

4th World Congress on Sickle Cell Disease 2022 Paris June 17, 2022

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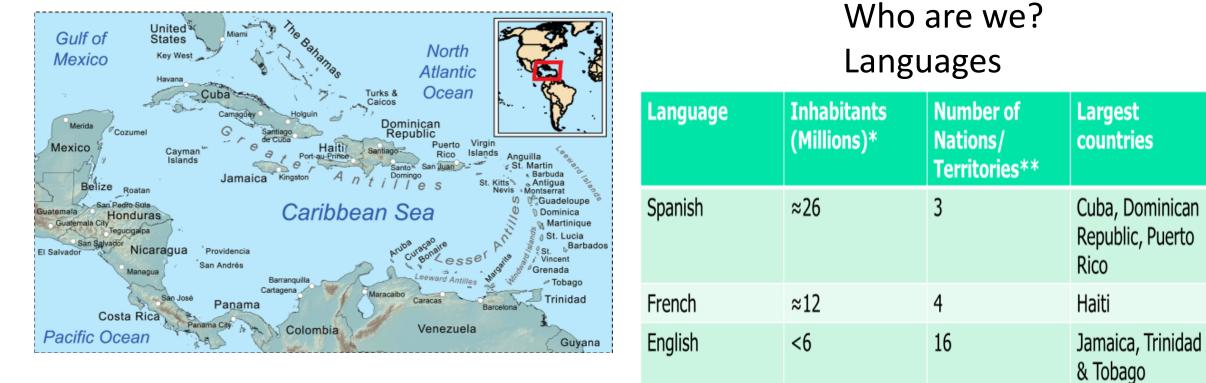
- The Caribbean
- > The Caribbean Sickle Cell Disease Scorecard
- > Progress
- > Challenges
- Lessons





The Caribbean





Where are we?



Dutch

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18-Jun-22

Curacao



Characteristics of the Region Political Status



- Independent Island Nations
 - Antigua and Barbuda.
 - The Bahamas.
 - Barbados.
 - Cuba.-Sp
 - Dominica.
 - Dominican Republic-Sp
 - Grenada.
 - Haiti-Fr
 - Jamaica.
 - Saint Kitts and Nevis.
 - Saint Lucia.

- Mainland
 - Belize
 - Guyana
- United States of America
 - Puerto Rico
- United Kingdom- overseas territories:
 - Anguilla, Bermuda, BVI, Cayman, Montserrat, Turks & Caicos
- Europe
 - France: Guadeloupe, Martinique, Saint Barthelemy, St Martin, French Guiana



Prof. Jennifer Knight-Madden Caribbean Institute for Health Research-Sickle Cen Unit, The University of Alexes Indies Saba and St. Eustatius



Ethnicity



- Indigenous peoples- Taino, Caribs & Ciboney
- > Europeans
- Africans
- > Asians
 - > Trinidad & Tobago: 38% Indian, 36% African, 24% Mixed
 - » Guyana: 44% Indian, 30% African, 17% Mixed
- » Middle Eastern





Population of 43,462,842 (0.6 global population)



- Cuba (11,326,616)
- Haiti (11,402,528)
- Dominican Republic (10,847,910)
- Puerto Rico (2,860,853)
- Jamaica (2,961,167)
- Trinidad and Tobago (1,399,488)
- Guadeloupe(400,124)
- Martinique (375,265)
- Bahamas (393,244)
- Barbados(287,375)
- Saint Lucia(183,627)
- Curaçao(164,093)

- Saint Vincent and the Grenadines(110,940)
- Grenada(112,52)
- United States Virgin Islands(104,425)
- Aruba(106,766)
- Antigua and Barbuda(97,929)
- Dominica(71,986)
- Cayman Islands(65,722)
- Saint Kitts and Nevis(53,199)
- Sint Maarten(38,666)
- Turks and Caicos Islands(38,717)
- British Virgin Islands(30,231)
- Caribbean Netherlands (26,223)
- Anguilla(15,003)
- Montserrat(4,992)





Economics (USD)



