

Sickle Cell Today

USA Health Comprehensive Sickle Cell Center

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Awareness Month

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TABLE OF CONTENTS

From the Director's Desk:
Sickle Cell Disease During
the Time of the COVID-19
Pandemic 1-2

Children with Sickle Cell
Disease: Return to School
Guidelines in COVID-19
Pandemic 2-4

COVID-19 Impact on Clinical
Research for Sickle Cell
Disease at the University of
South Alabama 4

Ready or Not, the Flu Season is
Here! Beat the Flu Bug 5-6

Pediatric to Adult Care
Transition Program: Reaching
Beyond the Hospital During the
COVID-19 Pandemic 6-7

The Importance of Daily
Medication Compliance 7

The USA Health
Comprehensive Sickle Cell
Center is Proud to Announce
it's 2020 Graduates 7

Are You Ready for the 2020
Hurricane Season During a
Pandemic 8-10

Make a Gift to the University of
South Alabama 11

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From the Director's Desk: Sickle Cell Disease During the Time of the COVID-19 Pandemic

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The United States has been struck hard by the new coronavirus, with higher rates of infection and death than any other of the world's industrialized nations. By late August, 2020, the U.S. had registered nearly 5.5 million positive tests for COVID-19 and almost 175,000 deaths. While the U.S. accounts for about 4 percent of the world's population, the U.S. account for nearly 25 percent of the fatalities from COVID-19.

While the coronavirus has struck every region of the country and infected big cities and small towns, communities of color have been hammered, bearing a disproportionate burden of infection and deaths. The COVID-19 case rates for Blacks are 2-4 times higher than those for white Americans, depending on the region. And, when adjusting for age nationwide, Blacks are 2.4 times more likely to die of COVID-19 than white Americans (<https://covidtracking.com/race>). Where race is known, it is estimated that at least 34,137 Black lives have been lost to COVID-19 in the U.S. This reflects 22 percent of all deaths from this dreaded virus, although Blacks account for only about 13.4 percent of the U.S. population. In Alabama, 27 percent of the population is Black, but this population accounts for 42 percent of all confirmed cases of COVID-19 and 42 percent of all deaths. Equally disturbing is that Latinx Americans make up only 4 percent of the population in Alabama but account for 12 percent of the COVID-19 cases and 3 percent of deaths. This kind of data keeps COVID-19 on the forefront of most minds and begs for explanations

as to why people of color are seemingly at greater risk.

Researchers know that patients with underlying medical conditions are more vulnerable to severe illness from the coronavirus, so that begs another question: are patients with sickle cell disease (SCD) at even greater risk? After all, SCD strikes Black and Latinx people disproportionately.

There are approximately 100,000 individuals in the U.S. with a diagnosis of SCD. In the U.S., SCD occurs in 1 in every 365 Black births and 1 in every 16,300 Hispanic American births¹. While the gene for sickle cell can affect other races, it by far is most commonly seen in Blacks, followed by Latinx populations, in the U.S.

The Medical College of Wisconsin established the SECURE-SCD Registry to collect data on COVID-19 cases occurring globally in persons living with SCD². Their analysis was limited to cases with SCD living in the U.S. reported during the period March 20 - May 21, 2020. In this database, there were 178 COVID-19 cases with a mean age of 28.6 years. Fifty-seven percent were female, 80 percent Black and 12 percent Latinx. Of this cohort, 13 patients died (7 percent). Frequent pain crises, pulmonary hypertension, decreased kidney function, SCD nephropathy, and stroke were found to be risk factors. Observation of a 7 percent mortality rate was thought to be alarming in that the mean patient age was less than 40 years.

At the University of South Alabama Comprehensive Sickle Cell Center (Pediatric and Adult), there have been 12 confirmed



COVID-19 cases to date and 1 death. SCD is clearly a high-risk subgroup for COVID-19 as demonstrated above and likely further compounded by healthcare access challenges frequently faced as related to social determinants of health.

