Jeff Landry
GOVERNOR

Bruce D. Greenstein
SECRETARY

State of Louisiana

Louisiana Department of Health

Office of Public Health

LOUISIANA SICKLE CELL COMMISSION

Date: Thursday, June 4, 2026
Time: 02:00 PM – 03:30 PM
Zoom: https://zoom.us/j/99734618657
Location: 628 North 4th Street, Room 118
Baton Rouge, LA 70802

MEETING MINUTES

I) Call to Order – Donna Thaxton called the meeting to order at 2:04 pm.

II) Roll Call/Introductions – A quorum was established.

- Members Present: Jacqueline Cummings, Ernest DeJean, Rodney Goldsmith (proxy for Cheryl Harris – Secretary of the Louisiana Department of Health designee), Twarnette Hardison; Dr. Majed Jeroudi, Dr. Dana LeBlanc, Shannon Robertson, Aaron Ruffin (proxy for Erin Coleman – Sickle Cell Association of South Louisiana); Rosalind Spain (virtual), and Donna Thaxton.
- Members Absent: Senator Regina Barrow, Simone Martin, and Representative Tammy Phelps.

III) Public Comments – none at this time.

IV) Approval of Minutes – April 2, 2026

- Twarnette Hardison motioned to approve the minutes as written, Ernest DeJean seconded, and the motion passed unanimously with no abstentions.

V) Mandate Review and Announcements

- The Bureau of Family Health facilitator reviewed the Commission's mandate (agenda attachment). Vacancy Announcements – The following positions are currently vacant: one parent of a person diagnosed with sickle cell disease; one person diagnosed with sickle cell disease; and one representative from Southwest Louisiana Sickle Cell Anemia, Inc. The facilitator asked members to share these vacancies within their networks and to have interested candidates email LSCC@LA.Gov. He also informed members of the application process and requirements established by the Governor's office.
- House Bill 193 – The Governor has signed House Bill 193 (Act 533) by Representative Tammy Phelps. This legislation amends Louisiana Revised Statute 40:1125.1 to revise the membership of the Louisiana Sickle Cell Commission by naming executive directors of designated Louisiana Sickle Cell Disease Organizations as Commission members.

VI) Old Business – The Chair noted that there was no old business to discuss.

VII) New Business

- Revised Statute 40:1125.1 mandates that a representative from the Southwest Louisiana Sickle Cell Anemia Incorporated (SELASCA) be appointed as a member of the Louisiana Sickle Cell Commission. SELASCA is now an inactive organization, and the position has been vacant since June 2023. The topic of revising the statute to replace SELASCA with the Etta Pete Sickle Cell Anemia Foundation (EPSCAF) has been discussed in previous meetings; however, Ernest DeJean stated that additional information is needed. He moved to table this discussion until the next meeting, Twarnette Hardison seconded, and the motion passed unanimously with no abstentions.

VIII) Reports

- Report | Sickle Cell Disease Registry: Rebecca Majdoch introduced the new Quality Improvement and Data Registry Manager, Christian Beauchamp, and shared that he will oversee the Louisiana Sickle Cell Disease Registry and the data quality assurance and improvement activities. She also shared that the Bureau of Family Health is collaborating with the Bureau of Health Informatics to analyze the 2025 Louisiana Newborn Screening data to add to the Newborn Screening data visualization featured on the Sickle Cell Disease Registry webpage. The team will also be working on additional visualizations of the newborn screening data, including where the babies were born (rather than their mothers' home addresses) and other regional data. The Bureau of Family Health will seek input and feedback on the data visualizations during development.
- Report | Education and Advocacy: Dr. Majed Jeroudi shared a synopsis of the workgroup's meeting, and members discussed the protocol for treating patients with sickle cell disease in rooms and shared recommendations for disseminating the information statewide. Report attached.
- Report | Patient Navigation: Donna Thaxton reported that the pilot program for the Med Alert bracelet has concluded; however, patients are continuing to enroll and utilize the program's benefits. Participant's feedback indicates the bracelet was highly beneficial.
- Report | Medical Services: Dr. Dana LeBlanc discussed challenges of providing access to curative therapies and stem cell transplants; the influx of referrals; and the need for standardized processes for evaluating patients. They will continue to develop pain plans and the integration with Epic. She also emphasized the importance of transitioning patients from pediatric to adult care. Members will continue to identify strategies to connect adults with sickle cell disease to providers.
- Report | Data and Surveillance: Ernest DeJean briefly highlighted the recent Sickle Cell Symposium that took place on May 15 -16 in Metairie, Louisiana. He thanked everyone for their participation and shared positive feedback from attendees. He emphasized the importance of having representation from the sickle cell community around the state. He shared that planning for the next symposium will begin soon.

