

British Paediatric Surveillance Unit data confirms HIV antenatal screening policies are reducing the rate of mother to child transmission

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A surveillance study of *HIV Infection in Childhood* found that reported births to HIV infected women have increased substantially since 2000 – but the proportion of infants who are themselves infected has declined.

Data collected through the British Paediatric Surveillance Unit (BPSU) – part of the Royal College of Paediatrics and Child Health – is central to monitoring paediatric HIV infection in the UK and Ireland. Findings from the National Study of HIV in Pregnancy and Childhood (NSHPC) show that, since the universal implementation of routine antenatal HIV screening policies, most infected pregnant women are diagnosed in time to take advantage of effective interventions which reduce the rate of mother to child transmission to less than 1 per cent.

The *HIV Infection in Childhood* study and *Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteraemia in Children* (investigations carried out by the Department of Health and Health Protection Agency respectively) are just two of the highlights in the BPSU Annual Report for 2007-2008. Now in its 22nd year the BPSU has facilitated the study of over 70 paediatric conditions and continues to contribute to public health policy in the UK.

The BPSU, which is part funded by the Department of Health, enables paediatricians in the UK and Ireland to participate in the surveillance of infections and infection-related conditions and promote the study of uncommon disorders.

The MRSA study aimed to document the number of MRSA blood stream infections in children in the UK and Ireland and the clinical features and patterns. There were 265 cases of MRSA blood stream infections reported over a two year period. The study found that MRSA bacteraemia in children is relatively uncommon in contrast to adults, accounting for only 1-2 per cent of MRSA blood stream infections in patients of all ages. The cases reported were primarily very young children with risk factors that made them prone to infection. The strains of MRSA found were types that are associated with healthcare settings. These findings have implications for future control measures aimed at reducing further infection.

Professor Allan Colver, Chair, BPSU Executive Committee:

“This year’s annual report looks at a wide range of diseases in children – from congenital rubella to HIV. The BPSU aims to gain knowledge about rare diseases in order to improve child healthcare and we are grateful to all the paediatricians who have taken part in the surveillance. None of this would be possible without their commitment.”

Dr Patricia Hamilton, President, Royal College of Paediatrics and Child Health:

“As part of the Royal College of Paediatrics and Child Health the BPSU has a vital role in improving children’s healthcare. It continues to increase understanding of rare diseases in children, as well as contributing to prevention and treatment. We are proud of this internationally respected research unit.”

Ends

Notes to Editors:

- The BPSU Annual Report 2007/2008 can be downloaded in full from www.bpsu.inopsu.com
- Other studies covered in the report include surveillance of congenital rubella, vitamin K deficiency bleeding and childhood scleroderma.
- Please note that the data presented in the report are provisional, not peer-reviewed and definitive conclusions should not be drawn from them.
- The BPSU is a unit within the research division of the Royal College of Paediatrics and Child Health and a joint venture with the Health Protection Agency, the Institute of Child Health (University College London), the Royal College of Physicians (Ireland) and the Health Protection Scotland.
- The existence of BPSU allows paediatricians to participate in surveillance of uncommon disorders and to lessen the burden on reporting doctors of such requests from numerous different sources.
- 2800 consultant paediatricians are sent an orange report card each month, on which the disorders under surveillance are listed. This is an active reporting system and the card is returned stating whether or not any cases have been seen in the preceding month. The BPSU then passes case reports to the relevant surveillance teams for follow up.