



To: Chief Executives of NHS Trusts and Foundation Trusts

Cc: Trust Medical Directors, Trust Heads of Midwifery, Clinical Commissioning Groups, PHE Centre Directors, NHS England Directors of Commissioning Operations, Screening and Immunisation Leads, Heads of Public Health Commissioning, PHE Health Protection Leads

27 January 2016

PHE Gateway Number: 2015-602

Dear Colleague,

**NHS Infectious Diseases in Pregnancy Screening Programme: notification of cessation date for antenatal rubella susceptibility screening in England.**

We are writing to inform you, as a provider of maternity services, of the cessation of the offer of antenatal screening for rubella susceptibility for all pregnant women booking for maternity care from 1 April 2016.

This letter has been agreed by NHS England, specifically the NHS National Public Health Commissioning team, as well as the Department of Health, PHE/NHS Screening Programmes and PHE Immunisations.

The decision to stop screening follows a review of evidence by the UK National Screening Committee (UK NSC) in 2003 and 2012 which on both occasions found that screening for rubella susceptibility during pregnancy did not meet the UK NSC criteria for a screening programme (<http://legacy.screening.nhs.uk/rubellasusceptibility>).

The epidemiology of rubella in the UK has changed due to the high uptake of the Measles, Mumps and Rubella (MMR) vaccination in the UK population, both boys and girls. Women are now unlikely to be exposed to rubella in pregnancy. The few cases that occur are usually imported from other countries. The rationale to end screening for rubella susceptibility includes:

- rubella infection in the UK is 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

- the test may falsely reassure some women that they are not susceptible to rubella infection 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 2005-2015. None of these could have been prevented by the screening programme. We will continue to monitor cases following the cessation of rubella susceptibility screening
- the MMR vaccine is effective in protecting women against rubella in pregnancy

Improvement of MMR vaccination coverage for one dose (5 year olds) to 95% will support the UK government's commitment to the WHO European regional target to eliminate both measles and rubella infections by 2020. An increase in MMR uptake could result in treatment savings elsewhere in the NHS system by reducing the risk of morbidity from measles, mumps and rubella and the risk of onward transmission.

There are no plans to require GPs to do anything more to increase MMR uptake in addition to that which they are currently contracted or advised to do. The MMR section 7A service specification already sets out that providers are required to make the MMR available to women of child bearing age who are unvaccinated or partially vaccinated for rubella and other adults and children who have no history of MMR vaccination, or incomplete immunisation status.

Guidance to local authorities on the commissioning of 0-19 children's services advises that children starting primary school and those in secondary school receiving other scheduled vaccines should have their MMR status checked and those lacking two documented doses of MMR can either be immunised by the school nursing team or referred to their GP. In addition, the Section 7A HPV service specification notes that: 'Health professionals must take all opportunities, particularly those contacts during the early years to remind parents and carers of the importance of immunisations and the need to have them at the appropriate times.'

Existing opportunities should be taken for checking the status and administration of MMR vaccination (two doses if needed) for:

- all children and young adults who have not been vaccinated
- new entrants to the UK at General Practice registration consultation
- postnatal women through health visiting assessments and six week maternal checks
- women accessing preconceptual; fertility or miscarriage and termination services

**ACTION: The key points for maternity services are:**

- the offer of antenatal screening should cease for all women in England booking **on or after 1 April**

- the screening pathway should be completed for women booking and accepting screening prior to 1 April, which means:
  - laboratories will test decreasing numbers of samples into May/June/July 2016 and will need to adjust assay supplies accordingly
  - continued reporting and follow-up of results for women booking in this cohort by screening teams
  - continued administration of postnatal MMR by maternity services and referral to primary care for second vaccination for non-immune women in this booking cohort
- the 2016/17 Infectious Diseases in Pregnancy section 7A service specification, programme standards and operational handbooks have been updated to reflect the change

In Wales, Scotland and Northern Ireland rubella susceptibility screening in pregnancy will continue for the time being but is likely to cease in the near future.

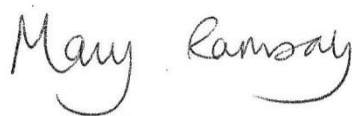
The NHS Infectious Diseases in Pregnancy Screening Programme and the PHE Immunisation and National Infections Service teams are working jointly to produce guidance and information for professionals and women to support the implementation of the cessation strategy. These will be launched at planned workshops early in March.

The key contact point in the NHS Screening Programmes is Sharon Webb, Programme Manager, NHS Infectious Diseases in Pregnancy Screening Programme via the screening helpdesk: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net).

Thank you



**Director of Screening  
Public Health England**



**Dr Mary Ramsay  
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