



Department
of Health

POC5 935173

From Ben Gummer MP
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06 JUL 2015

Thank you for your letter of 8th May 2015 following the inquest into the death of baby Olsberg. I was very sorry to hear of baby Olsberg's death and wish to extend my sincere condolences to his family.

Baby Olsberg died the day after his birth. Blood samples confirmed he had been infected with Group B Streptococcus (GBS).

You raise the following concerns:

- that antenatal screening for GBS is not routinely offered by the NHS, to all pregnant women, during the final weeks of pregnancy;
- that prophylactic intrapartum antibiotics are not routinely offered to all women who test positive for GBS (or have done so in the past); and
- that GBS infection is a very serious illness and in the absence of a national screening and prophylactic treatment programme, babies are potentially being put at risk of harm or death.

Screening is an important public health tool and whilst it can deliver life-saving benefits, it also has the potential to do significant harm. For this reason, any decision to introduce a national screening programme is subject to a rigorous assessment of the evidence.

The UK National Screening Committee (UK NSC) advises Ministers and the NHS in all four countries about all aspects of screening policy and supports implementation. Using research evidence, pilot programmes and economic evaluation, it assesses the

evidence for programmes against a set of internationally recognised criteria. In the case of GBS carriage in pregnancy, the current evidence does not support universal screening.

In November 2012 the UK NSC recommended that antenatal screening for GBS carriage at 35-37 weeks of pregnancy should not be offered because there is insufficient evidence to demonstrate that the benefits to be gained from screening would outweigh the harms. The UK NSC highlighted that a screening programme would lead to large numbers of predominantly low risk women being offered antibiotics that they did not need. This is because the test cannot distinguish between the small number of carriers whose babies would be affected by early onset GBS and the large number which would not.

The UK NSC recommendation on Group B Streptococcus screening in pregnancy is found at the following web address:

<http://www.screening.nhs.uk/groupbstreptococcus>

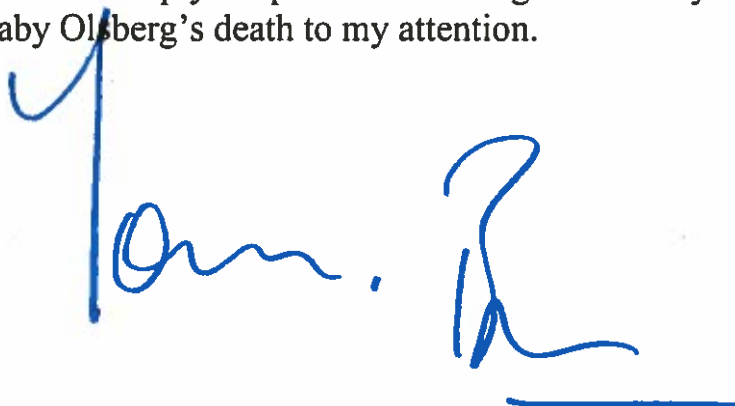
The UK NSC will be reviewing the evidence for antenatal screening for GBS again in 2015/16 as part of its routine evidence review process. It has commissioned a modelling exercise to estimate the likely impact of screening which will report in late autumn 2015.

The current advice from the UK NSC is consistent with guidance from the National Institute for Health and Care Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG). I understand the RCOG has written to you separately explaining its approach to the prevention of early onset GBS.

A range of work is also being taken forward by Public Health England (PHE) and the National Institute for Health Research (NIHR). PHE established enhanced surveillance of infant GBS disease in April 2014, in partnership with St George's Hospital, the British Paediatric Surveillance Unit and national public health bodies across the UK and Ireland, to assess disease incidence, associated mortality and frequency of established risk factors. Several candidate GBS vaccines are in development and PHE are monitoring these. PHE are also seeking research funding to identify any genetic differences in the GBS carriage strains that cause infant disease – this may help in the development of a more specific screening test.

The NIHR has recently approved funding for a study on accuracy of a rapid test for use during labour for maternal group B streptococcal colonisation and its potential to reduce antibiotic usage in mothers with risk factors (GBS2). The study is expected to begin this summer.

I hope that you find this reply helpful and I am grateful to you for bringing the circumstances of baby Olsberg's death to my attention.

A handwritten signature in blue ink, appearing to read "Ben Gummer". The signature is written in a cursive style with a large initial "B" and a long horizontal stroke at the end.

BEN GUMMER

