

Sickle Cell Today

USA Comprehensive Sickle Cell Center

Volume 11 Issue 2

November 2014

Table of Contents

USA Comprehensive Sickle Cell Center: A Community Leader in Sickle Cell Education	1
The 2014–15 Influenza Season Has Arrived	2
Support Passage of the Sickle Cell Treatment Reauthorization Act (SCTA), H.R. 5124	3
2014 Annual Blood Drive: Success Through Community Collaboration	4
Scholarly Activity	5
Immunization Update: Prevnar 13	6

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USA Comprehensive Sickle Cell Center: A Community Leader in Sickle Cell Education



This year's sickle cell conference, *Sickle Cell Disease Practical Issues XIII: The Many Faces of Pain*, was “better than the National Sickle Cell Conference,” according to one participant. While attendance was down, the quality of the conference was exceptional.

Dr. Seddon Savage, the keynote speaker, talked about “What To Do When Pain and Addiction Coexist.” Dr. Savage is Director of the Dartmouth Center on Addiction Recovery and Education and Associate Professor of Anesthesiology, Adjunct Faculty, Dartmouth Medical School.

Meredith Jernigan, PharmD, provided a comprehensive review on the utilization of patient controlled analgesia in the treatment of sickle cell pain crisis. She is a Clinical Assistant Professor, Department of Pharmacotherapy and Translational Research, at the University of Florida's College of Pharmacy.

see “USA” on page 5

Visit the Comprehensive Sickle Cell Center website at:
<http://www.usahealthsystem.com/sicklecellcenter>

THE 2014–15 INFLUENZA SEASON HAS ARRIVED



A routine annual influenza vaccination is recommended for all persons with sickle cell disease aged 6 months or older who do not have contraindications. A vaccination to prevent influenza is particularly important for persons who are at an increased risk for severe complications from influenza. Adults and children with sickle cell disease who have chronic lung (including asthma), heart (except isolated high blood pressure), kidney, and liver conditions, along with diabetes, strokes, or loss of spleen function should receive their flu vaccine.

Timing of Vaccination

In general, health-care providers should begin offering the flu vaccination soon after it becomes available and, if possible, by October. All children aged 6 months through 8 years who are receiving the flu vaccination for the first time should receive two doses. The second dose should come four weeks (or later) after the first. This practice increases the opportunity for both doses to be administered before or shortly after the onset of influenza activity. To avoid missed opportunities, providers should offer vaccination during routine health-care visits or during hospitalizations.

In any given year, the optimal time to vaccinate cannot be determined precisely because influenza seasons vary in their timing and duration, and more than one outbreak might occur in a single community in a single year. In the United States, localized outbreaks that indicate the start of seasonal influenza activity can occur as early as October. However, in at least 80% of influenza seasons since 1976, peak influenza activity (which often is close to the midpoint of influenza activity for the season) has not occurred until January or later, and in at least 60% of seasons, the peak was in February or later.

Organized vaccination campaigns should continue throughout the influenza season, including after influenza activity has begun in the community. Vaccines administered in December or later, even if influenza activity has already begun, are likely to be beneficial.

For more information: <http://www.cdc.gov/flu/professionals/acip/index.htm>

Support Passage of the Sickle Cell Treatment Reauthorization Act (SCTA), H.R. 5124

On July 16, 2014, in our nation's capital, a bipartisan group of legislators, led by Representative Danny Davis (D-IL) and Michael C. Burgess (R-TX) introduced to the House of Representatives Sickle Cell Treatment Reauthorization Act, H.R. 5124. This legislation supports programs for research, surveillance/monitoring, prevention, and treatment of sickle cell disease (SCD) for another four years.

SCTA Reauthorization, H.R. 5124 aims to establish full funding for 25 Sickle Cell Treatment Centers throughout the United States and provide continued support of a National Evaluation Center that focuses on defining best practice standards, treatment protocols, and

educational materials on sickle cell disease. The bill proposes to expand the eligibility of medical and psychosocial support services for individuals affected with SCD beyond Federally Qualified Health Centers to community based organization collaborative programs. The bill seeks authorization for the Centers for Disease Control as the funding agency for the continuation and establishment of the Hemoglobinopathies Surveillance system program and SCD public health promotion initiatives.

