

INSAS KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

NEWBORN SCREENING ACT SHEET

SCREEN FOR: HEMOGLOBINS F, S & A

CONDITION: HEMOGLOBIN S/BETA+ - THALASSEMIA

(HbSβ⁺ DISEASE)

DIFFERENTIAL DIAGNOSIS: Hemoglobin FSA pattern on newborn screen is highly suggestive of sickle beta plus thalassemia. The hemoglobins are listed in order (F>S>A) of the amount of hemoglobin present. This result is different than FAS which is consistent with sickle carrier (trait).

METABOLIC DESCRIPTION: Individuals with sickle beta⁺ Thalassemia, a form of sickle cell disease, are compound heterozygotes for the Hb S and beta-thalassemia mutations in the beta-globin genes.

ACTION TO BE TAKEN:

- Contact the family to inform them of the screening result.
- Perform a physical exam on the infant and assess for splenomegaly.
- → Obtain a blood sample for confirmatory testing and a complete blood count with reticulocyte count.
- → Contact a consultant in hemoglobinopathies for diagnostic evaluation and management.
- Initiate penicillin (Pen VK) prophylaxis and other treatment as recommended by consultant.
- → Educate parents/caregivers regarding the risk of sepsis and advise that infant be immediately evaluated if fever of ≥ 38.5° C (101° F) is present.
- → Follow-up at six months of age.
- Report findings to newborn screening program.

CONFIRMATION OF DIAGNOSIS: Hemoglobin separation by electrophoresis, isoelectric focusing or HPLC showing FSA pattern. Family or DNA studies may be used to confirm genotype.

CLINICAL EXPECTATIONS: Infants are usually normal at birth. Later potential clinical problems include mild hemolytic anemia, life-threatening infection, vaso-occlusive pain episodes, dactylitis, and chronic organ damage. Prompt treatment of infection and splenic sequestration is associated with decreased mortality in the first three years of life.

REPORTING: Report diagnostic result to family and Kansas NBS program.

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