



# Screening of individuals with uncertain or incomplete screening status in England

Every preschool 'mover in' should have contact from the health visiting team and ideally a visit. Every parent/carer of a preschool mover in should register their child at a GP surgery. The health visitor or practice should check the child's immunisation and screening status at the first contact.

For equivalent immunisation information, see the PHE publication 'Vaccination of individuals with uncertain or incomplete immunisation status' at [www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status](http://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status)

## Infants up to and including 3 months old

**NHS Newborn Blood Spot Screening Programme**  
(SCD, CF, CHT, PKU, MCADD, MSUD, IVA, GA1 and HCU)

If any of the tests currently routine in the present area of residence are overdue, they should be carried out as soon as possible.<sup>1</sup>

**NHS Newborn Hearing Screening Programme**

If screening has not been completed, it should be performed on all babies as soon as possible.

**NHS Newborn and Infant Physical Examination**  
(hearts, hips, eyes and testes)

If the newborn examination has not been performed, it should be carried out as soon as possible. If the 6 to 8 week examination is overdue, this should be done as soon as possible. If a late newborn examination was performed at or after 6 weeks of age, it is not necessary to do it again.

## Infants older than 3 months and up to one year old

If any of the tests currently routine in the present area of residence are overdue, they should be carried out as soon as possible.<sup>1</sup>

Screening should not be offered after 3 months of age.<sup>2</sup> However those infants with risk factors should be offered an audiology appointment.<sup>3</sup> Referral to an audiology clinic should be made if there are any concerns. The advice in the personal child health record ('red book')<sup>4</sup> on signs to look for should be explained and pointed out to the carer.

If the 6 to 8 week review has not been carried it is good practice to do this now. However examination for developmental dysplasia of the hip (DDH) using the Barlow and Ortolani tests is no longer accurate. Instead, any asymmetry of leg length or hip abduction should be sought and the child's gait should be observed. The advice in the personal child health record ('red book')<sup>4</sup> on signs to look for should be explained and pointed out to the carer and referral to the GP initiated if there are any concerns.

## Children over one year old

Screening is not appropriate in children over a year old. Parents should be advised that if they have any concerns about their baby's health they should contact their GP or Health Visitor (if under 5) and remind them their child has not been screened.

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### NOTES

- 1 Screening for cystic fibrosis using the blood spot is not possible in children over 8 weeks old. Parents should be advised that if their child has repeated respiratory infections or diarrhoea, or is failing to gain weight, they should seek advice from their GP or Health Visitor.
- 2 Hearing screening is more difficult to complete on an older baby and may not provide a conclusive result.
- 3 Where infants do not have evidence of satisfactory hearing screening outcome and have any risk factor associated with permanent childhood hearing impairment (PCHI) such as more than 48 hours in NICU/SCBU, family history of PCHI, cranio-facial anomaly (including cleft palate), syndrome associated with hearing loss or parental/professional concern they should have age appropriate hearing assessment in audiology at the earliest opportunity.
- 4 The personal child health record can be found online at [www.healthforallchildren.com/the-pchr/](http://www.healthforallchildren.com/the-pchr/)