This is just the beginning of an uphill climb. The next step is to secure introduction of the SCTA, H.R. 5124 in the Senate. The legislative sponsors, sickle cell community, and supporters of

SCTA, H.R. 5124 are diligently working to secure additional congressional support and passage of the re-authorizations of funding for the SCTA. The passage and funding of this Act would provide grant opportunities for sickle cell treatment centers and provide individuals with SCD improved access to healthcare and health outcomes. An official campaign has been launched by the National Sickle Cell Disease Association of America requesting President Obama to declare SCD a national health priority supporting the re-authorization of SCTA H.R. 5124 for funding of SCD research, surveillance, and treatment.

For additional information to support this effort: www.scdaa@sicklecelldisease.org



2014 Annual Blood Drive: Success Through Community Collaboration

The annual September blood drive — held during National Sickle Cell Awareness Month — was once again a huge success. With a goal to collect 50 units, 53 units were collected after 61 individuals registered for the drive.

Four donors gave what was equivalent to two units using the ALYX procedure. ***Each unit of blood obtained was separated into red cells and plasma, possibly touching the lives of 159 individuals.***

The drive was sponsored by the USA Comprehensive Sickle Cell Center, Alpha Phi Alpha Fraternity, Inc., Franklin Primary Health Center, and the Sickle Cell Disease Association of America, Mobile Chapter. This partnership began nine years ago and, over many years, has affected many lives.

There was overwhelming support from the Mobile community. Supporters of the blood drive included the **Episcopal Church of the Good Shepherd, Classic Corvette Club, Edith Mitchell Health Initiative, Student National Medical Association, students from the University of South Alabama Physician**



Assistant Program and from the Leadership Scholarship Program, the Alpha Elites and the Mobile community at-large. The competitive spirit ran high, as the Episcopal Church of the Good Shepherd and students in the USA Physician Assistant Program led the way with the largest number of donors.

In addition to giving blood, community volunteers helped by registering donors, serving refreshments, and distributing prizes. The sponsors would like to thank the many local organizations and individuals who participated. **Thank you for your cooperative spirit, dedication, and continued support. Thank you for giving the “Gift of Life” through a donation of blood.** We hope to see you and your organization at the 2015 blood drive.

The 2015 Blood Drive is tentatively scheduled for Saturday, September 19, 2015 at Franklin Primary Health Center located at 1303 MLK Drive, Mobile, Alabama.



Scholarly Activity

The University of South Alabama Comprehensive Sickle Cell Center encourages all of the graduates to continue your education and/or training and want to congratulate you on a job well done. The following have successfully completed high school, technical school, college or a career development program.

Bonita Etheridge
Alan Wade Howze
Deontrines Haston
Aliyah Moultrie
Trevaris Garror

Congratulations from the USA Comprehensive Sickle Cell Center!



“USA” continued from page 1

Severin Grenoble, MD, Assistant Professor of Psychiatry at the University of South Alabama, addressed the psychological impact of pain. Drs. Paula K. McPhail, emergency room physician, USA Children’s and Women’s Hospital, and Frank S. Pettyjohn, Professor and Chairman of Emergency Medicine at USA Medical Center, addressed the management of sickle cell pain crisis in pediatric and adult emergency room settings.

Hospital management of sickle cell pain crisis in adults was addressed by Johnson Haynes, Jr., MD, Professor, Department of Internal Medicine, and Director of the USA Comprehensive Sickle Cell Center. Hamayun Imran, MD, Associate Professor of Pediatrics, USA Children’s and Women’s Hospital, presented on the inpatient management of acute sickle cell pain crisis in children.

Physicians attending the 2014 conference, held on May 3 at the University of South Alabama Health Sciences Building, received up to 7 *AMA PRA Category 1 Credits*[™]. Nurses attending the conference received up to 8.4 CEU credits.

