British Paediatric Allergy Immunity and Infection Group

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FOLLOW-UP STATUS OF HIV EXPOSED INFANTS IN THE UK 2012–2019

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10.1136/archdischild-2021-rcpch.488

Background The current vertical HIV transmission (VT) rate is <0.3% among diagnosed women living with HIV (WLHIV) in the UK; this rate excludes a few children whose status remains unknown for various reasons. British HIV Association (BHIVA) guidelines state that all HIV-exposed infants should be tested at age ≤48 hours, 6 and 12 weeks with antibody testing for seroreversion at age 18–24 months ('18–24Ab'). Even if earlier PCR tests are negative, the 18–24Ab remains important as postnatal transmission may occur.

Objectives To describe current paediatric management and the follow-up status of HIV-exposed infants in the UK.

Methods The Integrated Screening Outcomes Surveillance Service (ISOSS) conducts UK population-level surveillance of all pregnancies in WLWH, their children, plus any children diagnosed <16 years. All HIV-exposed children are followed-up until 18–24 months to determine infection status. Reports are triangulated with laboratory reports from PHE. We report the follow-up status of 6547 HIV-exposed children born 2012–2018, reported by December 2019.

Results Overall, 4860 (74%) children were confirmed uninfected based on a negative 18–24Ab; 861 (13%) are indeterminate and in follow-up; 27 (0.4%) were confirmed infected. 370 (5.7%) infants were lost-to-follow-up before 18–24Ab established (59/370 gone abroad); 26 (0.4%) died before infection status established; in 5 cases follow-up testing was declined; 14 had follow-up testing carried out in primary care (not covered by ISOSS reporting).

313/6547 (5%) infants were discharged based on negative antibody at <18mths, including 24 with negative antibody at <12mths (min: 3mths). 71 infants were discharged based on negative PCRs only; 11 discharged at <12mths and 40 at <18mths. Of the 370 infants lost-to-follow-up with unknown infection status, 67 (18%) had only a birth PCR test (16 gone abroad).

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, with 6% of infants being discharged without 18–24Ab testing. Some of the VTs reported to ISOSS have been identified through 18–24Ab testing with negative PCRs after birth. Vigilance is required regarding potential postnatal transmission, especially in the era of supported breastfeeding and the impact of COVID-19. ISOSS are uniquely placed to monitor outcomes and practice across units and regions, and will continue to provide robust data to support and promote guidelines.

Paediatric Mental Health Association

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PAEDIATRIC EATING DISORDER PRESENTATIONS TO A DISTRICT GENERAL HOSPITAL PRIOR TO, AND DURING, THE COVID-19 PANDEMIC

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10.1136/archdischild-2021-rcpch.489

Background The COVID-19 pandemic rapidly spread worldwide during 2020, with the first UK case seen at the end of January. During the pandemic a global increase in the number of eating disorder presentations to acute paediatric departments has been noted.¹ Assessing the impact of this locally is essential for determining changes in policies, training and service provision to ensure the needs of these young people are met.

Objectives This retrospective study compared the number, type and acuity of patients presenting with eating disorders to a single district general hospital in England, before and during the global COVID-19 pandemic. The potential impact of related national events, such as lockdowns and school closures, on these admissions was considered.

Methods Information was collected on all patients aged <18 years admitted to the ward with a primary diagnosis of eating disorder (falling under the ICD-10 classification F50) over a 26 month period, 'pre-COVID' (January 2019–January 2020) and 'post-COVID' (February 2020–February 2021). Data recorded included: monthly admission numbers, need for nasogastric tube (NGT) feeding or registered mental health nurse (RMN) support during admission, length of stay and discharge location.

Results During the COVID pandemic ('post-COVID' period) there has been a significant increase in eating disorder admissions for acute nutritional support with a 283% increase in inpatient numbers (average 0.6 admissions/month pre-COVID vs 2.3 post-COVID).

Despite the higher admission numbers, those admitted 'post-COVID' were less likely to:

- require NGT feeding (63% required NGT feeding in the pre-COVID period, compared with 33% in the post-COVID period)
- need RMN support (25% pre vs 10% post)
- be discharged to a tier 4 bed (50% in the pre-COVID period compared with 13% in the post-COVID period)

However 'post-COVID' a proportion of young people required sectioning under the Mental Health Act (7% vs 0% pre) to enable assessment and treatment and the average length of stay was increased by over 50% (pre average 7.5 days vs post 11.3 days) ($p=0.058$).

Conclusions Such significant increases in the number of eating disorder patients admitted to paediatric inpatient units will have a significant impact on acute services, even if the co-existent mental health acuity appears equivalent or lower than pre-pandemic. The look of inpatient paediatric wards may be forever changed and staff training, inpatient facilities and multidisciplinary services need to adapt accordingly. Post-pandemic changes will also need to be monitored to review how further service modifications may be necessary in the future.