What is the most practical advice we can give to patients with SCD? As a population that is more vulnerable, extra caution is required. Wash hands frequently for 20 seconds, and isolate yourself at home if you can. If you must leave

home, stay six feet away from other people and wear a mask. Patients should continue taking all medicines, including preventative medicines (hydroxyurea, l-glutamine, voxelotor, crizanlizumab, folic acid, and penicillin) as prescribed by your healthcare provider and you should contact your healthcare provider for pain episodes, fever, other sickle cell complications, or symptoms of COVID-19 infection.

References

1. Center for Disease Control and Prevention; World Health Organization; Piel et al. 2013. *Lancet* 381: 421-51
2. Panepinto JA, Brandow A, Mucalo L, Yusuf F, Singh A, Taylor B, et al. Coronavirus disease among persons with sickle cell disease, United States, March 20-May 21, 2020. *Emerg Infect Dis.* 2020 Oct [date cited]. <https://doi.org/10.3201/eid2610202792.2610.202792>.

Children with Sickle Cell Disease: Return to School Guidelines in COVID-19 Pandemic

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Advances in sickle cell disease (SCD) management, including screening of newborn babies, pneumococcal prophylaxis, and hydroxyurea therapy have transformed SCD from a fatal childhood disease to a chronic condition of adulthood. Care coordination of this population is now challenged by the additional burden of the Coronavirus Disease 2019 (COVID-19) pandemic on existing health systems and resources. On July 17, 2020, the Centers for Disease Control and Prevention (CDC) added SCD to the list of conditions which increases the risk of severe illness from COVID-19. Registry data show that individuals with SCD are more vulnerable to die from COVID-19 infection at all ages, including children.

The infection rates and the prevalence have been increasing steadily and it is also time for kids to return to schools and colleges. While the American Academy of Pediatrics (AAP) and CDC have released general guidelines for schools and parents, the Sickle Cell Disease Association of America (SCDAA) has put forth a legible and practical guideline for children with SCD.

This simple tool helps parents make a well-informed choice and commitment to continue education in the safest way possible. This tool is intended for use along with state and local guidelines based on resources. If safety measures are not implemented or cannot be enforced, we recommend that schools provide equitable access to high quality education through home-based distance learning.

The checklist below should be used to determine if your child's school has the recommended safety measures in place.

1. Assessing the risk of community spread of COVID-19 in your area - Check

- Contacted my local health department to understand how our community is doing.
- Figured out how to keep up with rates of COVID-19 spread in my community by watching the news, reading the local newspaper, or checking the state and local health department websites.
- Spoke to my child's doctor about his/her risks.

2. Assessing school environment - Circle Yes or No

- yes no Students, teachers, and staff are checked every day for symptoms of infection.
- yes no Anyone who is sick asked to stay/go home.
- yes no Physical distancing is in place (drop off/pick up, classroom, hallways, mealtime, sports/recreation, clubs/activities, bussing/transportation).
- yes no Everyone wears a mask (as appropriate for age) at all times (meals excluded).
- yes no Those who arrive at school without a mask will be given one.
- yes no Cleaning and disinfection is intensified.
- yes no Ventilation is maximized (e.g. windows open; air conditioning, where available).
- yes no There is ongoing training of employees on health and safety protocols.
- yes no There are policies for everyone at school to self-report travel, symptoms, and confirmed COVID-19 infection of any household members or close contacts.
- yes no The school has a regular communication process in place to update families on changes to policies and procedures as well as COVID-19 cases and exposures in the school.

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- yes no A health professional (e.g. school nurse) is accessible at all hours of operation.
- yes no There are quarantine procedures for those who develop symptoms while at school.
- yes no The school has limited visitors into the buildings.
- yes no Outdoor spaces are utilized when possible, but indoor options are available when weather is not good for being outside (too hot or too cold).
- yes no The school has a plan in place for continued distance learning if my child has a known COVID-19 exposure or has COVID-19 symptoms but is not too sick to take part in learning from home.

If all your answers above are “yes”, the school has implemented measures to reduce infection.

If any of your answers above are “no”, ask the principal for clarification.

Consider asking for distance learning from home for your child.

