

From the Chief Medical Officer
Dr Michael McBride



HSS(MD)15/2016

For Action:

- Chief Executive PHA** (*for onward cascade to all relevant Public Health Staff*)
- Chief Executives HSC Trusts** (*for onward cascade to all relevant staff*)
- Chief Executive HSCB** (*for onward distribution to GP Medical Advisers*)
- All General Practitioners and GP Locums** (*for onward distribution to relevant practice staff*)
- Chief Executive, RQIA** (*for onward transmission to all independent providers including independent hospitals*)

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Your Ref:
Our Ref: HSS(MD)15/2016
Date: 15 August 2016

Dear Colleague

PREVENTION OF CONGENITAL RUBELLA INFECTION IN NORTHERN IRELAND

ACTION REQUIRED

Chief Executives should ensure relevant health professionals are aware that the offer of antenatal screening for rubella susceptibility is to continue for all pregnant women in Northern Ireland.

Chief Executives should ensure relevant health professionals are aware of the importance of establishing the MMR immunisation history of all children and adults born from 1970, especially new entrants to Northern Ireland, and taking appropriate action where there is no documented history of two MMR vaccines. This guidance should be circulated to health professionals working in new entrant, school health, health visiting, contraceptive, fertility, gynaecology, maternity, occupational health, pre-pregnancy and sexual health services.

Chief Executives and independent providers/contractors (as employers) should ensure arrangements are in place for establishing the MMR immunisation history of all staff employed in healthcare settings, either directly employed or in contracted services, and for appropriate action to be taken where there is no documented history of two MMR vaccines.

The HSCB should ensure that all General Practitioners and Practice Managers are aware of the importance of establishing the MMR

immunisation history of all children and adults born from 1970 , especially new entrants to Northern Ireland who join their practice and to offer/provide MMR vaccine where there is no documented history of two MMR vaccines. The HSCB should ensure that all independent contractors are made aware of this guidance.

Summary

1. The purpose of this letter is to inform health professionals that although England and Scotland have ceased antenatal screening for rubella susceptibility for all pregnant women, the Northern Ireland Screening Committee recommended that it should continue in Northern Ireland followed by a review in three years time. The Health Minister has agreed with this recommendation.
2. The Measles, Mumps and Rubella (MMR) vaccine plays a key role in reducing incidence of rubella in the community. Although antenatal screening for rubella is to continue, the focus for those involved in immunisation programmes needs to remain on maximising the uptake of the MMR vaccine.

Background

3. 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 did not meet the NSC criteria for a screening programme. It was recognised that due to the high uptake of the MMR immunisation in the population the epidemiology of rubella had changed. Following consultation on the review the UK NSC agreed that the present arrangements for antenatal screening and postnatal immunisation should continue until other arrangements were in place. At that time the UK NSC wrote to the Joint Committee on Vaccination and Immunisation (JCVI) for advice on options to reduce rubella susceptibility in the UK. JCVI favoured the replacement of rubella susceptibility screening with assessment of immunisation history and the offer of MMR vaccine for those with no history of rubella immunisations or who were partially immunised.

Policy Decision

4. In May 2016 the Northern Ireland Screening Committee (NISC) considered a paper on the prevention of congenital rubella infection which examined the implications of ceasing rubella susceptibility testing in pregnant women and maximising the uptake of rubella immunisation in Northern Ireland.
5. Although uptake for MMR in Northern Ireland is currently high for most of the indigenous population, it is in those who have moved to Northern Ireland from outside the UK or Republic of Ireland that most cases of rubella are diagnosed. Women born outside the UK and Republic of

Ireland now account for 10% of all births in Northern Ireland. In addition, around 10% of women born in Northern Ireland during the 1980's, 1990's and 2000's did not receive two MMR vaccines. There are areas in Northern Ireland at present where uptake of two MMR vaccines at 5 years of age is less than 90%.

6. Many individuals cannot remember their immunisation history and, as a blood sample is already being taken in early pregnancy to screen for other infections, the cost effectiveness of establishing a woman's rubella immune status through other means was questioned. The NISC advised that as a precautionary measure Northern Ireland should continue to screen for rubella susceptibility, and that this policy position should be reviewed in 3 years' time. They also recommended that the focus for health care professionals involved in immunisation programmes needs to remain on maximising the uptake of the MMR vaccine.

Actions

6. Chief Executives should ensure relevant health professionals are aware that the offer of antenatal screening for rubella susceptibility is to continue for all pregnant women in Northern Ireland.
7. Chief Executives should ensure relevant health professionals are aware of the importance of establishing the MMR immunisation history of all children and adults born from 1970 especially new entrants to Northern Ireland and to take appropriate action where there is no documented history of two MMR vaccines, in line with guidance in the Green Book <https://www.gov.uk/government/publications/rubella-the-green-book-chapter-28>
 - 7.1 New entrant services should establish the immunisation history of children and adults born from 1970 and offer/provide MMR vaccine to those with no documented history of two MMR vaccines, at each contact /opportunity.
 - 7.2 School health services should establish the immunisation history and offer/provide MMR vaccine to those with no documented history of two MMR vaccines, at each contact /opportunity including:
 - children entering a school in Northern Ireland including those who enter outside the usual entry times/ages; and
 - at each routine immunisation contact in school.
 - 7.3 Health visitors when discussing immunisation for the newborn baby should also enquire about the MMR immunisation status of the mother and if she is not fully immunised or status is unknown, advise the mother to contact her own GP for follow up.

- 7.4 Health professionals working in contraceptive, fertility, gynaecology, pre-pregnancy and sexual health services should enquire about women's MMR immunisation status and, if not fully immunised or status is unknown, advise women to contact their own GP for follow up.
- 7.5 As part of the antenatal screening programme for rubella susceptibility, midwives should continue to offer /provide MMR vaccine to all women with a non-immune rubella test result, before discharge from hospital.
8. Chief Executives and independent providers/contractors (as employers) should ensure arrangements are in place for establishing the MMR immunisation history of all staff employed in healthcare settings, either directly employed or in contracted services, and for appropriate action to be taken where there is no documented history of two MMR vaccines, in line with guidance in the Green Book.
<https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>
9. The HSCB should ensure that all General Practitioners and Practice Managers are aware of the importance of establishing the MMR immunisation history of all children and adults born from 1970 especially new entrants to Northern Ireland who join their practice and to offer/provide MMR vaccine where there is no documented history of two MMR vaccines, as per the guidance in the Green Book
<https://www.gov.uk/government/publications/rubella-the-green-book-chapter-28>

Further information

10. For further information please contact Karen Simpson at Karen.Simpson@health-ni.gov.uk

Yours sincerely



pp Dr Anne Kilgallen

Dr Michael McBride
Chief Medical Officer

Professor Charlotte McArdle
Chief Nursing Officer

Dr Mark Timoney
Chief Pharmaceutical Officer

This letter is available on the Department of Health website at
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>

CIRCULATION LIST

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