Reply in response to the article neglecting Borderline HbA2 (3.2–3.9%) may impede prevention program for thalassemia

The letter to the editor submitted by Dr. Kumar titled “Neglecting Borderline HbA2 (3.2–3.9%) may impede prevention program for thalassemia” is with latest information on the detection of β -thalassemia. Dr. Kumar mentioned the cut off value for the detection of β -thalassemia is 3.2–3.9%. However, we took the cut off value for the detection of β -thalassemia was $>4\%$ on the basis of the references and existent national guidelines.^{1–4} The present study was intended for the screening of Sickle Cell Anemia, G6PD deficiency and beta thalassemia in the remote and hill areas of Rajasthan. Complete blood count for RBC indices was not carried out in the study. Therefore, cases of equivocal were not taken in to consideration in the study. This was the limitation of the present study. High prevalence of β -thalassemia among the tribes of Rajasthan has already been reported by Mukherjee.⁵ There is a single study available on the prevalence of alpha thalassemia in the tribal population of Rajasthan and 3.07% prevalence of alpha thalassemia was reported among the tribal population of the Aravali hill region.⁶ The higher frequency of alpha thalassemia (97%) was reported in the tribes of Maharashtra and its adjacent part in Gujarat by Mukherjee et al.⁷ The suggestion given by Dr. Kumar will be taken in to consideration in future when there will be no limitation on the study conditions.

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Nil.

Declaration of competing interest

None.

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