

UK NATIONAL SCREENING COMMITTEE

Rubella Susceptibility Screening in Pregnancy Policy Position Statement

25 April 2012

Aim

1. This paper reports on progress following the consultation on the review of antenatal screening for rubella susceptibility.

Background

2. The current policy is that screening for rubella susceptibility should be offered. However the previous policy review, in 2003, found that screening for rubella susceptibility does not meet the UK National Screening Committee's (UK NSC) criteria. However, although it did not fulfil the screening criteria the committee did not consider it appropriate to stop testing when MMR rates were falling as a result of the autism scare. This was a response to real concerns about the possible re-emergence of rubella.

3. The current review of antenatal screening for rubella susceptibility was considered at the July 2011 meeting of the Fetal, Maternal and Child Health Co-ordinating Group (FMCH). Following this an open consultation ran for 3 months this closed in January 2012.

Issues

4. The current review document highlighted a number of issues which suggested that screening still does not meet the criteria for a screening programme, for example:

- the low incidence of congenital rubella syndrome
- screening in pregnancy does not contribute to the reduction of risk in the current pregnancy
- the test may falsely reassure some women that they are not susceptible to rubella infection
- screening and immunisation of postnatal women may not be the optimum intervention to address rubella susceptibility as a public health issue in the whole adult population
- the opportunity cost of improving the programme may outweigh the benefits to be derived from doing so

5. The JCVI is a key stakeholder in this policy and the review document was considered by its meeting in February.

6. Since the consultation a meeting has taken place with the Department of Health in England's Immunisation Branch. It was agreed that work should be undertaken to establish an overall direction of travel towards:

- selection of postnatal vaccination population through vaccination history rather than antenatal screening
- inclusion of MMR in ongoing JCVI work to strengthen the current immunisation catch up policy in adolescence

FMCH Meeting - 13th March 2012

7. This proposal was considered by the FMCH which agreed that the viability of this option should be explored, but the subgroup was concerned that vaccination history is likely to be a poor test and that the comparative effectiveness of alternative approaches should be shown before taking practical steps to change the current approach. In this respect there was some concern that focusing on the adolescent catch up may be too limited in terms of reaching groups which missed vaccination in childhood. Additional options might be considered as the work proceeds and these included targeting immigrant and BME groups, preconception services and sexual health clinics.

Recommendation

8. The UK NSC is asked to agree

(i) the policy position on rubella susceptibility screening in pregnancy as:-

‘Screening for rubella susceptibility does not meet the UK NSC criteria for a screening programme. The UK has a very low incidence of congenital rubella syndrome but increasing reports of susceptibility in pregnant women. In this context there is concern that the current approach based on screening all pregnant women and vaccinating those found to be susceptible is not the optimum approach to preventing outbreaks of rubella infection.

MMR is an excellent public health intervention and an alternative strategy, which may be better placed to protect the population, is being considered by the UK NSC and JCVI.

The present arrangements for antenatal screening and post partem immunisation should continue until other arrangements are in place.’

(ii) to agree that the policy should be reviewed in three years time unless there is significant new peer reviewed evidence in the meantime.