

Correspondence

Community genetic services for congenital anomalies and genetic disorders in the Northwest of Iran

To the Editor

We read with interest an editorial article recently published by Dr. Anna Rajab and Dr. Mohsen El-Hazmi on the genetic services provided by Gulf countries.¹ They have presented a summary report on the prevalence and trends, and possible influencing factors of genetic disorders and congenital anomalies in the region compared to some western countries. They have reported the essential structure of the services provided at individual/community levels and unmet needs for the regional population. I would like to add a brief report of the current situation of congenital anomalies in Iran, as one of the similar regions to Gulf Cooperation Countries. Some control programmes have successfully been performed by the Iranian Ministry of Health and Medical Education in recent decades.^{2,3} A broad program of the control and prevention of congenital anomalies and genetic disorders has also been established and directed by the author in the Northwest of the country. The principal aims of the program are to establish a monitoring system of congenital anomalies in the Northwest of Iran, to investigate causes and influencing factors (with an emphasis on local ones), and to implement control and preventive tasks in the region. A total of 134,141 births have been registered in the study population between 2000 and 2006 of which 132,621 (98.9%) were live births and 1520 (1.1%) stillbirths. Over the study period, 2233 cases with congenital anomalies were ascertained, with an overall prevalence rate of 166.5 per 10,000 births. Genitourinary tract and kidney defects, anomalies of nervous system, and limb anomalies accounted proportionally for approximately 68% of anomalies in the study population. Interventional preventive programs to relevant high-risk individuals, families, and general population are implemented in the region. Genetic counseling and educational packages containing control and preventive

measures of congenital anomalies and genetic disorders are given to high risk groups including families who have a history of an anomaly in the family, youth, and young couples. It is hoped that the application of this program may provide a pilot model and insights into the epidemiology and potential for prevention and control of congenital anomalies and genetic disorders in the region and in the entire country. More details of the program and some preliminary results can be found elsewhere.⁴⁻⁶

Saeed Dastgiri

Department of Community and Family Medicine
National Public Health Management Center
School of Medicine
Tabriz University of Medical Sciences
Tabriz
Iran

Reply from the Author

No reply was received from the author.

References

1. Rajab AA, El-Hazmi MA. The Gulf Cooperation Countries genetic services. Understanding individuals, families, and community needs. *Saudi Med J* 2007; 28: 1321-1323.
2. Najmabadi H, Ghamari A, Sahebjam F, Kariminejad R, Hadavi V, Khatibi T, et al. Fourteen-year experience of prenatal diagnosis of thalassemia in Iran. *Community Genet* 2006; 9: 93-97.
3. Samavat A, Modell B. Iranian national thalassaemia screening programme. *BMJ* 2004; 329: 1134-1137.
4. Dastgiri S, Imani S, Kalankesh L, Barzeghar M, Heidarzadeh M. Congenital anomalies in Iran: a cross-sectional study on 1574 cases in the north-west of country. *Child Care Health Dev* 2007; 33: 257-261.
5. Control and Prevention of Birth Defects Programme [homepage on the Internet] Tabriz: Tabriz Registry of Congenital Anomalies (TRoCA) [updated 2006 Dec 16; cited 2007 Aug 15] Available from: <http://www.tbzmed.ac.ir/troca/>
6. Dastgiri S, Heidarzadeh M, Barzeghar M, Imani S, Kalankesh L, Tajahmad A, et al. Epidemiology, control and prevention of congenital anomalies: a pilot programme in the Northwest of Iran. *Iran Biomed J* 2007; 11: s227.