- France
- Holland
- UK
- USA

- The Bahamas \$38K
- Trinidad & Tobago \$15K

Guyana \$7KHaiti \$1K





The Caribbean



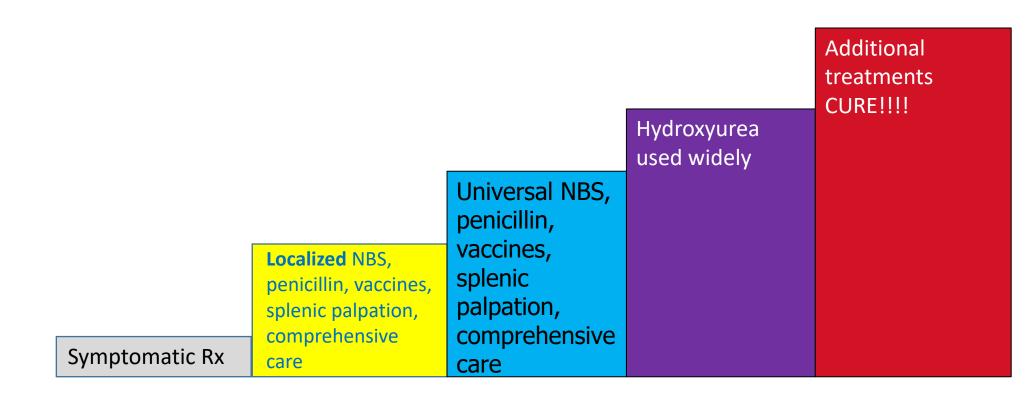
- > Variety, Sameness, Differences
- > A microcosm of the world





The Caribbean & SCD Where are We Now?









The Caribbean & SCD



- > Progress = Collaboration
 - Regional
 - Caribbean Network of Researchers in Sickle Cell Disease and Thalassemia (CAREST)
 - SickKids Caribbean Initiative (SCI)- funded Caribbean Sickle Cell Disease Scorecard
 - National





Sickle Cell Technical Working Group Jamaica



- Ministry of Health & Wellness
 - Dr. Carol Lord (FHU, (Chair)
 - Dr. Nicola Skyers (NCD)
 - Dr. Jennifer Thame (NPHL)
- SERHA
- NERHA
- WRHA
- SRHA
 - Mr. Donovan Leon (Senior Med. Tech)
 - Mr. Lansford Warren

- Sickle Cell Unit
 - Jennifer Knight-Madden (Co-Chair)
 - Lesley King
 - Monika Asnani
 - Melissa Smith (Nurse Coordinator)
 - Caldee Nicholas (Med. Tech)
 - Toshiba Channer-Wallen
- Sickle Cell Support Foundation Morette Wright (Patient)





Newborn Screening



- Hospitals
 - Public vs Private
 - ≻ #s
 - > Haiti 122
 - > Jamaica 20
 - Tobago1 + 1
- Home deliveries
 - Haiti (60%)
 - Fobago (<1%)</p>
- » Reference labs vs Point of Care Testing
 - > Guadeloupe & Jamaica
 - Haiti
 - > A work in progress
- Newborn Sceening for Sickle cell Disease Using Point-of-Care Testing in Low-Income Setting Alvarez O.A. et al., Pediatrics, 2019





Caribbean Sickle Cell Disease Scorecard https://www.caribbeanscdscorecard.org/



Welcome to the Caribbean Sickle Cell Disease Scorecard (CSCDS)	

Sickle cell related data for Caribbean countries and territories

View Data



By viewing the data, you agree to our Terms and Conditio



Data Entry



Scorecards



General Report					😋 Reload Data	Indicators	
•	Open 🗸	0	Open 🗸	en Open S		A. Newborn screet	open
Jamaica April 06, 2022		Guadeloupe April 20, 2022		Haiti June 12, 2022		B. Early childhood Indicator	care Open
						C. NCD Care Indicator	Open
						D. Covid Indicator	Open
						E. Training Indicator	Open
						F. Public Education Indicator	
						G. Advocacy Indicator	Open
						H. Research Indicator	Open
						I. Governance Indicator	Open
						J. Collaboration	Open





