



**For Immediate Release
Tuesday, November 20, 2001**

NEWS RELEASE

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Study seeks causes of higher cleft lip and palate rates in Utah

(Salt Lake City, UT) - A new five-year study hopes to find out why Utah has a higher than expected number of oral cleft birth defects—cleft lip and cleft palate—compared with other areas of the country. The oral clefts rate in Utah is about 2.2 per 1,000 births compared to 1.7 nationally. Oral clefts are spaces or openings caused by splits in the upper lip and top of the mouth.

“Rates of oral cleft birth defects are decreasing in other parts of the country, but not in Utah,” says Marcia Feldkamp, director of the Utah Birth Defect Network at the Utah Department of Health. Utah’s rate has remained fairly stable since 1995. “The difference between 2.2 and 1.7 may seem small until you do the math,” says Feldkamp. Based on 48,000 births, 25 fewer babies would be born with oral clefts each year in Utah if we were at the national rate,” she explained.

The five-year study brings together researchers from the Utah Birth Defect Network, the University of Utah, Utah State University, and other notable universities, including Johns Hopkins. “The Utah Birth Defect Network provides information that is critical in tracking the occurrence of birth defects,” said principal investigator Ron Munger, Professor in the Department of Nutrition and Food Sciences at Utah State University. “This is the first step toward understanding birth defect causes and how we can reduce their occurrence in the future.”

One factor researchers will study is the role folic acid may play in reducing oral cleft birth defects. The vitamin folic acid is known to prevent neural tube birth defects, such as spina bifida, but its effect on oral clefts is uncertain. Researchers would expect oral clefts to decrease if they were related to folic acid intake and a handful of studies elsewhere show that when folic acid is given, the cleft risk may be lowered.

- MORE -

Page 2 of 2 – Study seeks causes of higher cleft lip and palate rates in Utah

Because the occurrence of oral clefts has remained constant in Utah while neural tube defects have declined, Munger suspects that nutrients other than folic acid may be important in oral clefts. He has studied oral clefts in the Philippines where he worked with the voluntary medical organization, Operation Smile, which provides free surgery for children with oral clefts. His studies in the Philippines have produced evidence that oral clefts are about two times more common there compared to the U.S. and that poor nutrition of Filipino mothers may be partly responsible. “Our new study of oral clefts in Utah is directly following leads that we have uncovered in the Philippines,” Munger said. “We will ask participating mothers in the Utah study to provide a small blood sample so that we can examine nutritional and genetic factors.”

“In most cases there is no clear genetic or environmental cause for an individual child’s oral cleft,” says John Carey, MD, Professor in the Department of Pediatrics at the University of Utah School of Medicine and a collaborator in the study. “We do know that some types of medications during pregnancy will cause the defect,” he added. Use of the acne medicine, Acutane, by mothers during pregnancy has been implicated, as has excessive alcohol consumption and use of some anti-seizure medications. “But no obvious factor stands out in Utah as a cause,” said Carey.

Genetic studies of oral clefts may provide clues to why some families may be more susceptible to nutritional deficiencies or toxic exposures than others. “When we look at oral clefts in general, there’s a higher frequency in some families than we would expect, but it often doesn’t fit a clear pattern of inheritance.” Carey said.

The five-year Utah Child and Family Health Study grant is funded by the National Institute of Child Health and Human Development and the National Institute for Dental and Craniofacial Research. For more information about this study and birth defects, call the Utah Birth Defect Network at 866-818-7096.

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Page 2 of 2 - Adults and Immunizations--Some Things You Never Outgrow

Vaccines can reduce the thousands of needless deaths that occur from diseases or their complications. Vaccination also saves healthcare dollars in the long run by keeping people healthy and avoiding expensive therapies and hospitalizations to treat illnesses like influenza and pneumonia.

Certain individuals are particularly at risk of infection for influenza and pneumonia, including those with chronic medical conditions such as diabetes, asthma, heart and lung disease, HIV infection, cancer, individuals undergoing immunosuppressive therapy and the elderly (>65 years).

Influenza and its complications can be prevented by an annual vaccination, usually given in the fall. Because pneumonia is a major complication resulting from influenza, the pneumonia vaccine is recommended for those at high-risk. The pneumonia vaccine can be given year round and is generally given only once during a person's lifetime.

For more information about adult immunizations, contact your health care provider or the Utah Immunization Hotline at (800) 275-0659.

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