Why should I be tested for sickle cell and thalassaemia?

Knowing that you do, or do not, carry sickle cell or thalassaemia will help us to give you the health care that is right for you.

Nobody in my family is affected with a sickle cell disorder or thalassaemia major. Why should I have a blood test?

You could be a healthy carrier of sickle cell or thalassaemia.

Most children with a sickle cell disorder or thalassaemia major are born to parents who are both healthy carriers, and have no affected relatives.

What are sickle cell disorders and thalassaemia major?

They are serious inherited blood disorders.

People with a sickle cell disorder can have attacks of severe pain or sudden life-threatening infections.

People with thalassaemia major need blood transfusions every month for life.

What is my chance of being a healthy carrier?

Anyone can carry sickle cell or thalassaemia. Some Northern Europeans are carriers.

One in four to one in eight Africans and African-Caribbeans are carriers.

One in six to one in thirty people from the Mediterranean, Middle East, India, Pakistan, Bangladesh or the Far East are carriers.

How can I find out if I am a carrier?

Ask your GP or practice nurse for a blood test “for haemoglobin disorders”.

The test is free of charge, and the results are completely confidential.

When should I have the test?

You can have it at any time, but the best time is before you start a family. Ask the GP or practice nurse if you come for family planning, or at the start of a pregnancy.

If the test shows that I am a carrier, what happens next?

Your GP will arrange for you to be informed about the result and what it means for you.

If you have a partner, they should have the blood test “for haemoglobin disorders”.

Your blood relatives, including children, brothers and sisters may also be carriers. They should have the same blood test.

To find out more…

Ask your GP or practice nurse, or the specialist counselling service in your area: