

## HIV and AIDS INFECTION

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### Abstract

The BPSU reporting system is the cornerstone of paediatric reporting of HIV in the UK and Ireland. All children presenting with HIV infection, regardless of place of birth or mode of acquisition of infection, should be reported, as well as all infants born to HIV positive women in the UK and Ireland, regardless of infection status. In addition to providing the paediatric data for the national HIV prevalence monitoring programmes (used for service planning and resource allocation), data collected through the BPSU are used in a wide range of epidemiological and clinical analyses and publications, and also contribute to assessments of the impact of antenatal screening and the uptake of interventions in pregnancy, and developments in the management of infected and exposed children.

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Paediatric HIV surveillance is carried out at the Institute of Child Health in London in association with the Health Protection Agency Centre for Infections (*Dr F Ncube, HPA Centre for Infections, 61 Colindale Avenue, London NW9 5EQ Tel: 020 7200 6868; email: [fortune.ncube@hpa.org.uk](mailto:fortune.ncube@hpa.org.uk)*) and Health Protection Scotland (*Prof D Goldberg, HPS, Clifton House, Glasgow G3 7LN Tel: 0141 300 1100*). It is run in parallel with an obstetric reporting scheme administered under the auspices of the Royal College of Obstetricians and Gynaecologists.

### Background

Surveillance began in 1986 in order to monitor the incidence and prevalence of paediatric HIV infection and AIDS. It is based on a combination of paediatric, obstetric and laboratory reporting schemes. Data are combined at the Institute of Child Health as the National Study of HIV in Pregnancy and Childhood (NSHPC). A summary dataset, sent quarterly to the HPA and HPS, provides the paediatric component of national HIV surveillance; reports are published regularly by the HPA and HPS. The ICH surveillance team produces a quarterly newsletter and powerpoint presentation (email [nshpc@ich.ucl.ac.uk](mailto:nshpc@ich.ucl.ac.uk) for further details).

Most cases of paediatric HIV are children born to HIV infected women; other routes of transmission include contaminated blood products, injecting drug use and sexual intercourse. Active follow up of all infants born to women known to be HIV infected at the time of their baby's birth is necessary to establish whether or not the child is infected. Infection status in exposed infants can now usually be confirmed or excluded within the first six months of life.

Standard surveillance follow-up data are sought for all infected children annually, either directly from the notifying paediatrician or, with their approval, through the Collaborative HIV Paediatric Study (CHIPS), a collaboration between the Medical Research Council Clinical Trials Unit (MRC CTU), the clinics, and the NSHPC

([www.bhiva.org/chiva/](http://www.bhiva.org/chiva/)). Links to guidelines on the management of seropositive children and additional information about the care of children affected by HIV are also available from the CHIVA website.

<b>Coverage</b>	United Kingdom and the Republic of Ireland.
<b>Duration</b>	January 1990 – January 2008
<b>Objective</b>	Surveillance of paediatric HIV infection and AIDS in the UK and Ireland.
<b>Case Definition</b>	Any child less than 16 years of age who has AIDS or is HIV antibody positive, or with positive PCR or any other laboratory marker of HIV infection. Also any child born to a woman known to have been HIV infected at the time of that child's birth, regardless of the child's infection status.
<b>Reporting Instructions</b>	Please report any child not previously reported to the BPSU who meets the case definition.
<b>Methods</b>	Reporting paediatricians are asked to complete a surveillance form shortly after the reporting card is received by the BPSU; follow-up information is sought to establish infection status and then requested annually for infected children.
<b>Ethics Approval</b>	The surveillance programme was most recently reviewed and approved by London MREC. The study is carried out in collaboration with the HPA, which has Section 60 (PIAG) approval for HIV surveillance.
<b>Funding</b>	Department of Health / Health Protection Agency
<b>References</b>	Contact the NSHPC for a full publication list

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2. Doerholt K, Duong T, Tookey P, et al. Outcomes for HIV-I infected infants in the UK and Republic of Ireland in the era of effective antiretroviral therapy. *PIDJ in press* 2006
3. The UK Collaborative Group for HIV and STI Surveillance. Mapping the Issues. HIV and other Sexually Transmitted Infections in the United Kingdom: 2005. London: Health Protection Agency Centre for Infections. November 2005. See: [www.hpa.org.uk/infections/topics\\_az/hiv\\_and\\_sti/](http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/)
4. HIV Paediatric Prognostic Markers Collaborative Study. Use of total lymphocyte count for informing when to start antiretroviral therapy in HIV-infected children: a meta-analysis of longitudinal data. *Lancet* 2005; 366:1868-74
5. Brown AE, Sadler KE, Tomkins SE, et al. Recent trends in HIV and other STIs in the United Kingdom: data to the end of 2002. *Sex Transm Infect* 2004; 80:159-166
6. Cortina-Borja M, Cliffe S, Tookey P, et al. HIV prevalence in pregnant women in an ethnically diverse population in the UK: 1998-2002. *AIDS* 2004; 18:535-40
7. Gibb DM, Duong T, Tookey PA, et al. Decline in mortality, AIDS and hospital admissions in perinatally HIV-I infected children in the UK and Ireland. *BMJ* 2003; 327:1019

NSHPC data are also presented widely at national and international conferences.

Summary tables and reports are published regularly in the HPA's CDR Weekly (available at [www.hpa.org.uk/cdr/](http://www.hpa.org.uk/cdr/)) and the HPS Weekly Report ([www.show.scot.nhs.uk/scieh/](http://www.show.scot.nhs.uk/scieh/)).

The Quarterly NSHPC Newsletter and powerpoint presentation are available from the NSHPC.