3. Should I ask for my child to receive distance learning from home - Circle Yes or No

- yes no Does your child have additional risk factors (other than sickle cell disease) that put him/her at high risk for severe COVID-19 disease if he/she gets infected? (Discuss with your child’s doctor).
- yes no Do others in your household (e.g. siblings, grandparents, etc.) or do primary caretakers (e.g. babysitter, relatives) of your children have high risk of severe COVID-19?
- yes no Are there special circumstances that make in-person education not workable for your child?

If any answer above is “yes”, consider asking for your child to receive distance learning from home.

4. Is my child ready to receive distance learning from home? - Circle Yes or No

- yes no Do you have reliable internet access with enough bandwidth for all users in the home?
- yes no Does your child have access to the necessary tools for distance learning (e.g. computer/tablet, headphones)? One computer/tablet shared across all children in the home might not work.
- yes no Is there adult supervision in the home? (e.g. someone who can keep your child on a daily schedule and make sure she/he can access online content)?
- yes no If your child has special educational or social/emotional needs, can the needs be met with distance learning?
- yes no If you need it, are there plans in place for your child to continue to receive free and reduced cost meal programs?
- yes no Is the distance learning option high-quality (e.g. not just packets at home)?
- yes no Are there plans in place to have your child safely interact with other children (e.g. virtual, social distancing) to promote social/emotional development?

If all the answers are “yes”, consider asking for your child to receive distance learning from home.

If any of the other answers are “no”, seek help from your child’s teacher, guidance counselor, school psychologist, special education teacher, or principal.

Please ask the school to make modifications for COVID-19 for your child’s SCD, whether you are in distance learning education or in-person education or both, through a 504 plan and/or an Individualized Education Plan. These plans are started by a request from parents to school administrators and should be reviewed every year.

Guidelines for Educators and Teachers:

Educators with sickle cell disease are also more vulnerable to COVID-19 and this position has been supported by the CDC and the American Society of Hematology (ASH) COVID-19 guidelines. All vulnerable teachers, administrators, and support staff should work from home and be allowed to provide distance learning if they are able to do so. Administrators should make special accommodations for vulnerable individuals at work if working from home is not possible. Recommendations about controlling exposure have also been put forth by National Institute for Occupational Safety and Health with modification by Johns Hopkins University. American Federation of Teachers provided an excellent framework as shown below.

Measures to be considered include but are not limited to:

- Implementing an effective system for testing, tracing, and isolating new cases.
- Using public health tools and age appropriate education to minimize risks of transmission to students, teachers and support staff stressing: physical distancing, screening, personal protective equipment and sanitation, campus programing and organization to minimize unnecessary contact between people.
- Strong psychological and social support for all staff members.

Local COVID-19 infection status is rapidly changing, and teachers are encouraged to have ongoing discussions with their education administrators about how to minimize their health risks while providing their students the best educational, psychological, and social experience possible.

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Quality education to all children is important and equally important is to address health and safety of our children and teachers. This tool does not provide all answers, but our hope is to provide some guidance in these unprecedented times.

References

1. The Sickle Cell Disease Association of America
2. American Society of Hematology (ASH) COVID-19 Resource Webpage: info@sicklecelldisease.org
3. Coronavirus Disease 2019 (COVID-19): Evidence used to update the list of underlying medical conditions that increase a person's risk of severe illness from COVID-19.
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html>
4. COVID-19 and Sickle Cell Disease: Frequently Asked Questions <https://www.hematology.org/covid-19/covid19-and-sickle-cell-disease>.

COVID-19 Impact on Clinical Research for Sickle Cell Disease at the University of South Alabama

Ardie Pack-Mabien, Ph.D., FNP-BC

The University of South Alabama Comprehensive Sickle Cell Center (the Center) has a longstanding history and mission of incorporating comprehensive patient care, professional teaching, community education, and clinical research for persons with sickle cell disease (SCD) and their caregivers. This commitment to patient care has not changed during the COVID-19 pandemic.

