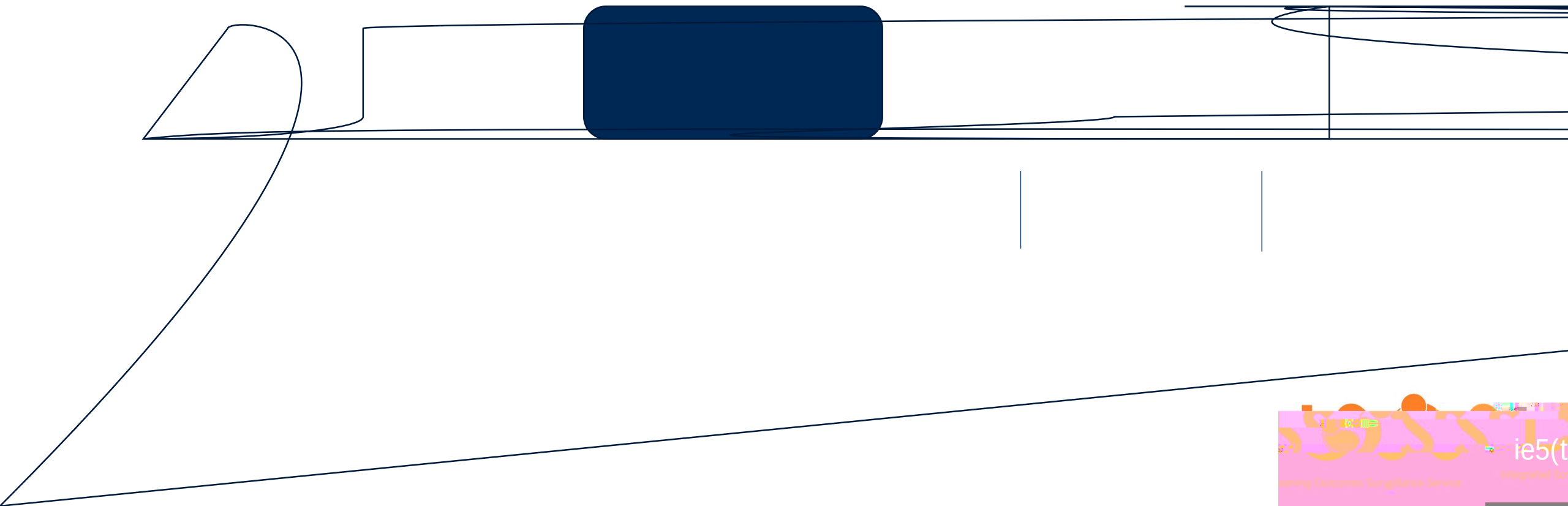
- ISOSS HIV surveillance covers all women living with HIV seen for antenatal care in the UK, all HIV-exposed infants are followed-up until 18-24 months to determine infection status
- Surveillance also covers any children diagnosed up to the age of 16 years and seen for paediatric care in the UK
- Reports are tID 0 reW5yte83ulanatQMC /P <</MCID 20>BDC q0.000014305 0 960 540 reW*nBT/F3 21.9

Results: HIV-exposed infants born 2012-2018

6547 livebirths 2012-2018



Infants LTFU before 18-24 month AB test

Of the 370 infants LTFU with unknown infection status:

- 67/370 had only a birth PCR test:
    - 16/67 were reported as ‘gone abroad’
- 303/370 had 6 or 12 week PCR test:
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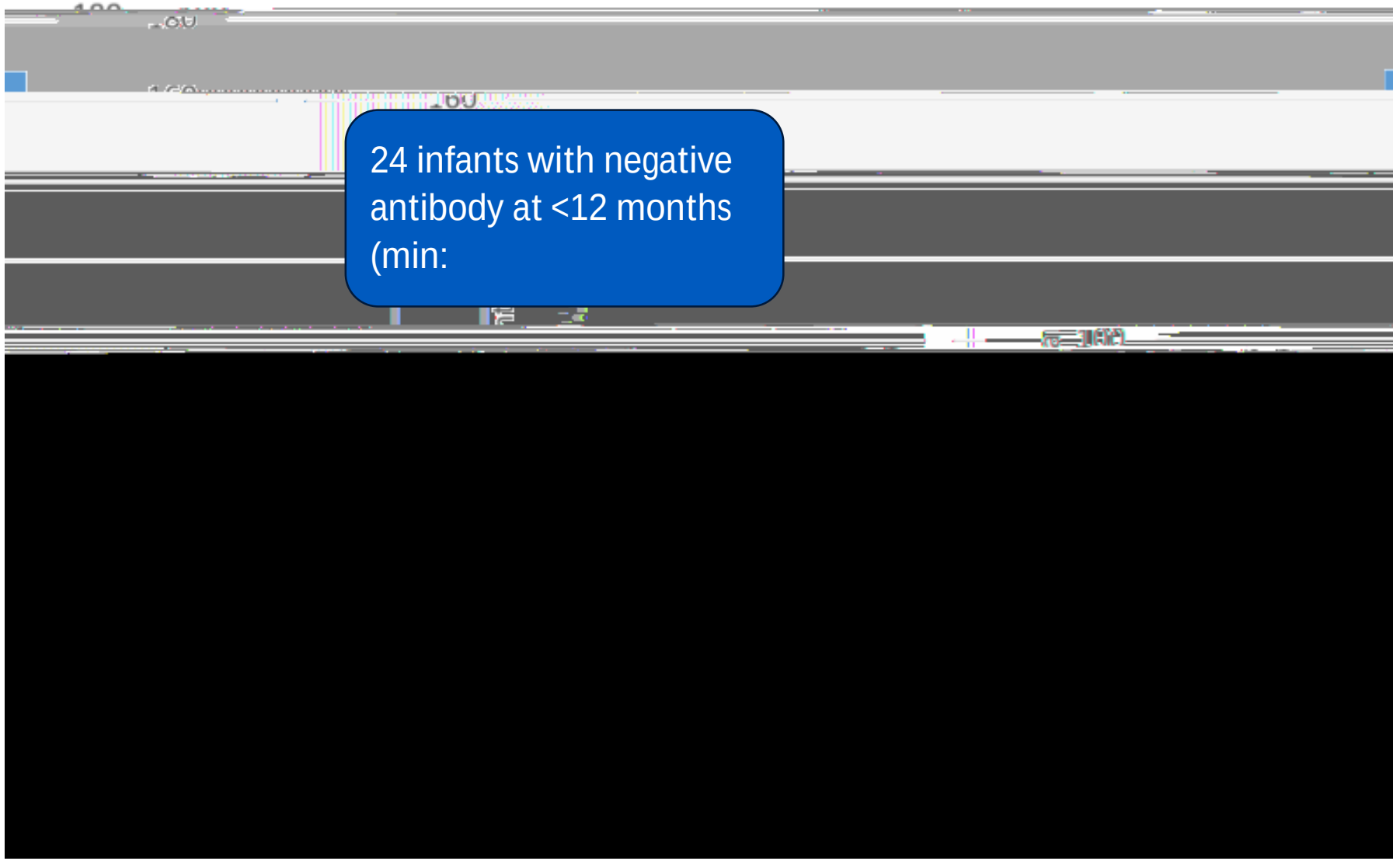
Infants discharged before 18

Infants discharged before 18-24 month AB test (n=384)



Conclusions

Despite well-established guidelines and pathways for follow-up of HIV-exposed infants in the UK there remains some variation in practice and deviation from BHIVA guidelines

Findings shown today have been highlighted through ISOSS paediatric network and also fed back to BHIVA

ISOSS is uniquely placed to monitor outcomes and practice across units and regions, including the impact of COVID on clinic scheduling and attendance

Further work to investigate possibility of inequalities/barriers to care in lost to follow up group

Vigilance is required regarding potential postnatal transmission, especially in the era of supported breastfeeding in the UK

Acknowledgements

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