Newborn Screening



Scorecard												
A. Newborn screening	B. Early childhood care	C. NCD Care	D. Covid	E. Training	F. Public Education	G. Advocacy	H. Research	I. Governance	J. Collaboration			
Countries										Jamaica	Guadeloupe	Haiti
NBS Program Universal(Green);	Targetted(yellow); Nor	ne(Red)								universal	universal	targetted
% infants screen 0-50 (Red);51-80 (ned yearly Orange);81-100 (Gree	en)								99	99	





Covid-19



Countries	Jamaica	Guadeloupe	Haiti	Antigua & Barbuda
Any Covid SCD deaths	Yes but risk unknown	Yes but risk unknown	Unknown	No
Covid vaccines-SCD included in high risk groups?	Yes- late	Yes	No	Yes





Training



Countries	Jamaica	Guadeloupe	Haiti	Antigua & Barbuda
Annual In Person (Pre-Covid)	>=3	>=3	>=3	>=3
Annual Online	>=3	>=3	>=3	>=3
Clinical Care Guidelines	Yes	Yes	Νο	Yes









At least one acadmic with one project focused on SCD Yes(Green); No(Red)	Published at least one manuscript in past three years Yes(Green); No(Red)
Yes	Yes
I. Gov	ernance
Governmental policy regarding care of people with SCD Yes(Green); No(Red)	
Yes	
J. Colla	aboration
Nationals are members of SCI Yes(Green); No(Red)	Nationals are members of CAREST Yes(Green); No(Red)





Jamaican Policy on SCD





NATIONAL STRATEGIC AND ACTION PLAN

for the

PREVENTION AND CONTROL NON-COMMUNICABLE DISEASES (NCDS)

in

JAMAICA

2013 - 2018



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Ongoing

- Antenatal screening- all
 - Counselling sub-optimal
- Newborn screening >30,000/year
 - Confirmation varies by RHA
- Immunization
 - Pneumovax
- Advocacy
 - + NHF & DrugServ
 - Needs Assessment
- Training
 - ECHOs, Didactics, A&E