As USA Health continues to do its' part in reducing the spread of COVID-19 in this community and surrounding areas, the Center recognizes the need to continue caring for its' patients, and to encourage participation in ongoing and new clinical research amidst the challenges posed by COVID-19. Critical to the Center's mission is to provide our patients with an opportunity to participate in ongoing clinical trials.

Challenges currently faced range from the ability of patients and families to adhere to protocol required procedures, timelines, and to the availability of investigators and study staff to manage the work associated with research in accordance with the Centers for Disease Control and Prevention guidelines.

Here is some important information to keep in mind if you are currently or considering participation in a clinical research study:

Patient Safety: In accordance with the current USA Health directive, all patients, visitors, and staff who enter any USA facility for a clinic visit will be screened and cleared for entry. At a minimum, screening includes temperature check and symptom questionnaire. Everyone is also required to wear a mask during clinic visits. Social distancing will be practiced when feasible. However, when it is feasible and at the discretion of the trial sponsor, clinical trial related in-person visits that do not require treatment, labs, physical exams and/or procedures may be performed by virtual telehealth visits.

New Studies: With the guidelines being in place for staff and patient safety as noted, USA Health resumed the opening of new trials for accrual of patients effective June 15, 2020. However, consideration will be given continuously to assess

the feasibility of enrolling clinical trial participants based on patient volume, the ability to garner resources necessary, including personnel, to safely and effectively carry out the trial(s) proposed.

Patients Actively on Studies: For patients currently enrolled on a study, patient safety is of the utmost importance. Investigators will use their best judgment in making determinations of protocol requirements in the context of challenges/risks posed by COVID-19.

Future: The USA Health Clinical Trials Office will continuously monitor this situation, with attention to recommendations from the Food and Drug Administration and/or other national organizations. The Center will make every effort to keep its' patients and study participants informed of any changes in the recommendations.

How can I learn more about Clinical Trials at the USA Comprehensive Sickle Cell Center and nationwide?

The most recent information about clinical trials for SCD is available at the National Library of Medicine/National Institutes of Health database which is open to the general public through a simple internet search. This website provides information about clinical trials related to new drug therapies, diagnostic procedures, and vaccines. The website is www.ClinicalTrials.gov. This website lists all clinical trials funded or conducted by the research institutes and centers of the National Institutes of Health, pharmaceutical and device companies, teaching hospitals and university health systems, and private foundations. To learn more about a particular clinical trial, you can search the website in a number of ways. You can conduct your search for a clinical trial by the name of the disease of interest, location, type of experimental intervention, or sponsoring organization. The results will show what clinical trials are currently being conducted, recruitment status, purpose, logistics, contact information, and sources for additional information. If you have specific questions about a clinical trial at the USA Comprehensive Sickle Cell Center; you can call the Clinical Research Study Coordinator, Ardie Pack-Mabien, Ph.D., FNP-BC at (251) 470-5893 or (251) 471- 7703.

Ready or Not, The Flu Season is Here!

Ardie Pack-Mabien, Ph.D., FNP-BC

The flu virus is a highly contagious respiratory illness caused by many different types of viruses. Additionally, these viruses change constantly over time. To prevent the spread of the flu virus, researchers review and update annual information to match the circulating flu virus with a vaccine that will provide protection against three to four viruses that will be the most common for the upcoming flu season. For the 2020-2021 flu season, researchers have recommended that the trivalent (three-component) vaccine contains the updated: A/Guangdong-Maonan/SWL1 536/2019 (H1N1) pdm09-like virus, A/Hong Kong/2671/2019 (H3N2)-like virus, and B/Washington/02/2019 (B/Victoria lineage)-like virus. Researchers have also recommended that the quadrivalent (four-component) egg based vaccine contain components of the trivalent vaccine plus B/Phuket/3073/2013-like (Yamagata lineage) virus.

These vaccines have been updated to better match the viruses researchers expect to circulate in the United States. In addition, there are two new vaccines for use in adults age 65 and older. If you are 65 and older, please discuss your options with your primary care provider. The 2020-2021 flu season vaccine options includes the standard dose, high-dose for individuals age 65 and older, vaccine made with adjuvant that helps promote a better immune response, virus grown in cell cultures that are free of eggs, recombinant that does not require a virus egg grown or chicken eggs in its' production, and live attenuated vaccine administered as a nasal spray.

