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Dear Colleague

NOTIFICATION OF CESSATION DATE FOR ANTENATAL RUBELLA SUSCEPTIBILITY SCREENING IN SCOTLAND

1. I am writing to inform you of the cessation of antenatal screening for rubella susceptibility for all pregnant women booking for maternity care from 1 June 2016 following a review by the UK National Screening Committee (UK NSC).

Background

- 2. A review of antenatal screening for rubella susceptibility held in 2012 by the UK NSC found that rubella susceptibility screening in pregnancy did not meet the UK NSC criteria for a screening programme
- (http://legacy.screening.nhs.uk/rubellasusceptibility).
- 3. Due to the high uptake of the Measles, Mumps and Rubella (MMR) vaccination in the population the epidemiology of rubella has changed. The rationale to end screening for rubella susceptibility includes:
 - rubella infection levels in the UK are at a level defined as eliminated by the World Health Organisation
 - screening for rubella susceptibility in pregnancy does not give any protection to the unborn baby in the current pregnancy
 - stopping antenatal screening is unlikely to result in increased rates of congenital rubella. There were 12 cases of congenital rubella reported in the UK between 2005 and 2015. None of these could have been prevented by the screening programme. We will continue to monitor cases following the cessation of screening
 - the test may falsely reassure some women that they are not susceptible to rubella infection in the current pregnancy
 - the MMR vaccine is effective in protecting women against rubella in pregnancy.

From the Chief Medical Officer Chief Nursing Officer Chief Pharmaceutical Officer

12 May 2016

SGHD/CMO(2016)9

Addressees

For action

Chief Executives, NHS Boards Directors of Public Health, NHS Boards

For information

Medical Directors, NHS Boards
Chairs, NHS Boards
Directorate of Nursing and
Midwifery, NHS Boards
Primary Care Leads, NHS Boards
Pregnancy and Newborn
Screening Co-ordinators
Deirdre Evans, National Services
Division
Fiona Murphy, National Services
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Carol Colquhoun, National
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Further Enquiries

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Key Points for maternity services

- 4. The offer of antenatal screening for rubella susceptibility will stop for all women In Scotland booking on or after **1 June 2016**. This change has no implications for the offer of antenatal screening for HIV, hepatitis B and syphilis in every pregnancy which should continue.
- 5. The screening pathway should be completed for women booking and accepting screening prior to 1 June 2016. This means laboratories will test decreasing numbers of samples into July, August and September, and should adjust assay supplies accordingly. Reporting and follow-up of results for women booking in this cohort should be continued.
- 6. The MMR vaccine plays a key role in reducing incidence of rubella in the community.
- 7. Midwives should remind pregnant women during antenatal screening and during community contacts following delivery that if they are not sure about their MMR vaccination status, they should consult their GPs.
- 8. Health visitors when discussing immunisation for the newborn baby should also enquire about the MMR vaccination status of the mother and if not fully immunised, advise mother to contact her own GP for advice.
- 9. Primary care staff should take every opportunity to discuss their patients' vaccination status and check whether they may be eligible for vaccination as per the guidance in the Green Book chapter on Measles:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147968/Green_Book-Chapter-21-v2_0.pdf

Communication

- 10. National Services Division will lead and coordinate boards in implementing these changes. Patient and professional information is being updated in advance of 1 June 2016.
- 11. You are invited to note the above changes. I would be grateful if you could cascade this letter to others who may be affected.

Yours sincerely

Catherine Calderwood Fiona McQueen Rose Marie Parr

Dr Catherine Calderwood Professor Fiona McQueen Dr Rose Marie Parr

Chief Medical Officer Chief Nursing Officer Chief Pharmaceutical Officer