Dr. Savage, the keynote speaker, was the sixth recipient of the Dr. Cecil L. Parker Jr., Sickle Cell Distinguished Lectureship Endowment Award. Proceeds from this endowment allow the Center to keep down the costs of the annual conference. Continued support of the Dr. Cecil L. Parker Jr., Sickle Cell Distinguished Lectureship Endowment will assure the provision of continued, quality, education for healthcare providers in Mobile and surrounding areas.

Ardie Pack-Mabien, C.R.N.P., received an award for 16 years of exemplary service to the USA Comprehensive Sickle Cell Center and its clients.

The next conference is scheduled for May 2, 2015. Please mark your calendar. Hope to see you there.



USA Comprehensive Sickle Cell Center's Newest Team Member



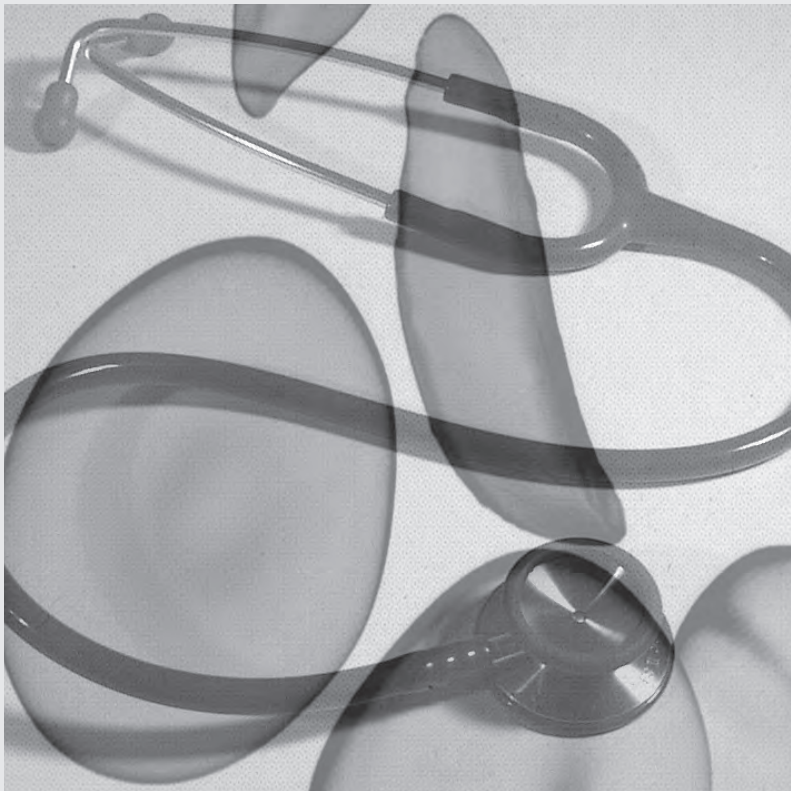
The USA Comprehensive Sickle Cell Center invites you to join us in welcoming the newest member of our team, Ms. T'Shemika Perryman, RN.

Ms. Perryman came to the Sickle Cell Center from USA Children's and Women's Hospital, where she worked for the last seven years caring for high-risk obstetrics/ gynecology and oncology patients. Ms. Perryman has an Associate's Degree in Nursing from Bishop State Community College, from which she graduated in 2007. While pursuing her studies,

she was selected by the nursing faculty to receive the Spirit of Nursing Award. As part of the team at the Comprehensive Sickle Cell Center, Ms. Perryman will serve as nurse coordinator of the Pediatric to Adult Care Transition Program. She will also assist with pharmaceutical clinical trials and help to coordinate care for adults receiving outpatient treatment. Ms. Perryman may be reached at (251) 470-5875.

We are excited to have Ms. Perryman join us.

IMMUNIZATION UPDATE: PREVNAR 13



The Center for Disease Control and Advisory Committee on Immunization Practices are now recommending that individuals 19 years or older with sickle cell disease receive the Prevnar 13 vaccine. Prevnar 13 was implemented in the pediatric population in 2010. While the standard Pneumovax has been found to be effective against potentially life threatening infections due to the bacteria, streptococcus pneumoniae, Prevnar 13 vaccine has the ability to provide additional protection. Please contact your healthcare provider for more information on Prevnar 13.



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