Typically, the flu season begins in the month of October, usually peaks in the United States between December and February, and may end between April and May. Individuals with the flu often miss days from work or school, pay costly co-pays for medical visits and medications, and may spread the virus to family members, coworkers, and the general public.

According to the Centers for Disease Control and Prevention (CDC), thousands of Americans are infected with the virus each year. From October 1, 2019 through April 4, 2020, flu surveillance by the CDC revealed an estimated 39-56 million flu-like illnesses, 410,000-740,000 hospitalizations and 24,000-62,000 deaths of which 1,169 were pediatric deaths related to the flu. "Remember, an ounce of prevention is worth a pound of cure."

To help prevent the spread of this highly contagious and potentially life-threatening virus, an annual influenza vaccination is recommended for all persons aged 6 months unless there are contraindications to the administration of this vaccine. This vaccination is particularly important for individuals who are at an increased risk for severe complications from influenza, or at higher risk for influenza-related outpatient, emergency department, or hospital visits such as individuals with sickle cell disease (<http://www.cdc.gov/flu/about/season/flu-season-2019-2020.html>). It is recommended that you see your healthcare provider to



discuss the potential risks and benefits of this vaccine.

Health care providers usually begin offering the influenza vaccine soon after it becomes available and continues through the month of May or as long as the influenza virus circulates throughout the community. Of note, children ages six months through eight years who are receiving the influenza vaccination for the first time should receive two doses of the vaccine at least four weeks apart (<http://www.cdc.gov/flu/about/season/flu-season-2019-2020.html>). The vaccine is offered only as an injection (a shot) this flu season and can be obtained from your health care provider, health departments, clinics, urgent care centers, pharmacies, college health services, and employers. See your health care provider sooner rather than later to receive your vaccination as not to miss out on the benefits or possible shortage of this vaccine. Please keep this in mind as the availability and supply of vaccinations may be limited due to growing demands by the general public.

No, the influenza vaccine does not cause an individual to develop the flu. However, there are some short-term and mild side effects of the influenza vaccine (<http://www.cdc.gov/flu/about/season/flu-season-2019-2020.html>). That being said, exposure to an individual(s) with the influenza virus prior to receiving the vaccination may increase your risk of developing flu-like symptoms or the flu (<http://www.cdc.gov/flu/about/season/flu-season-2019-2020.html>). Potential side effects of the influenza vaccine include soreness, redness, or swelling at the injection site, low-grade fever, and generalized aches.

Given, we are in a pandemic. One may have several questions. First, what is the difference between the flu and coronavirus (COVID-19)?

Both are highly contagious respiratory illnesses but are caused by different viruses. The flu is an infection caused by one of many different types of influenza viruses. The coronavirus is an infection caused by the coronavirus called SARS-CoV-2. Although the symptoms may be similar, there are some noted differences. One noted difference is the loss of taste and smell seen in individuals with COVID-19. Another difference is that it may take individuals longer to develop symptoms of COVID-19 than if they had the flu. It may take between 1 to 4 days to develop flu-like symptoms after being exposed to the influenza virus. In comparison, an individual may develop symptoms of COVID-19 five days after being infected with the SARS-CoV-2 virus. However, COVID-19 symptoms may appear as early as 2 days after infection or as late as 14 days from an exposure. Additionally, an individual with COVID-19 may be contagious for a more extended period of time as opposed to the flu. In general, most individuals with flu are contagious for at least one

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day before they themselves become symptomatic and are most contagious during the first 3-4 days of this illness but can be contagious up to 7 days. Individuals with COVID-19 can spread the virus for up to 2 days before experiencing symptoms and remain contagious for at least 10 days after the first symptom appear. Because the symptoms are

similar, testing may be warranted to confirm a diagnosis. For a complete listing of the difference, you can visit <http://www.cdc.gov/flu/symptoms/flu-vs-covid19.html>

