UK National Screening Committee

Parvovirus B19 Infection in Pregnancy

Purpose

1. The purpose of this paper is to provide background to the item addressing antenatal screening for parvovirus B19 susceptibility.

Current policy

2. This is the first time the issue has been considered by the UK NSC

3. Current advice on testing and management of pregnant women presenting symptomatically and asymptomatic women exposed to the virus is provided by Health Protection Agency (HPA). The HPA recommendations were recently endorsed in a statement from the Royal College of Obstetricians and Gynaecologists (RCOG) and have been developed into a National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summary.

Background

4. The immediate background to the development of the document is a request from Mr Paul Davies, a Welsh Assembly Member campaigning for screening, for the UK NSC to reconsider its position on antenatal screening for parvovirus B19 susceptibility. This followed advice from the Welsh Government Health Minister that the UK NSC did not recommend screening.

5. In addition, the English NHS Infectious Diseases in Pregnancy Screening Programme (IDPS) has received several enquiries from health professionals. The advice from the Programme has been to follow the HPA recommendations but lack of formal consideration of the issues relating to screening has represented an information gap.

Review

6. The review addresses two issues, whether the evidence is likely to justify screening and whether a more comprehensive evidence review is required to consider it.

7. The conclusion is that the literature identifies knowledge gaps and research needs, for example, on issues relating to the seroprevalence and the testing strategy. In addition, screening would identify a large number of susceptible women and there are no viable prevention strategies. For those who acquire the infection, pregnancy outcomes are usually good. There are no interventions to prevent transmission to the fetus and treatment and management options for the small number of adversely affected fetuses are limited to intrauterine transfusion for non immune hydrops. This is associated with treatment related harms.

Consultation

8. As this was not a formal evidence review, a limited number of stakeholders were contacted for comments. These were HPA, RCOG, Public Health Wales and the four Departments of Health.

9. Responses were received from the RCOG and Public Health Wales and both were content with the conclusion of the document.

Recommendation

10. It is recommended that a more comprehensive review of screening should not be commissioned.

11. However discussion with stakeholders may help address some of the issues identified during the document's development. This might include discussion with the NHS IDPS on options for the provision of advice to pregnant women on exposure to rash in pregnancy.