Background The current vertical HIV transmission (VT) rate is <0.3% among diagnosed women living with HIV (WLWH) 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 18–24months (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 <16years. 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 6347 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).

313/6347 (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.