To help prevent the spread of the flu and COVID-19, the CDC recommends:

- Observe Stay-At-Home or Stay-in-Place orders as mandated by your local officials, practice COVID -19 social distancing, and wear a mask as recommended by the CDC
- Proper hand washing with soap and water for 20 seconds. If hand washing is not an option; apply hand sanitizer to your hands and rub for at least 30 seconds
- Turn your head and cough or sneeze into the sleeve of your elbow or napkin
- Avoid touching your eyes, nose, and mouth with your hand (washed or unwashed)
- Stay at home if you are sick with the flu or COVID-19
- Avoid contact with people such as kissing, hugging, sharing food or drinks, and shaking hands
- Use disinfectant to clean door handles, light fixtures, remote controls, and toys

See your health care provider for your influenza vaccination, and contact them for flu-like or COVID -19 symptoms:

Cough • Chest Pain • Shortness of Breath • Sore Throat • Runny Nose, Stuffiness or Congestion • Fever • Fatigue
Headache/Body Aches • Diarrhea and vomiting (more common in children) • Loss of taste and smell

For additional information about the influenza, Covid-19 viruses, spread, prevention, and vaccines

go to the Centers for Disease Control and Prevention website at

<http://www.cdc.gov/flu/protect/keyfacts.html>.

<http://www.cdc.gov/flu/symptoms/flu-vs-covid19.html>

Pediatric to Adult Care Transition Program: Reaching Beyond the Hospital during the COVID-19 Pandemic

T'Shemika Perryman, RN-PACT Coordinator

Cimone Smith, Transition Coordinator, Study Facilitator

The Pediatric to Adult Care Transition program (PACT) was started in 2012 to bridge the gap between the pediatric and adult healthcare systems for participants with sickle cell disease between the ages of 13 and 21. The goal of PACT is not only to educate participants about their disease but to also ensure they receive the best educational opportunities afforded to them. In 2015, PNC Bank provided the PACT program a grant that allowed the University of South Alabama Comprehensive Sickle Cell Center (USACSSC) to develop a Learning Resource and Development Center (LRDC). The center purchased seven laptops that are available for use by PACT participants. Participants are encouraged to come to the LRDC to use these laptops for schoolwork, applying for jobs, college applications, FAFSA, etc.

In March of 2020, the United States was affected by an unforeseen global pandemic, COVID-19. This pandemic dramatically influenced everyone's daily routines. A major change our participants experienced was the inability to physically attend school. Many of our students were faced with the task of transitioning from traditional learning to virtual learning with less

than a week's notice to prepare. The PACT transition coordinators identified potential barriers with this sudden transition and immediately began to prepare to assist PACT participants if the need should arise. After reaching out to a number of participants, we identified two barriers. The first barrier was access to an electronic device and the second barrier was access to home internet. Although most of our participants were provided equipment from their respective school systems, there were some that still needed assistance. The PACT program coordinators teamed up with the Sickle Disease Association of America, Mobile Chapter (SCDAA) to ensure that those participants had access to the needed resources. It was determined that the PACT program would loan laptops from the LRDC and the SCDAA would provide internet access. Through this collaboration, three families were able to receive the needed assistance. Participants and parents made appointments with the transition coordinators to come to the LRDC to sign out loaner laptops that had to be returned at the end of their virtual semester. This pandemic allowed our participants to experience the non-healthcare side of the PACT Program. The

USACSCC PACT program is grateful to have been a resource to its participants as we all face the uncertainties of this COVID-19 pandemic.

The Importance of Daily Medication Compliance

Jessica King, FNP-BC

Effective medical treatments for individuals living with a chronic conditions such as sickle cell disease, asthma, or diabetes are essential to a patient's survival and quality of life⁴. Specifically, research has shown that medication compliance in sickle cell disease is associated with positive clinical outcomes including reduced risk of SCD-related hospitalization, SCD related Emergency department visits, vaso-occlusive events, and health related quality of life².