SCU SICKLE CELL UNIT

Being Implemented

- Registers
- Passport
- Encounter forms
- Audits



New Tools





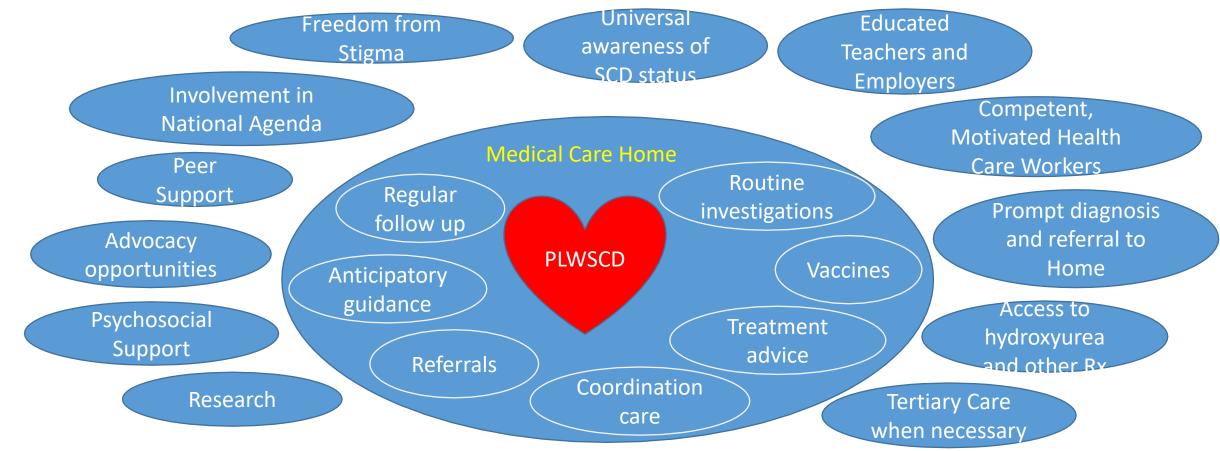
		PATIENT INFORMATION		
Last Name	First Name	Age	Sex: Male / Female	Genotype
		VITALS & POINT OF CARE TESTING		
Weight (kg)	Temperature (°C / ° F)	Blood pressure	Glucose - fasting	Urinalysis
Height (m)	Pulse / Heart rate	O2 saturation	Hb (stat)	
BMI (kg/m²)	Resp. rate			
		HISTORY		
Visit type:	Leg ulcer present: Yes / No	Priapism (since last visit): Yes / No	Family planning: Yes / No / NA	Pain crises (since last visit): Yes / No
Routine / Sick	Enuresis: Yes / No		туре:	Severity: Home / GP / Hospital
Presenting complaint (s):			LMP (if applicable):	
Fever 🗆 🛛 Pain (crisis) 🗆	Pain (Abd) 🗆 Pain (other) 🗆	Jaundice (new / worse) 🗆	Recent hospitalization ?: Yes / N	10
Cough = SOB =	Pallor Enlarged spleen	Vomiting Diarrhoea	Name of Hospital:	Date:
Headache 🗆 Weakness 🗆	Vision problems 🗆		Reason:	
Other:	-		Current medication(s):	
			Pneumococcal prophylaxis: Yes c	No 🗆
			Drug: Penadur 📼 🛛 Amoxil / F	Pen V 🗂 Other:
Details:			Dose:	
			Other:	
Clinical examination:	Well-looking Ill-looking	Pallor D Jaundice D	-	MSK:
Cardiovasular:		Respiratory:		Deformity:
Apex:				Limp:
Heart murmur No D Flow D Other	r (details)			
		CNS:		
Abdominal:		Mental Status	Cranial nerves:	Skin:
Liver (span) cm (below R	ICM) cm	Fundi:	Bulk:	Ulcer(s): Yes / No
Spleen (below LCM) cm		Tone:	Power:	Site(s):
		Reflexes:	Plantars:	Appearance:





Person Centered Care of People Living with Sickle Cell Disease (PLWSCD)



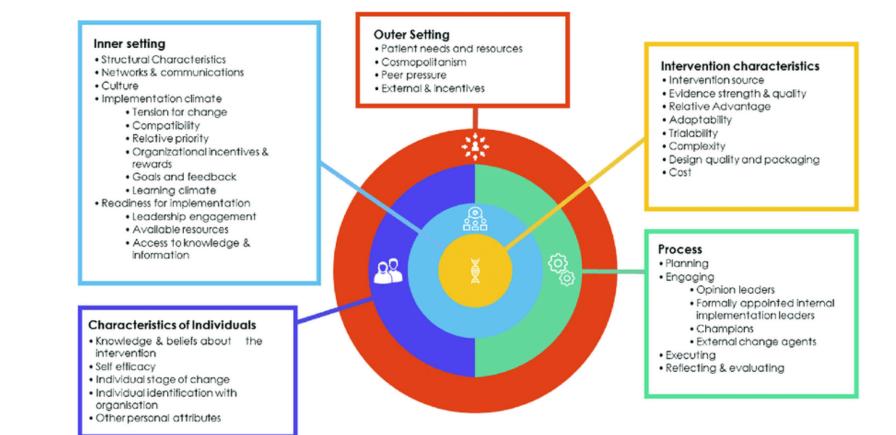






Consolidated Framework for Implementation Research (CFIR)









In the Past- Working in Silos All with the Same Goals







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National Program- Diffusion of Light







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Regional Program Diffusion of Light







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- Collaboration of Patient/Advocate & Clinician/Researcher & Public Health Practitioners is best BUT start with whoever is willing
- > Champions can make a HUGE difference Thanks KOF
- Smaller is easier. Start small and expand
- Implement thoughtfully learning as you go along; Iterative process
- Individuals (all stakeholders), inner systems and outer systems all play a role in implementing and sustaining progress
- Cannot have champagne system with juice budget
- Have a vision and work together toward achieving it



Our Model for Success







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Thank You!



- The mountains ahead can be climbed
- Just look back at how far we have come and give thanks





