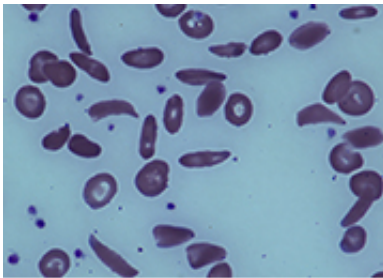


CDC: PCPs to inform families of sickle cell trait in newborns

December 14 2014



Sickle cell disease blood cells.
Photo: US National Institutes of Health

(HealthDay)—Primary care providers should offer educational materials and provide genetic counseling to families when they receive positive results for sickle cell trait (SCT) at the time of newborn screening, according to a report published in the Dec. 12 issue of the U.S. Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*.

Jelili Ojodu, M.P.H., of the Association of Public Health Laboratories in Silver Spring, Md., and colleagues compiled data and released a report on the 2010 incidence of SCT in the United States.

The researchers found that, in 2010, the estimate for the total U.S. incidence of SCT was 15.5 cases per 1,000 births, ranging from 0.8

cases per 1,000 births in Montana to 34.1 cases per 1,000 births in Mississippi. By race only, the total U.S. incidence of SCT was 73.1 cases per 1,000 black births, 3.0 cases per 1,000 white births, and 2.2 cases per 1,000 Asian or Native Hawaiian or Other Pacific Islander births. By ethnicity only, the total U.S. incidence of SCT was 6.9 cases per 1,000 Hispanic births. SCT has been reported in every state and every racial/ethnic population. Primary care providers should offer [educational materials](#) and [genetic counseling](#) to families of newborns with positive results for SCT.

"The period immediately after [newborn screening](#) is ideal for primary care providers and genetic counselors to begin educating the families of identified persons with [sickle cell trait](#) about potential health complications and reproductive considerations," the authors write.

More information: [More Information](#)

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