Medication compliance for individuals living with sickle cell disease may greatly reduce their risk for developing associated health complications such as acute chest syndrome or chronic kidney disease. Additionally, medication compliance will assist your healthcare provider in avoiding inappropriate medication changes, assessing

medication effectiveness, and implementing appropriate disease moderating therapies such as Hydroxyurea, Penicillin VK, Endari, Adakveo, and Oxbryta³.

Therefore, it is important to communicate with your healthcare provider's office that is prescribing medications and alert them regarding any barriers that you are experiencing that is affecting your inability to take medications as prescribed. In order for your healthcare provider to make sensible decisions that have a positive outcome regarding your healthcare, daily medication compliance is essential¹. Simply put, compliance with your prescribed medication regimen can help you maintain a healthy balance in managing your life with SCD.

References

1. Butler, A. (2015, March 13). listen to reason: patient reasons for medication noncompliance. Retrieved from Orbisbio.com: <http://orbisbio.com/listen-to-reason-patient-reasons-for-medication-noncompliance/>
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3. Hemmaway, J. T.-G. (2019). A phase 1/2 ascending dose study and open-label extension study of voxelator in patients with sickle cell disease. *Blood*, 1865-1875.
4. Martin, L. R. (2005). The challenge of patient adherence *Therapeutics and Clinical Risk Management*, 377-389.

The USA Health Comprehensive Sickle Cell Center is Proud to Announce its 2020 Graduates

Congratulations to our high school graduates:

Corey Brown - Baldwin County High School
Bianca Powell - Baker High School
Latondria Randelson - Davidson High School
DeJauri Irby - Blount High School

Congratulations to our 2020 college graduates:

James Craig - University of South Alabama
MA English Literature
Benita Ethridge - University of South Alabama
Communications



Are You Ready for the 2020 Hurricane Season during a Pandemic?

Here are a few tips to help you be prepared before, during, and after the storm from the Centers for Disease Control (CDC) and Prevention and the Federal Emergency Management Agency (FEMA)!



Before	During	After
<p>Give yourself more time than usual to prepare your emergency food, water, and medicine supplies.</p> <p>Home delivery is the safest choice for buying disaster supplies; however, that may not be an option for everyone. If in-person shopping is your only choice, take steps to protect your and others' health when running essential errands by following the CDC social distancing guidelines.</p> <p>Pay attention to local guidance about updated plans for evacuations and shelters, including shelters for your pets.</p> <p>If you may need to evacuate, prepare a "to go kit" with personal items you cannot do without during an emergency. Include items that can help protect you and others from COVID-19, such as hand sanitizer with at least 60 percent alcohol, bar or liquid soap, disinfectant wipes (if available) and at least three masks for each person. Follow CDC guidelines on masks for children two years of age and younger and those with chronic health issues.</p>	<p>If you will be staying with friends or family outside the house hold during the storm:</p> <ul style="list-style-type: none"> • Follow everyday preventative actions, including covering coughs and sneezes, washing your hands often, and avoiding touching your eyes, nose, and mouth with unwashed hands. • Consider taking extra safety measures for people living in close quarters. • Know what to do if someone in your family or in the household you are staying with becomes sick with symptoms of COVID-19. 	<p>When and if you decide to check on your family, neighbors, and friends be sure to follow social distancing recommendations (staying at least 6 feet from others) and other CDC recommendations to protect yourself and others.</p> <p>You should continue to follow preventive actions to protect yourself and others from COVID-19, like washing your hands for at least 20 seconds with soap and water, apply hand sanitizer and rub for at least 30 seconds until dry if hand washing is not an option, and wearing a mask during cleanup or when returning home.</p>

