Erratum to: Genetic services and testing in Brazil

Dafne Dain Gandelman Horovitz
Victor Evangelista de Faria Ferraz · Sulamis Dain ·
Antonia Paula Marques-de-Faria

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The abstract was not published in the original paper:

Abstract Brazil is a continent-size country with around 190 million inhabitants, the largest and most populous in South America. It is classified as a developing upper middle-income country and having considerable growth, although inequality remains significant. The health system is mixed; most of the population is served by the public Unified Health System (“Sistema Único de Saúde”, SUS) and there is a thriving private health sector. The country faces multiple obstacles to improve and expand genetic services, due to its wide territory, sociocultural inequalities and major basic health problems.

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D. D. G. Horovitz (✉)
Centro de Genética Médica,
Instituto Nacional de Saúde da Mulher, da Criança e do
Adolescente Fernandes Figueira/Fundação Oswaldo Cruz,
Rio de Janeiro, Brazil
e-mail: dafne@iff.fiocruz.br

V. E. de Faria Ferraz
Departamento de Genética - Faculdade de Medicina de Ribeirão
Preto, Universidade de São Paulo,
Ribeirão Preto, SP, Brazil

S. Dain
Instituto de Medicina Social,
Universidade do Estado do Rio de Janeiro,
Rio de Janeiro, RJ, Brazil

A. P. Marques-de-Faria
Departamento de Genética Médica - Faculdade de Ciências
Médicas, Universidade Estadual de Campinas (Unicamp),
Campinas, SP, Brazil

Most comprehensive genetic services are concentrated in large urban centers in the South and Southeast regions, mainly in tertiary care university hospitals. Demand for genetic services has increased and congenital malformations has been the second cause of infant mortality since 2000, but such data did not determine government policies or initiatives for the prevention and management of this group of problems until 2004, when the process for introducing medical genetics as a health policy by the Ministry of Health began. Details on the policy and an overview on congenital and genetic diseases, the state and availability of genetic services, genetic testing, medical genetics laboratories, training of human resources in medical genetics, newborn screening program, genetics networks, special care facilities, as well as educational, social and support programs for disabled people, research priorities in genetics and genomics, patient organizations and relevant issues regarding the challenge of implementing a comprehensive care policy in clinical genetics in this vast and diverse country are presented.

In the original paper, the following parts should read as:
Congenital and genetic disease burden:

Page 5

Original:

Some geographic clusters, listed in Table 1, were identified in Brazil by Estudo Colaborativo Latinoamericano de Malformações Congênicas (ECLAMC), [more information on ECLAMC see item 6.2], Instituto Nacional de Genética Médica Populacional (INAGEMP) (2011) or searching through mainstream literature. There are presently some other clusters under investigation.

Correction:

Some geographic clusters, listed in Table 1, were identified in Brazil by Estudo Colaborativo Latinoamericano de Malformações Congênitas (ECLAMC), Instituto Nacional de Genética Médica Populacional (INAGEMP) (2011) or searching through mainstream literature. There are presently some other clusters under investigation.

Original:

Consistent research has been conducted for the past years by the first and most important teratogen information service in the country, Sistema Nacional de Informação sobre Agentes Teratogênicos (SIAT—described in item 6.2; Schüller-Faccini et al. 2001; Dal Pizzol et al. 2008; SIAT 2011)

Correction:

Consistent research has been conducted for the past years by the first and most important teratogen information service in the country, Sistema Nacional de Informação sobre Agentes Teratogênicos (SIAT) (Schüller-Faccini et al. 2001; Dal Pizzol et al. 2008; SIAT 2011)

Page 6

Original:

Ministry of Health began. Such topic will be detailed later in this text. (item 6.6).

Correction:

Ministry of Health began. Such topic will be detailed later in this text.

Access to genetic services

Page 10

Original:

Only around 25–30 % of the estimated need in genetics is being cared by specialists in the field. (see item 4.3).

(...)

Prenatal and preimplantation diagnoses are more available in the private sector, due not only to cost but also to legal constraints. (see item 4.6).

Correction:

Only around 25–30 % of the estimated need in genetics is being cared by specialists in the field.

(...)

Prenatal and preimplantation diagnoses are more available in the private sector, due not only to cost but also to legal constraints.

Workload, integration, and networking

Page 12

Original:

Issues regarding the number, location, and regional distribution of medical genetic departments/medical genetic units in the country, including service networking activities, and coordination with other health services have been addressed in this text. Part 4.3. It....

Correction:

Issues regarding the number, location, and regional distribution of medical genetic departments/medical genetic units in the country, including service networking activities, and coordination with other health services have been addressed in this text. It....

Genetic testing

Page 14

Original:

As shown in Part 4, the public clinical genetic services, there are 47 laboratories where some type of genetic testing is available; most perform basic cytogenetics. Some public genetic services buy tests in private laboratories on a limited basis.

Correction:

Among the public clinical genetic services, there are 47 laboratories where some type of genetic testing is available; most perform basic cytogenetics. Some public genetic services buy tests in private laboratories on a limited basis.

National policies and legal frameworks

Page 16 (footnote)

Original:

10 Memory of the Committee on Access and Use of the Human Genome's 1st Meeting (August 2001), 2nd meeting (December 2001) and document presented by one of the authors of this chapter (Marques-de-Faria AP). Ministry of Health, Department of Health Policy, Department of Science and Technology in Health, 2001.

Correction:

10 Memory of the Committee on Access and Use of the Human Genome's 1st Meeting (August 2001), 2nd meeting (December 2001) and document presented by one of the authors of this article (Marques-de-Faria AP). Ministry of Health, Department of Health Policy, Department of Science and Technology in Health, 2001.