

From The Chief Medical Officer:
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HSS(MD)11/02

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To:

Chief Executives of HSS Boards
Directors of Public Health of HSS Boards
Directors of Nursing of HSS Boards
Chief Executives of HSS Trusts
Medical Directors of HSS Trusts – to forward to:

Consultant Obstetricians,
Consultant Paediatricians
Consultant GUM Physicians
Consultant Microbiologists/Virologists

Nurse Directors of HSS Trusts – to forward to:

Midwives
Health Visitors

Consultants in Communicable Disease Control
Director of NI Blood Transfusion Service
Dr Peter Coyle, Regional Virus Laboratory
Dr Brian Smyth, Regional Epidemiologist, CDSC
HSS Trust Midwifery Managers
All General Practitioners – (for onward distribution to Practice Nurses)

Dear Colleague

INFECTION SCREENING FOR PREGNANT WOMEN AND REDUCTION OF MOTHER TO BABY TRANSMISSION

Summary

1. The National Screening Committee has recommended that all pregnant women should be offered and recommended screening in every pregnancy for hepatitis B, syphilis and HIV. Guidance for screening for hepatitis B has previously been issued through circular HSS(MD)17/98 and for syphilis in CMO Update No 18, March 2001 and circular HSS(MD)24/01. Screening for the presence of rubella antibody should also continue. In addition all pregnant women should now be offered and recommended a HIV test. The purpose of this circular is therefore to formalise the arrangements for antenatal screening for hepatitis B, syphilis and rubella and outline the arrangements for antenatal HIV screening. All Health and Social Services Boards and Trusts should make arrangements by April 2003 for the implementation of HIV screening for



all pregnant women and also for the appropriate management of mothers found to be infected and their babies.

Background and other information

Hepatitis B

2. Hepatitis B infection can be transmitted from infected mothers to their babies at or around the time of birth (perinatal transmission). Babies acquiring the infection at this time have a high risk of becoming a chronic carrier of the virus. The development of the carrier state after perinatal transmission can be prevented in 90-95% of cases by appropriate immunisation.
3. In Northern Ireland pregnant women have been screened for hepatitis B since the mid 1970s. Circular HSS(MD)17/98 detailed the arrangements which should be in place for the co-ordination, management and delivery of a comprehensive antenatal screening programme. It should operate to the standards and quality measures as determined by the National Screening Committee.

Syphilis

4. Syphilis can be passed from infected mothers to their babies during pregnancy. If untreated it can result in miscarriage, stillbirth or the baby being born prematurely with serious complications, which may result in death. Pregnant women in Northern Ireland have, for many years, been screened for syphilis. In CMO Update No 18, March 2001 and circular HSS(MD)24/01 it is recommended that women continue to be offered and recommended antenatal syphilis testing in every pregnancy. The screening programme should operate to the standards and quality measures as determined by the National Screening Committee.

Rubella

5. Pregnant women are currently screened for rubella antibodies to determine if they are immune to rubella infection. This should continue though testing may be considered unnecessary if there is documented evidence of two tests on different blood samples both confirming the presence of the rubella antibody. Blood should however be screened for antibodies if the pregnant woman is in contact with a suspected rubella case or rubella like rash occurs. Those not already immune should be offered the rubella vaccine after the birth of their baby in order to confer protection against rubella in future pregnancies. Babies of mother infected in early pregnancy are at high risk of being born with serious abnormalities of the heart, brain and eyes and also deafness. All women should therefore continue to be offered and recommended antenatal testing for rubella antibodies.

INTRODUCTION OF ANTENATAL SCREENING FOR HIV

Rationale

6. HIV infection can be transmitted from infected mothers to their babies during pregnancy, at the time of birth or by breast feeding. The aim of antenatal HIV screening is to ensure that HIV infected pregnant women are diagnosed at a sufficiently early stage, so that they can be offered advice, treatment and interventions during antenatal care to reduce vertical transmission.
7. Without any treatment, HIV infection in children results in chronic disease and about 20% of HIV infected children develop AIDS or die in the first year of life. By the age of 6 years, about 25% of the children will have died and most of the surviving children will have had some illness because of their infection. The long-term picture is unknown, but all children with HIV will benefit from early life prolonging treatment.
8. From the 1997 unlinked anonymous dried blood spot survey, it is known that more than 70% of HIV infection in pregnant women remained undiagnosed at the time of delivery. Many women do not find out about their infection until their child becomes symptomatic with HIV infection or is diagnosed with AIDS.
9. The National Screening Committee has sought reassurance that the universal antenatal HIV test offer has met the cost effectiveness criteria applied to other screening programmes. This has been shown for the UK as a whole.

Phased implementation

10. A phased implementation of antenatal screening for HIV is planned. It will commence on the 1 October 2002 with pregnant women booked for delivery in the Ulster and Antrim Hospitals being offered antenatal HIV screening. This phased introduction will provide important information for the roll out of the programme on issues relating to training requirements, offering of the test and monitoring of the programme. All Health and Social Services Boards and Trusts should make the necessary arrangements by April 2003, to include the offer and recommendation of an antenatal HIV test as part of routine antenatal screening.

Action

11. Chief Executives of Health and Social Services Boards should identify a lead professional at Board level to co-ordinate Board implementation of policy on antenatal infection screening and monitoring of the programme. Health and Social Services Boards should ensure that arrangements are in place by April 2003:
 - for all pregnant women to be offered and recommended a HIV test as an integral part of their antenatal care*
 - for local monitoring of uptake and audit of the programme
 - for monitoring of standards as agreed by the National Screening Committee.

12. Chief Executives of Health and Social Services Trusts should identify a health professional to lead the implementation at Trust level. Health and Social Services Trusts should ensure that arrangements are in place by April 2003:
- for all pregnant women to be offered and recommended a HIV test as an integral part of their antenatal care*
 - for co-ordinating the management and delivery of the programme of screening for antenatal infections
 - for local monitoring of uptake and audit of the programme
 - for monitoring of standards as agreed by the National Screening Committee.

**women arriving in labour or too late for antenatal care, should be offered and recommended HIV testing as soon as possible afterwards.*

Targets

13. These arrangements should be designed to achieve:
- 100% of pregnant women being offered an antenatal HIV test by April 2004
 - an initial uptake of antenatal HIV testing to a minimum of 50% by April 2004, and
 - an uptake of antenatal HIV testing of 90% by year **April 2005**

It is anticipated that these targets will result in an 80% reduction in the number of children with HIV acquired from an infected mother during pregnancy, birth or through breast feeding.

14. An Expert Group was set up by the Department of Health in April 1999 to develop targets aimed at reducing mother to baby transmission of HIV. They considered a range of targets before concluding that those listed in para 13 were both challenging and achievable.

Interventions to reduce vertical transmission

15. Once women are aware of their HIV infection, all the evidence points to them choosing to accept interventions which will reduce the risk of vertical transmission and protect their babies. For instance, if the following interventions are all accepted, the risk of vertical transmission can be reduced **from 25% to less than 5%**:
- use of antiretroviral drugs
 - delivery by caesarean section
 - careful obstetric management
 - bottle feeding.

16. In the United States the numbers of children with AIDS has declined by 66%. France, Italy and Spain have shown improvements in the annual number of infant AIDS cases, while the UK has not. In France, a combination of elective caesarean sections and the use of antiretroviral drugs has significantly reduced vertical transmission. A number of European countries are now reporting that transmission rates have been reduced to 6%.
17. Antenatal HIV screening was introduced in the South of Ireland in 1999. Results from the first year of the programme indicate that identification of women who are HIV positive at an early stage in pregnancy can significantly improve the health of both mother and baby.

Follow up of HIV infected mothers and their babies

18. Health and Social Services Boards should ensure that arrangements are in place for women identified as HIV positive to be offered an appointment with an appropriate health care professional(s) to discuss the implications for themselves, their pregnancy, their sexual partner and other family members as soon as possible after diagnosis. This should include information about the disease and how interventions can reduce the risk of vertical transmission to their baby. During the pregnancy the women should be under the care of a GUM physician and consultant obstetrician with relevant expertise.

Arrangements for testing of antenatal bloods

19. Arrangements have been made with the Northern Ireland Blood Transfusion Service to undertake testing of antenatal bloods for HIV.

Quality assurance

20. Work is ongoing on developing antenatal screening standards. Further information on standards and quality assurance arrangements will be included in future guidance.

Monitoring and Health

21. The introduction of the antenatal HIV testing policy outlined above should be subject to local performance management and audit. Uptake should be monitored alongside the uptake of screening for other antenatal infections. A minimum core of information should include the number of women:
 - a. booked for antenatal care
 - b. offered a test for HIV, syphilis, Hep B and rubella
 - c. who decided to accept/decline a test
 - d. found to be infected
 - e. who accepted interventions to reduce vertical transmission, and
 - f. which interventions were accepted.

Further information

22. For further information please contact:

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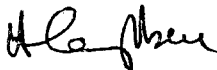
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**This document can be assessed on the Departmental website:
www.dhsspsni.gov.uk**

Yours sincerely



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