Questions raised on Antibiotics – October 2013

Burma

International Development

16th October 2013

John Mann (Bassetlaw, Labour)

To ask the Secretary of State for International Development if she will promote the rational use of antibiotics in obstetrics in Burma's health system.

Alan Duncan (Minister of State, International Development; Rutland and Melton, Conservative)

DFID programmes, including in Burma, follow international guidelines for antibiotic use. Guidelines for antibiotic use in maternal health services follow international best practice.

Poultry Meat

Health

14th October 2013

Zac Goldsmith (Richmond Park, Conservative)

To ask the Secretary of State for Health pursuant to the answer of 5 September 2013, *Official Report,* column 472W, on poultry meat: food poisoning, what proportion of the campylobacter and Salmonella found in fresh chicken at retail was antibiotic-resistant.

Jane Ellison (Battersea, Conservative)

The Food Standards Agency published the report of a United Kingdom survey of Campylobacter and Salmonella contamination of fresh chicken at retail (B18025) in October 2009.

This survey found that 87% of Campylobacter and 41% of Salmonella isolates tested were, resistant to at least one antibiotic drug.

Health: Screening

Health

8th October 2013

Nadine Dorries (Mid Bedfordshire, Conservative)

To ask the **Secretary of State** for Health

> *(1) whether the formal audit of practice suggested by the **UK** National Screening Committee to establish how effectively guidance from the **Royal College of Obstetricians and Gynaecologists** and the **National Institute** for Health and Care Excellence is being implemented at a national level will include practice as well as a review of policy documents;*

> *(2) what evidence his Department holds on the effectiveness of negative results for group B streptococcus from a urine test in early pregnancy as a predictor of maternal group B streptococcus colonisation in labour;*

> *(3) pursuant to the answer of 4 September 2013, Official Report, columns 432-3W, on streptococcus, whether the study to be commissioned by the National Institute for Health Research **Health Technology Assessment** programme will include a comparison of the effectiveness of the high risk factors at predicting **GBS** colonisation in labour with women without these high risk factors.*

Daniel Poulter (Central Suffolk and North Ipswich, Conservative)

The audit was developed as an implementation tool for use locally to audit current practice and to improve implementation of the revised **Royal College of Obstetricians and Gynaecologists** on the prevention of early-onset neonatal group B streptococcal disease.

The Department does not hold the requested evidence on the effectiveness of negative results for group B streptococcus from a urine test in early pregnancy.

The research question for which the **Health Technology Assessment** (**HTA**) programme is seeking to commission a study is not designed to make a specific comparison of the effectiveness of the high risk factors at predicting strep B streptococcal colonisation in labour with women without these high risk factors.

The study will focus on pregnant women at high risk for antenatal group B streptococcal colonisation; with reference to the risk factors identified in the guidance from the Royal College of Obstetricians and Gynaecologists and in the **National Institute** for Health and Care Excellence clinical guideline on antibiotics for early-onset neonatal infection, and whether testing using new methods could help identify women who carry group B streptococcal from those who do not, and so reduce unnecessary antibiotic use.

The research brief is available on the HTA website at:

www.hta.ac.uk/funding/standardcalls/briefs/13_82cb.pdf

Streptococcus

Health

8th October 2013

Grahame Morris (Easington, Labour)

To ask the Secretary of State for Health

> *(1) with reference to the remarks made by the Director of the UK National Screening Committee during a radio interview on 19 August 2013, from what dataset the reference to 40 babies a year badly affected by group B streptoccus was drawn; and what the basis was for the classification given to such babies;*
>
> *(2) how many babies aged between zero and six days were diagnosed with group B streptococcal infections in England in (a) 2003 and (b) 2011; and how many such infections were classified as mild;*
>
> *(3) what estimate he has made of the proportion of women in England (a) with and (b) without standard risk factors for group B streptococcal infection developing in a newborn will be carrying the infection at the point of delivery in the next 12 months;*
>
> *(4) how his Department plans to involve women in policy decision making in respect of measures to prevent group B streptococcal infection;*
>
> *(5) what assessment he has made of the effectiveness of the guidance on risk-based group B streptococcal infection issued by the Royal College of Obstetricians and Gynaecologists in (a) 2003 and (b) 2012 in reducing the incidence of early-onset group B streptococcal infection in babies;*
>
> *(6) what the policy is of his Department on recommending that all women are informed about Group B streptococcus as a routine part of antenatal care.*

Daniel Poulter (Central Suffolk and North Ipswich, Conservative)

The UK National Screening Committee director of programmes' comment was based on data derived from the British Paediatric Surveillance Unit study published in *The Lancet* in 2004 which highlighted the screening programmes internationally report little impact on group B streptococcus in premature babies.

The UK National Screening Committee estimates that about 25% (about 140,000) of low risk pregnant women will be group B streptococcus carriers at term while a much lower number, about 200, will have an affected baby. As such, a consequence of screening programme would be that many thousands of women testing positive would need to receive antibiotics in order to ensure that those whose babies would be affected received antibiotics during labour.

In addition, studies of the test suggest that between 13% and 40% of screen positive women will no longer be carriers at the point of delivery. Because of this, a proportion of women will receive antibiotics when they do not carry group B streptococcus. The National Institute for Health and Care Excellence (NICE) recently concluded that group B streptococcus carriage in pregnancy was not a useful predictor of early onset group B streptococcus disease.

The following table information on number of incidents of group B streptococcal bacteraemia in babies aged between 0 and 6 days, without classification as mild.

	Number of incidents in babies aged (0-6 days)
2003[1]	208
2011	260

[1] Numbers for 2003 are for England and Wales *Source:* Public Health England

The Department is working together with the national health service, the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives, the National Institute for Health Research Heath Technology Assessment and the pharmaceutical industry to raise awareness and make improvements in the reduction of early-onset group B streptococcus infection in newborn babies.

The RCOG published its updated guidelines on prevention of group B streptococcus on incidence of group B streptococcus infection in neonates in July 2012. The updated guideline took into account new evidence on the prevention of early-onset neonatal group B streptococcus disease.

It is important that services undertake local clinical audits to ensure the effective use of intrapartum antibiotic prophylaxis recommended by the guideline.

Following the publication of the revised guideline, the UK National Screening Committee suggested a formal audit of practice, to establish how well the new guidance is being implemented at a national level.

The RCOG, in partnership with the **London School of Hygiene and Tropical Medicine**, has now appointed a clinical research fellow to carry out an audit across the United Kingdom. The aim is to provide feedback and advice to ail participating trusts about how they can further improve their adherence to the RCOG guidelines on the prevention of neonatal group B streptococcus disease.

In addition, NICE published two clinical audit tools which include clinical audit standards, a data collection form and an action plan template for use by services that care for women in labour or for babies at risk of, or being treated for, early-onset neonatal infection. We expect NHS organisations to take them fully into account in their decision making, including on antibiotics for the prevention and treatment of early onset neonatal infection.

A midwife offers every woman testing for asymptomatic bacteria early in pregnancy and this includes looking for group B streptococcus.

NHS Choices and RCOG provide consistent and complimentary advice on group B streptococcus (early and late onset) for women and their families who are expecting a baby or are planning to get pregnant.

Information from NHS Choices is available at:

www.nhs.uk/chq/pages/2037.aspx?categoryid=54& subcategoryid=137

Information from the Royal College of Obstetricians and Gynaecologists is available at:

www.rcog.org.uk/womens-health/clinical-guidance/group-b-streptococcus-gbs-infection-newborn-babies-information-you