

# USA Health Comprehensive Sickle Cell Center

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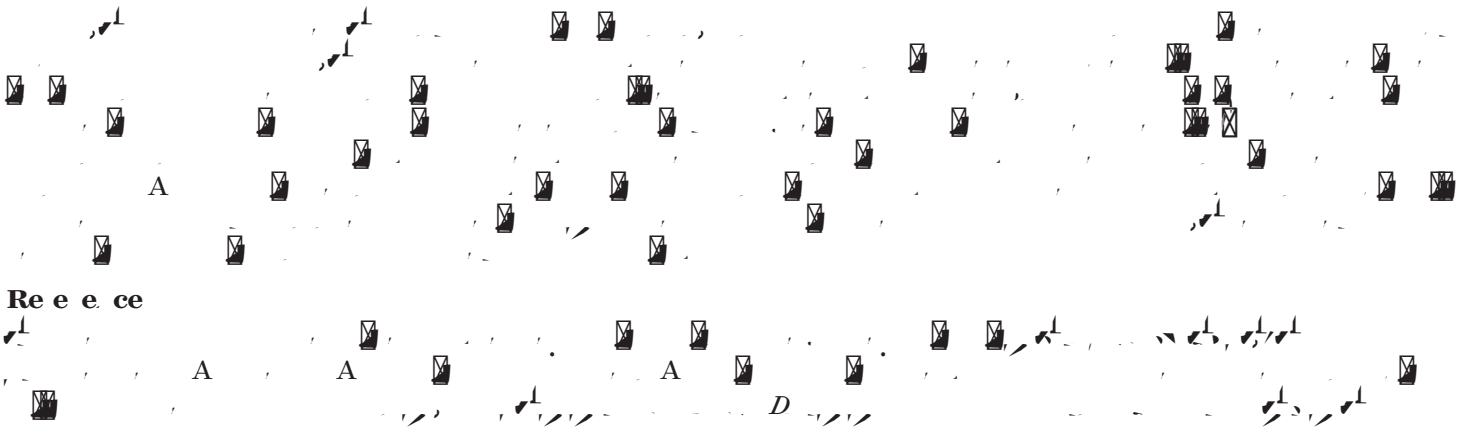
Community-based  
Program (251) 432-0301

Transition Coordinator (251) 471-7714

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

**Johnson Haynes, Jr. MD, Director**  
**University of South Alabama Comprehensive Sickle Cell Center**





Reference

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



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

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A \_\_\_\_\_ C

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A

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A

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A

\_\_\_\_\_ C

A

\_\_\_\_\_ C

**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.**

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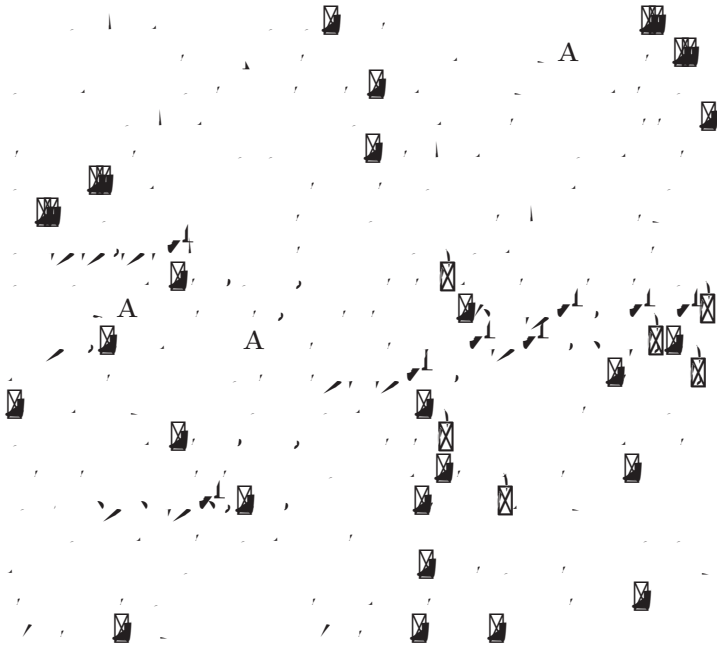
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# COVID-19 Impact on Clinical Research for Sickle Cell Disease at the University of South Alabama

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

# Ready or Not, The Flu Season is Here!

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



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



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

Congratulations to our high school graduates:







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"> <li>• Follow the owners' manual</li> <li>• Make sure the generator is grounded and used in a dry area</li> <li>• Never use a portable generator indoors</li> </ul>
<p>Have on hand non-perishable food for:</p> <ul style="list-style-type: none"> <li>• Each person, infants, and elderly persons with and without dietary restriction in the household for 3-7 days.</li> <li>• Manual can opener</li> <li>• Paper products</li> </ul>	<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>





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:

