

UK NATIONAL SCREENING COMMITTEE

Policy Review

Screening for Toxoplasmosis Policy Position Statement

17 November 2011

Aim

1. This note provides background to the agenda item addressing the review of the evidence for toxoplasmosis screening in pregnancy. It proposes a policy statement for consideration by the UK National Screening Committee (UK NSC).
2. The current review is attached for information.

Context of the review

UK NSC

3. The last time the policy was considered was in 2001.
4. The current policy is that 'Screening for toxoplasmosis should not be offered'.

National Institute for Health and Clinical Excellence (NICE) Guidance

5. The NICE Routine Antenatal Care Guideline (2008) recommends that:
6. Routine antenatal serological screening for toxoplasmosis should not be offered because the risks of screening may outweigh the potential benefits.
7. Pregnant women should be informed of primary prevention measures to avoid toxoplasmosis infection, such as:
 - washing hands before handling food
 - thoroughly washing all fruit and vegetables, including ready-prepared salads, before eating
 - thoroughly cooking raw meats and ready-prepared chilled meals
 - wearing gloves and thoroughly washing hands after handling soil and gardening
 - avoiding cat faeces in cat litter or in soil.

Review process

8. The review was posted on the UK NSC website for three months. It was also sent directly to the Royal College of Obstetricians and Gynaecologists and the Health Protection Agency.
9. No responses were received.

Proposed policy position statement

10. 'Screening for toxoplasmosis in the antenatal or newborn period is not recommended.

11. The effect of congenital toxoplasmosis on developmental and visual impairment in later childhood is unknown. There are concerns about the reliability of the test in the pregnant population and there is no clear evidence that prenatal treatment reduces mother to fetus transmission or the severity of the condition's effects on the infected child. There are also concerns about the adverse effects of currently available treatments.

12. In the newborn period the benefits of currently available treatments have not been evaluated in a randomised controlled trial, the optimum duration of treatment is not known and there are concerns about the adverse effects of treatment.'

13. The policy should be reviewed in three years time unless there is significant new peer reviewed evidence in the meantime.

Action

14. The UK NSC is asked to agree to the proposed policy position statement.