

Preventing Infection in Sickle Cell Disease, Incorporating Travel Advice

Information and advice for patients

Sickle Cell and Thalassaemia

What is Sickle Cell Disease?

Sickle Cell Disease is a genetic disorder where your red blood cells, which are normally round in shape, are mis-shapen like a sickle (crescent shape). This can lead to severely painful episodes known as crises as well as anaemia (a low haemoglobin).

Why is there a risk of infection in Sickle Cell Disease?

The spleen is a gland which forms part of the body's defence against some infections. It sits inside the left part of the abdomen (tummy) under the rib cage. It does not work effectively in patients with sickle cell disease. The spleen helps to clear infection from the body as well as clearing up old or damaged blood cells.

If your spleen is not working fully, you will still be able to cope with most infections, but in some cases, serious infection may develop quickly. The risk of this happening is higher in children, but there is still a risk in adults.

What infections am I more likely to get?

The most common infections that you could have are viral infections such as coughs and colds. However, some infections can be more serious and can result in bloodstream infections, pneumonia or meningitis.

What can I do to minimise the risk of infections?

To reduce the risk of infections you can take regular low doses of antibiotics. If your doctor has recommended antibiotics, these must be taken twice a day, every day.

The usual recommended antibiotics are either Penicillin V 250mg taken 2 times a day, or if you are penicillin-allergic, Erythromycin 250mg taken 2 times a day.

Make sure that you have a thermometer at home and you know how to use it.

Check with your GP that your vaccines are up-to-date.

The following vaccines are recommended:

- Pneumococcal (every 5 years)
- Conjugated Meningococcal C Vaccine: A single dose should be given if you were not already given this as part of your childhood immunisations

- Haemophilus influenzae type b (Hib): A single dose should be given if you have not already received this as part of your childhood immunisations
- Influenza (flu) jab: This should be taken every year
- Other vaccines may be needed if you are travelling to high-risk areas. Before travelling, you should check with your GP.
- COVID jab: You should keep up with all the jabs and boosters.
- If you are travelling to areas with malaria, then medicines to prevent malaria could be needed. Before travelling, you should check this with your GP.

What are the warning signs of infection?

- **Fever:** If you feel hot you should always check your temperature. If you have a temperature above 38.0°C you should go to Emergency Department (ED) immediately.
- **Low temperature:** If you are unwell and your temperature is lower than 37.0°C you should seek medical advice from your GP.
- **Rigors:** violent shivering that you cannot control
- Severely sore throat
- Cough with discoloured phlegm
- Pain or a burning feeling when passing urine
- Sudden severe headache, neck stiffness or if your eyes hurt in or are sensitive to bright light

In the event of any of the above or if you feel unwell, seek immediate medical attention or advice as soon as possible.

Early diagnosis and treatment are essential and could be life-saving.

If you have any questions about any of the information in this leaflet, or there is anything that you do not understand please contact your doctor or nurse at the Sickie Cell and Thalassemia Centre (SCAT). If you notice any signs of infection then contact your nurse/doctor at the Sickie Cell and Thalassemia Centre (SCAT - in working hours, or visit the nearest ED in the evenings or weekends.

Travel advice

Different parts of the world have different infection risks.

If travelling abroad, you should speak to your GP or a registered travel clinic to ensure that you have the appropriate vaccinations for your destination of travel. Your GP or travel clinic will give you further information what you require.

Malaria

Patients with SCD are at risk of malaria, even if they have previously lived in a malarial area. Therefore, when travelling to an area affected by malaria, it is important you take protective clothing, use insect repellent, use mosquito nets, and take anti-malarial tablets. Your GP or travel clinic will be able to give you information on the recommended anti-malarial medicines. You will need to start these medicines before you travel.

Diarrhoea

This is common among travellers abroad. Sickle cell patients should be extra vigilant with diarrhoea as this can cause dehydration which can trigger a crisis. To prevent this, it is advisable to carry a supply of oral rehydration sachets, eg Dioralyte®, which can be bought over the counter from your local pharmacy.

Flying

Flying sometimes causes sickle cell crisis because of the changes in oxygen pressure at high altitudes. Aircraft can be cold inside and travelling can be stressful. Ensure you dress in warm clothes, drink extra fluids before and during the flight and walk around during the flight.

Hydration

Keep well hydrated when travelling to hotter climates.

Health insurance

Before travelling it is essential that you consider taking out travel insurance. If you are travelling to Europe (EEC member states), you can also apply for a European Health Insurance Card (EHIC). The EHIC is not an alternative to travel insurance but will cover the cost of treatment for pre-existing medical conditions, such as SCD. If you are travelling to a non-European country, it is important that you take out health insurance with an insurer that covers patients with long-term conditions. You must declare your SCD or your insurance may be invalid and you will be liable for the cost of your medical treatment. For advice on amendable insurers contact The Sickle Cell Society.

Planning to travel

You should discuss your plans with a member of the sickle cell team before you travel, as they will be able to offer important information on how to travel safely.

Take a medical letter with you on your trip; your last clinic letter and your individual sickle cell pain care plan will be useful. Make sure you take your regular medications and the medications you require if you were to have a sickle cell crisis.

Remember to have fun.

Contact details

Sickle Cell & Thalassaemia Centre

C3, 3rd Floor

Midland Metropolitan University Hospital (MMUH)

Grove Lane

Smethwick

B66 2QT

Telephone: 0121 507 6040

Opening Hours

Monday, 9am – 5pm

Tuesday, 9am – 6pm

Wednesday, 9am – 5pm

Thursday, 9am – 5pm

Friday, 9am – 4pm

Saturday blood transfusion service only.

The information in this leaflet is general and is intended to be a guide only. Please discuss the specific details of your treatment with your GP.

Further information for patients

Sickle Cell Society, 54 Station Road, London NW10 4UA

Tel.: 020 8961 7795 Fax: 020 8961 8346

Email: info@sicklecellsociety.org

www.sicklecellsociety.org

Source used for the information in this leaflet

Sickle Cell Society (2018). Standards for the Clinical Care of Adults with Sickle Cell Disease in the UK. Available from: <https://www.sicklecellsociety.org/sicklecellstandards/>. [Accessed: 14 June 2023].

National Institute for Health and Care Excellence (2012). Sickle cell disease. [NICE Guideline 143]. [Online]. London: NICE. Available at: <https://www.nice.org.uk/guidance/cg143> [Accessed: 14 June 2023].

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