

**Title: Clinical characteristics and circumstances of children and young people newly presenting to paediatric HIV services in England: 2023-2025**

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**Background:** The Children's HIV and AIDS Reporting System (CHARS) has seen an increase in children and young people (CYP) newly presenting to HIV services, and timely diagnosis continues to be a challenge.

**Methods:** NHS England commissions CHARS to collect data on all CYP seen for HIV paediatric care in England until transition to adult services. We describe characteristics, details of presentation and clinical baseline data for those newly presenting 2023-25 reported to CHARS by 31/12/25. Late HIV diagnosis was defined by age thresholds:  $\geq 5$  yrs: CD4 count  $\leq 350$  cells/mm<sup>3</sup>; 1–5 yrs: CD4  $< 500$  cells/mm<sup>3</sup>;  $< 1$  yr: CD4  $< 750$  cells/mm<sup>3</sup>; or presence of an AIDS-defining condition.

**Results:** 73 CYP presented 2023-25 (median age 13, IQR 9–15). Of these, 96% (70/73) were born abroad, 89% (65/73) in Africa and 36% (26/73) presented in London. HIV was vertically-acquired in most (71/73). 71% (52/73) were diagnosed outside the UK, 29% (21/73) in the UK (18/21 born abroad and 3/21 in England). 64% (23/36) were seen by specialist services  $\leq 14$  days from referral, 37 details pending. Among those seen  $> 14$  days, median time was 28 days (IQR 23-41), and majority were already on ART.

Among CYP diagnosed abroad, HIV was primarily identified following symptomatic presentation in 46% (24/52), non-pregnancy related maternal diagnosis in 23% (12/52), known maternal diagnosis in pregnancy in 21% (11/52) or screening after another family member diagnosed in 2% (1/52), 4/52 unknown. 10% (5/52) had late HIV diagnosis. In 18 CYP born abroad and diagnosed after UK arrival, HIV was identified following symptomatic presentation in 56% (10/18), non-pregnancy related maternal diagnosis in 33% (6/18), screening after another family member diagnosed in 6% (1/18) and screening when moving to the UK in 6% (1/18). 22% (4/18) were diagnosed  $\leq 1$  yr of UK arrival, 67% (12/18) 1-5 yrs, and 11% (2/18)  $> 5$  yrs. All 3 England-born CYP were diagnosed following maternal diagnosis: 1 known during pregnancy, 1 diagnosed in a subsequent pregnancy, and 1 diagnosed as inpatient with symptoms. Among CYP diagnosed in the UK, 52% (11/21) were referred from a hospital, 14% by a GP (3/21), 7 missing; 61% (13/21) had a late HIV diagnosis.

**Conclusion:** We highlight a significant proportion of CYP diagnosed in the UK presenting late with advanced immunosuppression. Ongoing surveillance remains crucial in identifying missed opportunities and barriers to care and supporting services to ensure earlier recognition and treatment initiation.