

caris review 2013

including data 1998 – 2012

Welcome to the new CARIS leaflet which replaces the annual report.

2013 is a big year for CARIS. We are now 15 years old and have collected information on over 25,000 babies on a birth population of over half a million.

Thank you for your contributions and support over the years.

CARIS aims to provide reliable data on congenital anomalies in Wales which can be used to assess patterns of anomalies, including possible clusters and their causes and to inform the work of health services, including antenatal screening.

Patterns of anomalies

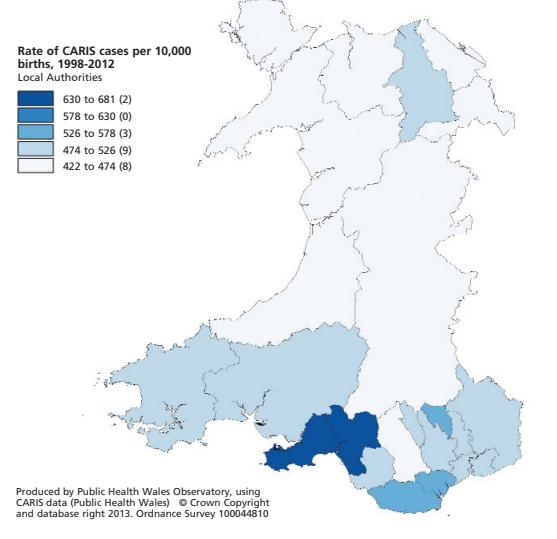
During 1998-2012 there were 25,650 cases of congenital anomalies reported to CARIS (22,039 live born) out of 501,894 total (live and still) births in Wales.

- The gross rate of congenital anomalies reported is 5.1%*
- The rate of congenital anomalies in live born babies is 4.4%
- 85.9% of cases are live born and 96.7% of these survive to the end of the first year of life. Survival is reduced with increasing complexity of anomalies.
- 57.9% of cases involve a single congenital anomaly. 10.6% of cases are associated with an underlying chromosomal disorder.

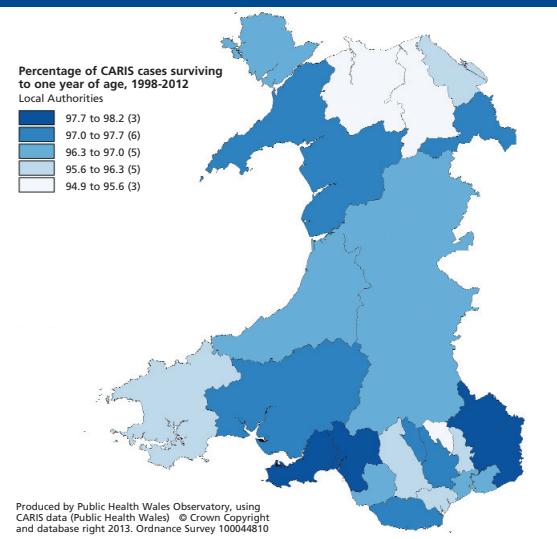
* Gross rate is the total number of cases of anomaly (regardless of whether the pregnancy ended in miscarriage, termination of pregnancy, live birth or stillbirth) divided by the total number of live and still births.



Gross rate of CARIS cases, 1998-2012



Percentage of CARIS cases surviving to one year of age, 1998-2012



The gross rate of congenital anomalies ranges from 4.2% in Flintshire to 6.8% in Swansea. Rates are thought to be affected by variations in reporting. Good reporting is likely to identify less severe cases and this is reflected, to some degree, in the survival patterns.

Working with services

Newborn bloodspot screening detects rare but serious diseases that respond to early intervention. The screening test is undertaken ideally on day five of life and is part of routine post natal care. In Wales, screening was introduced for medium-chain acyl-CoA dehydrogenase deficiency from June 2012 and sickle cell disorder from June 2013.

