



**UK National Screening Committee  
Infectious Diseases in Pregnancy Screening programme (IDPS)**

A pilot of the triage approach to assess whether existing population screening programmes should be continued

**Consultation comments pro-forma**

|   |                                 |                       |  |
|---|---------------------------------|-----------------------|--|
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| <b>Organisation (if appropriate):</b>   | British HIV Association (BHIVA) |                       |  |
| <b>Role:</b>  | Chair                           |                       |  |
| <b>Do you consent to your name being published on the UK NSC website alongside your response?</b> |                                 |                       |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |                                 |                       |  |
| <b>Which conditions do your comments relate to?</b>   |                                 |                       |  |
| Antenatal screening for Hepatitis B <input checked="" type="checkbox"/>                           |                                 |                       |  |
| Antenatal screening for HIV <input checked="" type="checkbox"/>                                   |                                 |                       |  |
| Antenatal screening for syphilis <input checked="" type="checkbox"/>                              |                                 |                       |  |

| Section and/or page | Text or issue to which comments relate  | Comment<br><i>Please use a new row for each comment and add extra rows as required.</i>   |
|---------------------|---|---|
|                     | Whole document  | BHIVA strongly supports the expert triage reports for antenatal syphilis, hepatitis B and HIV screening programmes in their conclusions that there is no evidence to justify exploring the cessation of these programmes. The sequelae of undiagnosed syphilis, HIV or hepatitis B are significant and entirely avoidable and for all three programmes the benefit of routine screening far outweighs any potential harm. |
|                     | Section 3, paragraph 2:<br><br>In addition to the screening recommendation, there are a number of national policies and guidelines for the prevention, diagnosis and management of hepatitis B in newborns and pregnant women, notably: | BHIVA recommends an additional reference to the “BHIVA Guidelines for the management of HIV infection in pregnant women 2012 (2014 interim review)”. Although the advice for antenatal screening for hepatitis B is no different, there are a number of important differences in the management of hepatitis B in HIV co-infection which the BHIVA guidelines outline.  |

Please return to [screening.evidence@nhs.net](mailto:screening.evidence@nhs.net) by 5<sup>th</sup> December 2017