

Carrying Delta-Beta Thalassaemia

(Also known as having Delta-Beta Thalassaemia trait)

- A carrier of Delta-Beta Thalassaemia is a healthy person.
- Carrying Delta-Beta Thalassaemia does not weaken them physically or mentally.
- They do not need any medical treatment because they carry Delta-Beta Thalassaemia.

What does it mean to carry Delta-Beta Thalassaemia?

Delta-Beta Thalassaemia is one of many possible variations in the blood called haemoglobin gene variants or haemoglobin variants.

Haemoglobin is what makes blood red. It is packed into red blood cells. Carriers of thalassaemia have smaller red blood cells, but more of them, than other people.

A carrier will always be a carrier and no-one can catch it from them. They inherited Delta-Beta Thalassaemia from one of their parents, and could pass it on to their children.

Anyone can carry Delta-Beta Thalassaemia but it is uncommon. It is found occasionally among people who originate from Southern Europe, the Mediterranean area, the Middle East, India, South East Asia, West Africa and the Caribbean area. It occurs rarely among North Europeans.

Can carrying Delta-Beta Thalassaemia cause any health problems?

Carrying Delta-Beta Thalassaemia is not an illness and will never turn into an illness. In fact, carriers are less likely than other people to catch malaria or suffer from heart attacks. Carriers can eat what they want and do any kind of work they choose.

Occasionally a doctor thinks a carrier must be short of iron because they have small red blood cells. If the doctor prescribes iron medicine, in the long run this could do more harm than good. A carrier should take iron medicine only if a special blood test (serum iron or serum ferritin) shows that they are short of iron.

Carriers can give blood provided that they are not anaemic (do not have a lower haemoglobin level than usual).

Could a carrier of Delta-Beta Thalassaemia have children with a serious haemoglobin disorder?

Only if their partner also carries a haemoglobin variant. With medical help, such a couple can have healthy children.

What should a carrier do if they are thinking of having children?

They should tell their partner that they carry Delta-Beta Thalassaemia and ask him or her to have a blood test "for haemoglobin disorders". This test should be done before they start a pregnancy or as soon as possible once a pregnancy has started. Their GP can arrange it.

If their partner is not a carrier, there is nothing to worry about.

What should they do if their partner is also a carrier?

They should ask their GP for an immediate appointment with a specialist counsellor. This is particularly important if they have already started a pregnancy. They can also contact the counselling service directly.

Is there anything else that a carrier should do?

If a carrier has brothers or sisters or already has children, they need to know that they may also carry Delta-Beta Thalassaemia. They should ask their GP or practice nurse for a blood test “for haemoglobin disorders”.

Further useful information

The NHS Screening Programmes website publishes a number of leaflets for patients about haemoglobin disorders, one of which is about being a Delta-Beta Thalassaemia carrier.

They are available at: [Screening in pregnancy: information leaflets - GOV.UK](https://www.gov.uk/government/publications/screening-in-pregnancy-information-leaflets)
(www.gov.uk)

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