We focus on the metabolic conditions screened after birth in this year's CARIS meetings. More detail can be found on our website and at www.newbornbloodspotscreeningwales.nhs.uk



Conditions detectable by newborn bloodspot screening, recorded by CARIS, numbers and birth ratios, 1998-2012

	Number	Wales	Orphanet estimate*
Congenital hypothyroidism	307	1: 1,600	1: 2,000 to 1: 4,000
Cystic fibrosis	223	1: 2,300	1: 8,000 to 1: 10,000
Phenylketonuria (PKU)	46	1: 10,700	1: 15,000
Sickle cell disorders†	17	n/a	1: 2,000 to 1: 10,000
Medium-chain acyl-CoA dehydrogenase deficiency (MCADD) †	4	n/a	1: 4,900 to 1: 17,000

* Orphanet estimates or research to which Orphanet links; based on dates and populations which are not always comparable.

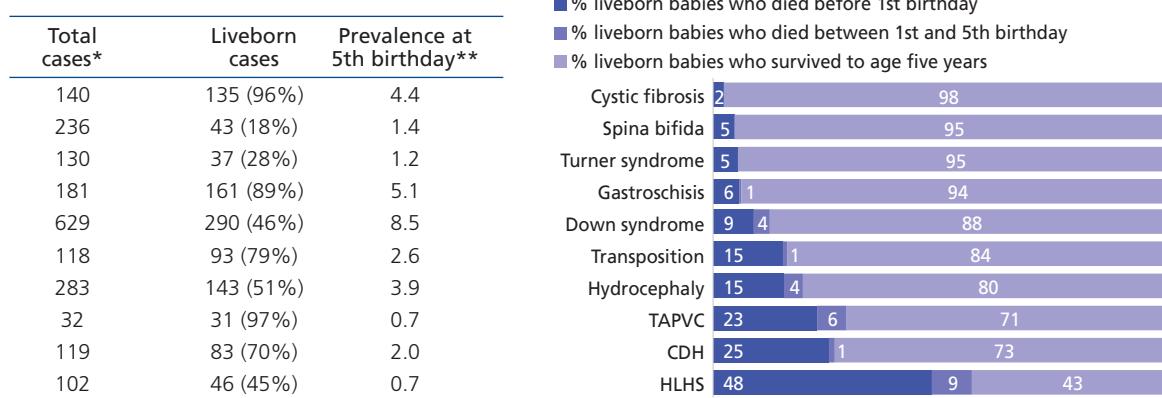
Source: www.orphanet.net

† Birth ratio not displayed as conditions were not part of the newborn bloodspot screening programme in Wales for most of the period.

Antenatal detection is improving in Wales. CARIS data shows this improvement, particularly for cardiac anomalies. 56.1% of severe cardiac defects were detected antenatally during 2010-2012. Wales now has the best antenatal detection of heart defects in the UK. This improvement was recognised with an NHS Wales Award during 2013.

Survival of babies with certain congenital anomalies to age five (1998-2006)

With 15 years of data, CARIS can look back at survival of babies with anomalies over an extended period. Over 90% of children born with cystic fibrosis, spina bifida, Turner syndrome and gastroschisis in Wales survived past their fifth birthday. Until the 1990s, babies born with hypoplastic left heart syndrome had little hope of survival but with the development of new surgical procedures 43% of babies now survive past their fifth birthday.



Data source: CARIS (PHW) & MYE (ONS) * where year of end of pregnancy between 1998 and 2006. Includes fetal losses, termination of pregnancies, stillbirths and livebirths. Please note due to rounding the percentages totals do not always equal 100.

** rate per 10,000 population (5 year olds in period 2003-2011). TAPVC = Total anomalous pulmonary venous connection

HLHS = Hypoplastic left heart syndrome CDH = Congenital diaphragmatic hernia Transposition = Transposition of the great vessels

Data quality

CARIS is part of the EUROCAT network. Wales performs consistently well in data quality compared with other registers. For more information go to: www.eurocat-network.eu/aboutus/datacollection/dataqualityindicators

Contact us

CARIS, Public Health Wales, Level 3 West Wing
Block, Singleton Hospital, Sketty Lane, Swansea SA2 8QA
Tel 01792 285241 (WHTN 01883 6122)
Fax 01792 285242 (WHTN 01883 6123)
Email david.tucker2@wales.nhs.uk or send an alert through the intranet site (overleaf)



The CARIS team (l/r)
Helen Jenkins, David Tucker,
Margery Morgan, Judith Greenacre,
Val Yve and Vivian Morgan
(not pictured).