Reducing mother to baby transmission of HIV

For action by: Health Authorities (England) - Chief Executive
Chief Executives of NHS Trusts
Medical Directors of NHS Trusts - for distribution to:- Consultants in Obstetrics and Gynaecology, Hospital and Community Paediatricians, HIV physicians,
Consultants in GUM and Infectious Disease physicians
Nurse Directors of NHS Trusts - for distribution to: Heads of Midwifery Services,
Local Supervisors of Midwives and Senior Midwives NHS Trusts

For information to: Directors of Public Health
Nurse Directors of Health Authorities
Regional Directors of Public Health
Regional Nurse Directors
Consultants in Communicable Disease Control
Consultant Microbiologists/Virologists
Public Health Laboratory Service

Further details from: Ruth Hickson
Room 719
Wellington House
133-155 Waterloo Rd
LONDON SE1 8UG

Additional copies of this document can be obtained from:

Department of Health
PO Box 777,
London SE1 6XH
Fax 01623 724 524

It is also available on the Department of Health website at
http://www.doh.gov.uk/coinh.htm

© Crown copyright 1999
Reducing mother to baby transmission of HIV

Summary

1. Ministers have accepted the recommendations from an Expert Group set up to develop targets aimed at reducing mother to baby transmission of HIV. The recommendations for targets which are set out below are intended to achieve a national objective of reducing the number of babies with HIV acquired from an infected mother during pregnancy, birth or through breastfeeding by 80% by 2002. The first target is that all pregnant women should be offered and recommended an HIV test along with other ante-natal screening tests, as an integral part of their antenatal care, and that the offer be recorded. The targets are aimed at increasing the uptake of antenatal HIV testing and the percentage of HIV infected pregnant women diagnosed at a sufficiently early stage so that women can be offered advice, treatment and interventions during antenatal care to reduce vertical transmission.

Action

2. All Health Authorities should ensure that information systems for offering and recording uptake of antenatal HIV testing are in place as soon as possible so that progress towards achieving the following targets can be effectively monitored. For the following, all health authorities should ensure that arrangements are in place by 31 December 2000 at the latest:

- for all pregnant women to be offered and recommended an HIV test as an integral part of their antenatal care*

  *not including women arriving in labour or too late for antenatal care, who should be offered and recommended a test after delivery.

These arrangements should be designed to achieve:

- an increased uptake of antenatal HIV testing to a minimum of 50%.

- for those health authorities that have effective monitoring systems in place and are already achieving an uptake 50% or more to increase uptake by a further 15% .

3. All health authorities should ensure that arrangements are in place designed to achieve the following by 31 December 2002:

- an increase in uptake of antenatal HIV testing to 90% ;

- that nationally 80% of HIV infected pregnant women are identified and offered advice and treatment during antenatal care.

It is anticipated that these targets will result in 80% reduction in the number of children with HIV acquired from an infected mother during pregnancy, birth or through breastfeeding.
Background and other information

4. Health Authorities were alerted in HSC1999/127 (HIV/AIDS Funding 1999/2000) that Ministers had set up an Expert Group in April 1999 to develop targets aimed at reducing mother to baby transmission of HIV. The same HSC highlighted the reduction of vertical transmission of HIV and the initiatives that were underway to increase antenatal HIV testing.

5. From the 1997 unlinked anonymous dried blood spot survey, it is known that more than 70% of HIV infection in pregnant women remained undiagnosed at the time of delivery. Many women do not find out about their infection until their child becomes symptomatic with HIV infection or is diagnosed with AIDS.

6. There is considerable geographical variation in prevalence of HIV in pregnant women. Epidemiological data show that in 1997 the number of HIV infected pregnant women giving birth was 265 (live births) in the UK. Of these 195 were among London residents, 56 elsewhere in England and Wales and 14 in Scotland. This is estimated to have led to about 40 infections in babies in London alone and 12 infections in babies elsewhere in the UK.

HIV disease in babies and children

7. Without any treatment, HIV infection in children results in chronic disease and about 20% of HIV infected children develop AIDS or die in the first year of life. By the age of 6 years, about 25% of the children will have died and most of the surviving children will have had some illness because of their infection. The long term picture is unknown, but all children with HIV will benefit from early life-prolonging treatment.

Interventions to reduce vertical transmission.

8. Once women are aware of their HIV infection, all the evidence points to them choosing to accept interventions which will reduce the risk of vertical transmission and protect their babies. For instance, if the following interventions are all accepted, the risk of vertical transmission can be reduced from 25% to less than 5%.

- use of antiretroviral drugs
- delivery by caesarean section
- careful obstetric management
- bottle feeding.

9. In the United States the numbers of children with AIDS has declined by 66%. France, Italy and Spain have shown improvements in the annual number of infant AIDS cases, while the UK has not. In France, a combination of elective caesarean section and the use of antiretroviral drugs has significantly reduced vertical transmission. A number of European countries are now reporting that transmission rates have been reduced to 6%.

Discussion of Target Options

10. The Expert Group considered a range of targets before concluding that the options listed in paragraphs 2 and 3 above were both challenging and achievable. In some parts of London, data has shown that uptake of HIV testing in pregnant women can increase relatively quickly once a universal offer policy is implemented. The rationale for the
rejection or adoption of a number of targets and more detailed background information and references can be found in the report by the Expert Group. This can be obtained from Miss Ruth Hickson, room 719 Wellington House, Department of Health, 133-155 Waterloo Road, London SE1 8UG.

Cost Effectiveness of the Universal HIV Test Offer and Funding

11. The National Screening Committee has sought reassurance that the universal antenatal HIV test offer has met the cost effectiveness criteria applied to other screening programmes. This has been shown for the country as a whole and for the majority of health authorities.

12. Funding for universal antenatal HIV testing should be found from the ring-fenced HIV Prevention allocation (£53.4 million for 1999/2000). HSC 1999/127, HIV/AIDS Funding for 1999/2000, highlighted the reduction of vertical transmission of HIV as one of the target areas for HIV prevention activities. If health authorities have uncommitted funds available from their 1999/2000 special allocation for HIV Prevention they are encouraged to use them for antenatal HIV testing. For implementation by December 2000 they should identify funds from their 2000/2001 HIV Prevention allocations.

Quality Assurance

13. The National Screening Committee is considering a report it commissioned from the Nuffield Institute on Quality Management for screening programmes. This will build on its work on developing antenatal screening standards. Further information on standards and quality assurance arrangements will be included in future guidance.

Monitoring and Audit

14. The introduction of the antenatal HIV testing policy outlined above should be subject to local performance management and audit. A minimum core of information should include the number of women; 
- booked for antenatal care;
- offered an HIV test,
- who decided to accept/decline a test,
- found to be infected,
- who accepted interventions to reduce vertical transmission and,
- which interventions were accepted.

15. A report on progress towards implementation of a universal antenatal HIV testing policy up to 31 March 2000 should be included in the AIDS(Control) Act report for 1999/2000, which will be due to be submitted to the Department by 31 July 2000.

This circular has been issued by:

SHEILA ADAM

Health Services Director

13 August 1999