

trends in management of the beta thalassemia. *Indian Pediatr* 1999; 36: 1229-1242.

2. John TJ. Exchange transfusion and immunization. *Indian Pediatr* 1997; 34: 977-948.
3. Ray M, Marwah RK. Vitamins in thalassemia. *Pediatr Haematol oncol Review* 1998; vol 11: No. 1 p 7.

## Reply

We have the following clarifications to offer;

1. Pre-transfusion Hb can be done at any time on the day of transfusion preferably at the time of establishing intravenous cannula for blood transfusion. The sample for cross matching should also be taken at the same time to avoid multiple pricks to the patient. Post-transfusion Hb should be done at 30 or more minutes after the end of the transfusion(1).
2. Regarding vaccination: (a) Since thalassaemic children will receive small volume packed cell transfusion, transfused adult antibodies will be very low to affect immunization schedule; exchange transfusion is a vastly different situation(2).  
(b) Vaccination against *Pneumococcus*, *H. influenzae* and *Meningococcus* should preferably be given 4-6 weeks prior to splenectomy, as it will take care of the immediate post surgical period. Adequate antibody levels are established by the time the patient undergoes surgery if the vaccines are given in this way. Although, it has been shown that in thalassaemic patients, immunization before splenectomy results in higher antibody titers than after splenectomy, antibody titers are still adequate for protection in both groups(3). Thus, there is definite role of vaccination even after splenectomy if these had been missed earlier.

- (c) In case of unvaccinated transfused patients, screening of hepatitis B indices precedes vaccination, which is then restricted to non-immune patients. The efficacy of this vaccine is well documented in transfused thalassaemic children and seroconversion is no different from the general population(4).
3. Folic acid in the dosage of 4 mg/week is more than adequate as per current literature(1). There is no good reason for giving higher dosages as was recommended earlier.
4. It is now possible to diagnose thalassemia major at any age by DNA based diagnostic technologies. It is also possible to diagnose it by estimating the rate of globin chain synthesis in infants' blood samples as with prenatal diagnosis. The hematological criteria and electrophoretic pattern before 6 months of age may not give a definite diagnosis.

**Dheeraj Shah,  
Panna Choudhury,  
A.P. Dubey,**

*Department of Pediatrics,  
Maulana Azad Medical College,  
New Delhi 110 002, India.  
E-mail: pannachoudhury@usa.net*

## REFERENCES

1. Management Protocol for Treatment of Thalassemia Patients. Cyprus, Thalassemia International Federaton, 1997.
2. John TJ. Exchange transfusion and immunization. *Indian Pediatr* 1997; 34: 947-948.
3. Kattamis CA, Kattamis AC. Management of thalassemias: Growth and development, hormone substitution, vitamin supplementation and vaccination. *Semin Hematol* 1995; 32: 269-279.
4. Sethi GR, Sharma S, Sudha S, Rishi RK. Immunogenicity of recombinant Hepatitis B vaccine in thalassaemic children. *Indian Pediatr* 1999; 36: 498-501.