Before	During	After
<p>Know a safe place to shelter and have several ways to receive weather alerts, such as National Weather Service .</p> <p>Find out if your local public shelter is open, in case you need to evacuate your home and go there. Your shelter location may be different this year due to the COVID-19 pandemic.</p> <p>If you need to go to a disaster shelter, follow CDC recommendations for staying safe and healthy in a public disaster shelter during the COVID-19 pandemic.</p>		
<p>Prepare an emergency plan of action and communicate with your family.</p> <p>Gather your homeowner, car, and health insurance information.</p> <p>Purchase a weather radio.</p>	<p>Listen to your local radio and TV station for emergency and active weather information.</p>	<p>Stay away from down power lines.</p>
<p>Have at least one gallon of water per person in your household for 3-7 days.</p>	<p>Stay inside and away from windows.</p>	<p>If the power is out, operate your portable generator with caution.</p> <ul style="list-style-type: none"> • Follow the owners' manual • Make sure the generator is grounded and used in a dry area • Never use a portable generator indoors
<p>Have on hand non-perishable food for:</p> <ul style="list-style-type: none"> • Each person, infants, and elderly persons with and without dietary restriction in the household for 3-7 days. • Manual can opener • Paper products 	<p>If you must use a candle, don't leave candles unattended and keep away from the furniture in your home. Batteries are safer!</p>	<p>Do not walk, run, or drive through floodwaters.</p>
<p>Obtain a first aid kit from your local store.</p>	<p>Keep the refrigerator and freezer doors closed as much as possible.</p>	<p>Document damages to your property with pictures.</p>
<p>Obtain refills on your medications from your local pharmacy.</p>	<p>Remove objects from the walls such as pictures and move furniture away from the door.</p>	<p>Be careful during clean up to avoid fallen power lines, debris, and dangerous animal (i.e. snakes).</p>

Before	During	After
<p>Stock up on:</p> <ul style="list-style-type: none"> • batteries • flashlight • cash • important documents • supplies for infants, small children, and elderly • pet food and supplies • basic toiletries • whistler in order to signal for help • Moist toiettes • garbage bags <p>Charge all electronic devices. Fill up your gas tank.</p>	<p>Stay off bridges that are over fast-moving water.</p>	<p>Save cell phone for emergency use only.</p>
<p>Turnover, tie-down, or move indoor all outdoor furniture.</p>	<p>Do not use your cell phone except during an emergency in order to save on battery.</p>	<p>Check on your family and elderly neighbors.</p> <p>If you are injured or ill, contact your medical provider or dial 911 for treatment recommendations.</p>

For additional information and references, visit

<https://www.fema.gov/disaster/4068/updates/hurricane-safety-tips-learn-what-do-during-and-after-hurricane>

<https://www.ready.gov/hurricanes>

<https://www.cdc.gov/disasters/hurricanes/covid-19/prepare-for-hurricane.html>



Make a gift to the University of South Alabama Comprehensive Sickle Cell Center

I am a: (Please check all that apply) Friend Parent Grandparent USA Employee USA Alumni

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: (_____) Email: _____

I wish to make a gift to the University of South Alabama as follows:

Gift Purpose: (check all that apply)

- I designate my gift to: Dr. Cecil L. Parker, Jr. Sickle Cell Disease Distinguished Lectureship Endowment
- This gift is in Honor/Memory (circle one) of: Please notify: _____
- Please credit this gift to: Me only My spouse & me. My spouse's FULL name: _____

Please list my/our name as follows: _____

Gift or Pledge Amount:

- I am making a one time gift of: \$ _____
- I pledge \$ _____ per month to be deducted from my Credit Card or Checking Account.

Please continue monthly deductions as follows:

- Until I provide notification to Stop OR Until _____ (month/year)

Gift Fulfillment:

- My check is enclosed (please make checks payable to USA - Parker Endowment Fund).
- Electronic Funds Transfer: (please send VOIDED CHECK with this form).
- Please charge my Credit Card:(check one) Visa MasterCard Discover AmEx

Card Number _____ Exp. Date _____ Name on Card _____

Matching Gift Information:

- I work for _____(company name) that has a corporate matching gift program and will match this gift. (Obtain appropriate forms from your HR department and mail to the USA Office of Health Sciences Development).

Signature: _____ Date: _____

To contact the USA Office of Health Sciences Development, call (251) 460-7032.

This form and gift payments should be returned to: University of South Alabama - Office of Health Sciences Development
300 Alumni Circle, Mobile, AL 36688-0002
rbanks@southalabama.edu



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