Primary Care Laboratories Interface Group (PLIG)



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Dear Primary Care Colleague

Rubella susceptibility and MMR vaccination for referrals for fertility treatment in Lothian

We are writing about a change in rubella testing for patients referred for fertility treatment in Lothian. Serology testing for rubella should no longer be offered. Instead women should be asked about their vaccination history, and offered additional doses of MMR vaccine if incompletely vaccinated (two doses of MMR). Edinburgh Fertility and Reproductive Endocrine Centre (EFREC) will need the vaccination dates to accept a referral.

MMR should not be given during pregnancy as it is a "live" vaccine, therefore please ensure a pregnancy test is negative prior to the first MMR. To complete a course of vaccination, 2 x MMR vaccinations are required at least one month apart. Women should not become pregnant in the 4 weeks after receiving MMR (i.e. use barrier contraception). For further details please see:

https://www.gov.uk/government/publications/vaccine-in-pregnancy-advice-for-pregnant-women/mmr-measles-mumps-rubella-vaccine-advice-for-pregnant-women

See next page for background information regarding this specific change. A wider review of the referral pathway for the fertility service has recently been conducted by PLIG and EFREC. A letter outlining a number of further changes (and a corresponding update to RefHelp) will follow shortly.

Yours faithfully

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Rubella status: changes to fertility treatment referral requirements

Screening pregnant women for rubella susceptibility using serological testing ended in June 2016, at the request of the Chief Medical Officer (see reference below). This brought Scotland in line with the rest of the UK. However, rubella infection and MMR vaccination remain important, with rubella (and measles and mumps) outbreaks in different parts of Europe, including ongoing cases of mumps in Lothian.

Ensuring vaccination (MMR x 2) pre-conception is the most reliable way to reduce rubella infection during pregnancy. This is particularly true for women in their 20s and 30s, with lower than desirable vaccination rates in the period following the Wakefield scandal and variable uptake of vaccination in different countries. This particular susceptibility is demonstrated in the number of mumps cases in the student population currently, and measles cases during and after Freshers Week 2016/17.

The period spent preparing for fertility treatment provides women with an opportunity to reduce the risk of preventable problems. Women should be asked about their vaccination history and offered additional dose(s) of MMR vaccine if they are unsure of their vaccination status so that they have records of two MMRs.

A Local Enhanced Service provides reimbursement for MMR for women in child bearing years.

The Edinburgh Fertility and Reproductive Endocrine Centre (EFREC) requires documented evidence of 2 MMRs to proceed with fertility treatment.

Reference: CMO letter May 2016: http://www.sehd.scot.nhs.uk/cmo/CMO(2016)09.pdf