

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

**Issue Date:** 11 August 2016

**STATUS:** ACTION

**CATEGORY:** PUBLIC HEALTH / POLICY

**Title:** NOTIFICATION OF CESSATION DATE FOR ANTENATAL RUBELLA SUSCEPTIBILITY SCREENING IN WALES

**Date of Expiry / Review:** N/A

**For Action by:**  
Local Health Boards

**Action required by:** 3<sup>rd</sup> October 2016

**Sender:**  
Chief Medical Officer/Medical Director NHS Wales and Chief Nursing Officer/Nurse Director NHS Wales

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**Enclosure(s):** None

Dear Colleague,

## **NOTIFICATION OF CESSATION DATE FOR ANTENATAL RUBELLA SUSCEPTIBILITY SCREENING IN WALES**

1. We are writing to inform you that antenatal screening for rubella susceptibility for pregnant women in Wales will be discontinued for women who have their booking bloods taken on or after **3 October 2016**.

### **Background**

2. A review of antenatal screening for rubella susceptibility, held in 2012, by the UK National Screening Committee (UK NSC) found that rubella susceptibility screening in pregnancy no longer meets the UK NSC criteria for a screening programme because of the effectiveness of rubella immunisation: <http://legacy.screening.nhs.uk/rubellasusceptibility>

3. The Wales Screening Committee has considered the UK NSC's recommendation and endorsed the decision for Wales. England ceased screening in April 2016 and Scotland ceased in June 2016. The offer of antenatal screening for rubella susceptibility should stop for pregnant women in Wales whose booking bloods are taken on or after **3 October 2016**.

4. Due to the high uptake of the Measles, Mumps and Rubella (MMR) vaccination, the epidemiology of rubella has changed, providing the rationale to end screening for susceptibility in pregnancy:

- Rubella infection levels in the UK are at a level defined as eliminated by the World Health Organization.
- Screening for rubella susceptibility in pregnancy does not give any protection to the unborn baby in the current pregnancy.
- The test may falsely reassure some women that they are not susceptible to rubella infection in the current pregnancy.
- Being fully immunised before becoming pregnant is the most effective way to protect women against rubella in pregnancy. Two doses of MMR vaccine are recommended.
- 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, but none of these could have been prevented by the screening programme as they were in women born overseas. There have been no cases of congenital rubella in Wales in the last 10 years. We will continue to monitor cases following the cessation of screening.

## Key Points for NHS Wales

5. Antenatal screening for rubella susceptibility will not to be offered to women who have their booking bloods taken on or after **3 October 2016**. This change has no implications for the offer of antenatal screening for HIV, hepatitis B and syphilis in every pregnancy which will continue.

6. The screening pathway should be completed for women who are offered and who accept screening for rubella before 3 October 2016. Reporting and follow-up of results for women booking in this cohort should be continued. The laboratory will review the date of sample and test those that are taken before 3 October.

**7. Health professionals should increase their focus on the management of rashes in pregnancy. All pregnant women need to know that if they get a rash or come into contact with someone who has a rash they should tell their midwife or doctor as soon as possible.**

8. The MMR vaccine plays a key role in providing immunity against rubella in the community, **but as MMR is a live vaccine it must not be given in pregnancy.**

**9. The continued prevention of congenital rubella will rely on identifying women who are not fully immunised. The immunisation history should be elicited in pregnancy, and postnatal MMR vaccine should be offered by maternity and primary care services to women after delivery, as indicated.**

10. 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 ask at their GP surgery.

11. Health visitors should also enquire about the MMR vaccination status of the mother and if not fully immunised, advise the mother to contact her GP surgery for advice.

12. Primary care staff should take appropriate opportunities to check that two doses of MMR have been given for:

- all children, young people and young adults who have not been vaccinated,
- new entrants to the UK at General Practice registration consultation, and
- women accessing pre-conceptual, fertility or miscarriage and termination services.

13. Further guidance is available in the Green Book:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/147968/Green-Book-Chapter-21-v2\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147968/Green-Book-Chapter-21-v2_0.pdf)

## Communication

14. Public Health Wales held an awareness raising workshop with governance leads and antenatal co-ordinators on 7 July 2016, to discuss the changes and to increase professional knowledge about the importance of the management of rashes in pregnancy. A briefing has been sent out to midwifery leads to disseminate to their teams.

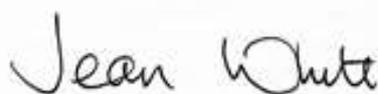
15. Public Health Wales has made amendments to the Infections in Pregnancy Guide for maternity services, which is to be updated in October and will be available on the Antenatal Screening Wales website. There are also various immunisation leaflets for patients and these can be requested from the Health Promotion Library at Public Health Wales, who can be contacted via: [hplibrary@wales.nhs.uk](mailto:hplibrary@wales.nhs.uk) or **08456 064050**.

16. The key contact point in Public Health Wales is Dr Sharon Hillier, Deputy Director, Screening Division and can be contacted via: [sharon.hillier@wales.nhs.uk](mailto:sharon.hillier@wales.nhs.uk) or **029 2078 7882**.

Yours sincerely



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