anomalies were significantly higher in mothers<20 years (201 per 10,000 [95% CI: 164 to 245]) compared to the mean for all ages (147 per 10,000 [95% CI: 141 to 154]). The birth prevalence of Edwards’ syndrome increased on average by 1.2% (95% CI: 0.2% to 2.3%) per year between 2005 and 2014.

Conclusion The development of an effective national CA registration system has proved feasible, and reporting for the whole of England should be possible from the 2017 birth cohort onwards. Accurate national surveillance and monitoring of congenital anomalies and rare diseases is set to become a powerful tool to address child morbidity and mortality.

119 CONGENITAL TOXOPLASMOSIS – SURVEILLANCE AS KEY TO INFORM THE NATIONAL PREVENTION POLICY SWITZERLAND AS A TYPICAL EXAMPLE OF A LOW INCIDENCE COUNTRY

C Rudin. Universitäts-Kinderklinik Basel, Switzerland

Background The results of a first national survey of symptomatic congenital toxoplasmosis using the Swiss Paediatric Surveillance Unit (SPSU) and data from two regional cord blood screening programs in western and northwestern Switzerland led to a change of paradigm in Switzerland in 2008, abandoning widespread non-systematic toxoplasmosis screening during pregnancy in our country.

Aim A second identical survey of symptomatic congenital toxoplasmosis was started in 2009 following abolition of toxoplasmosis screening during pregnancy with the aim to exclude any adverse impact of this change in paradigm on the incidence of congenital toxoplasmosis.

Results During the first survey period of 4 years between 1995 and 1998, 15 proven cases of symptomatic congenital toxoplasmosis were reported, corresponding to 4 cases per year or an incidence of 1.36 per 100 000 children of age 0–15 in Switzerland. This exactly corresponded to our expectation calculated for Switzerland based on results of two cord-blood screening programs in western parts of Switzerland (Basel and Lausanne), expecting at most 130 primary toxoplasmoses among 73 000 pregnant women, with 32 cases of congenital toxoplasmosis of which 4.5 were expected to be symptomatic each year.

During the second eight years’ survey period between 2009 and 2017 only 5 children with symptomatic congenital toxoplasmosis were reported, which corresponds to less than one case per 100 000 children of age 0–15 in Switzerland.

Conclusion Despite abolition of wide-spread non-systematic screening in 2008, incidence of congenital toxoplasmosis has continued to steadily decrease in Switzerland. Our data support abandoning toxoplasmosis screening programs in low-incidence countries such as Switzerland.