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Clinical outcome of shielded patients who have been infected with COVID-19 in Barnsley Borough- June 2020—Dina Mahmoud^{a,*}, Muhalab Yousif^b (^aBarnsley Hospital NHS Foundation Trust, Barnsley, United Kingdom, ^bPinderfield General Hospital, Wakefield, United Kingdom)

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Abstract

Background: Severe acute respiratory syndrome – coronavirus-2 has caused a pandemic that put the life of extremely vulnerable people who are eligible for shielding from COVID-19 at a greater risk. The UK government had advised those vulnerable people to start shielding by 21st of March 2020.

Methods: This study is a retrospective review of 74 patients who had laboratory confirmed covid 19 disease (tested between 31/03/2020–13/05/2020) and identified by Barnsley hospital information database as eligible for shielding. The reviewed cases were evaluated for clinical outcome, reasons for shielding, demographic distribution, place of residence and history of recent hospital stay.

Results: 74 patients [median age 76.4, males – 53%] were included, of which 48.6% [n = 36, median age 81.5] had died. 43 out of all 74 patients had COPD (chronic obstructive pulmonary disease) and 24 [56%] of them had died. 24 patients [32.4%] lived in care homes. 19 out of all 74 patients were in-patient after 21st March for reasons other than COVID19 and diagnosed with COVID19 following discharge from hospital.

Conclusion: The study describes notably higher mortality from COVID19 in the shielding group, particularly in elderly patients and those with pre-existing COPD diagnosis. This group must be given priority when offering vaccination. The study has also revealed the need to adopt strict infection control measures to minimise infection transmission in care homes. Introducing a quicker way of testing on admission to hospital (e.g., point of care testing) would facilitate efficient triaging and bed allocation, which could subsequently reduce the risk of nosocomial infection.

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HIV in postpartum women: Still a turbulent time—Rebecca Cooper^{a,*}, Paul Collini^{a,b}, Julia Greig^b (^aUniversity of Sheffield, Sheffield, United Kingdom, ^bSheffield Teaching Hospitals, Sheffield, United Kingdom)

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Abstract

Introduction: The postpartum period can be a difficult time for women living with HIV (WLWH), affecting engagement with care. We repeated our 2000–2011 audit of postpartum medication adherence and engagement with care for WLWH against BHIVA guidelines.

Methods: We retrospectively reviewed clinical records of WLWH who delivered their baby between June 2013 and December 2019. We recorded antiretroviral (ARV) management before, during and for 12 months after pregnancy; CD4 count and viral load (VL) at booking, 36 weeks' gestation, delivery, 1 and 12 months postpartum. We categorised any psychological and social problems and recorded timing of mental health assessments and follow-up appointments.

Results: There were 72 pregnancies involving 61 women, median age 35 years, 44 African. 70/72 (97%) continued with ARVs after delivery for whom VL data were available for 61 (85%). 49/61 (80.3%) had an undetectable VL (vs 64% in 2012). Of the 12 with a

detectable VL, 5/12 (42%) had virological failure (>400 copies/ml). 32 (44%) missed at least one HIV clinic follow-up appointment (vs 27% in 2012), of whom 9/32 (28%) had a detectable VL. Social or psychological problems were noted in 47%, 10/12 (83%) with detectable VL and 20/32 (63%) that had missed an appointment.

Discussion: The same psychological and social difficulties as 10 years ago are still impacting HIV care. We are currently conducting a qualitative research study to help determine what measures can be taken to lessen their impact on their HIV care, through interviews with postpartum WLWH.

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The diagnostic challenges of neuroparasitological infections: The experience of the Hospital for Tropical Diseases (London) neuroparasitology multidisciplinary team between 2015–2020—Emily Martyn^{a,*}, Laura Nabarro^a, Gauri Godbole^{a,b}, Hadi Manji^c, Hans Rolf Jager^{d,e}, Peter L. Chiodini^a (^aThe Hospital for Tropical Diseases, London, United Kingdom, ^bPublic Health England, London, United Kingdom, ^cNational Hospital for Neurology and Neurosurgery, London, United Kingdom, ^dUCL Institute of Neurology, London, United Kingdom)

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Abstract

Introduction: In the UK, neuroparasitological infections are rare but important diagnoses. Diagnostic delay can result in significant morbidity. The Hospital for Tropical Diseases (HTD) runs a neuroparasitology multidisciplinary team meeting (MDT) consisting of two consultant parasitologists, neurologist and neuroradiologist, both with specialist interests in neuroinfection, and registrars, working closely with the reference parasitology service. Clinical history, imaging and laboratory results are reviewed to recommend a differential diagnosis and management plan.

Methods: We reviewed MDT records between 1st October 2015 and 31st August 2020. We collected data on demographics, referring specialties, travel history and exposures, final diagnoses and MDT outcomes.

Results: Overall, 162 patients were discussed in 51 MDTs. Referrals were made by 54 different hospitals, 3 outside the UK. The median age was 40 (IQR 29,53) and 45% were female. Parasitic infections accounted for 43%, including neurocysticercosis (75%, 52/69), hydatid (9%, 6/69), neuroschistosomiasis (6%, 4/69) and non-HIV associated cerebral toxoplasmosis (3%, 2/69). Non-parasitological diagnoses included other infection (e.g. HSV, cryptococcus), ADEM and malignancy. The MDT recommended further investigation in 28% (45/162) including imaging, serological tests or brain biopsy. For 8% (13/162) treatment was recommended under the home team, 9% (15/162) were treated as an HTD outpatient, 4% (7/162) were admitted for anti-parasitic treatment at HTD. In 5 patients with neurocysticercosis, unnecessary brain biopsy was avoided.

Discussion: The HTD neuroparasitology MDT consults on complex neuroinfections from around the UK. Specialist review helps establish or exclude parasitological diagnoses, leading to appropriate parasitological treatment, saving patients from invasive procedures such as brain biopsy.

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