IX) Public Comments

- Nurse Jacqueline Walton, Adult Sickle Cell Program Specialist at the Feist-Weiller Cancer Center in Shreveport, Louisiana, announced that Ochsner LSU Health Shreveport and the Feist-Weiller Cancer Center will commemorate World Sickle Cell Awareness Day by hosting the Fourth Annual Artistic Expressions Exhibition Opening Reception on June 19, 2026, at 1:00 pm, at the Feist-Weiller Cancer Center in Shreveport.

X) Adjournment

- A motion was made by Ernest DeJean and seconded by Shannon Robertson seconded. The motion carried unanimously, with no abstentions, and the meeting was adjourned at 3:23 p.m.

NEXT MEETING: Thursday, July 30, 2026 at 2:00 PM
Virtual Meeting (Meeting details will be shared soon)

Note: The order of the agenda may not be followed exactly, to accommodate presenter schedules. Presenters, members, and guests may submit requests for accessibility and accommodations prior to a scheduled meeting. Please submit a request to LSCC@LA.GOV at least 2 weeks prior to the meeting with details of the required accommodations.

In lieu of verbal public comment, individuals may submit a prepared statement in accordance with Senate Rule 13.79. Statements should be emailed to LSCC@LA.GOV and must be received at least 24 hours prior to the meeting to be included in the record for the meeting.

Report | Education and Advocacy Workgroup

1. **Main Focus**
   - Improve access to care for patients with sickle cell disease
   - Develop and implement a standardized fever protocol aligned with national guidelines
2. **Fever Protocol (Sickle Cell)**
   - Agreement on importance of adopting a standard fever protocol
   - Determine if a similar protocol was previously distributed in Louisiana
   - Obtain prior materials from the state sickle cell commission
3. **Protocol Review & Approval**
   - Protocol to be reviewed by Dr. LeBlanc and Tulane's group
   - Clarify submission process and responsible parties
   - Decision requires discussion with a larger group
4. **Distribution & Implementation**
   - Determine how protocol will be distributed across hospitals and ERs
   - Identify leadership for implementation
   - Plan larger multidisciplinary meeting for rollout strategy
5. **Monitoring & Data Collection**
   - Establish monitoring system for compliance and outcomes
   - Coordinate with state data collection group
6. **Legal & Regulatory Considerations**
   - Ensure no legal barriers or liability concerns
   - Confirm no restrictions on submission or implementation
7. **Strategic Approach**
   - Start with one focused project (fever protocol)
   - Expand to additional initiatives in future
8. **Next Steps**
   - Retrieve prior Louisiana fever protocol
   - Review protocol with Dr. LeBlanc and Tulane's group
   - Clarify submission and approval pathway
   - Engage data team for monitoring framework
   - Plan larger stakeholder meeting
   - Assess legal considerations before rollout

Fever in Pediatric Sickle Cell Disease – Protocol Summary (next page)

Fever in Pediatric Sickle Cell Disease – Protocol Summary

1. **Definition of Fever: include history of fever with antipyretics.**
   - ≥ 38.5 °C (101.3 °F) once, (oral/rectal, Adjust Axillary temperature),
   - OR ≥ 38.0 °C (100.4 °F) on two readings.

2. **Immediate ER Actions**
   - Triage as high priority
   - Full vitals + SpO_2 monitoring
   - IV access
   - Labs: CBC, reticulocyte count, CMP, CRP, blood cultures (before antibiotics), urine culture, Respiratory panel, and COVID. Strep Screen/throat culture if indicated.
   - Do not delay antibiotics for tests or imaging
   - CXR

3. **Empiric Antibiotics (within 60 min of arrival)**
   - Ceftriaxone 50 mg/kg IV (max 2 g)
     - Cefotaxime if < 2 months old
   - Add vancomycin if:
     - Central line present
     - Concern for MRSA
     - Septic/toxic-appearing
   - Add azithromycin if CXR suggests acute chest syndrome, or cough

4. **Admission Criteria -Admit if any of the following:**
   - High-Risk Clinical Features
   - Ill or toxic appearance
   - Hypotension, tachycardia, poor perfusion
   - SpO_2 < 94% on room air
   - Age < 12 months (especially < 6 months)
   - WBC < 5 × 10^9/L or > 30 × 10^9/L or significant increase in WBC
   - Hemoglobin drop ≥ 1 g/dL from baseline
   - Platelets < 120 × 10^9/L
   - Reticulocyte count very low
   - Positive blood culture or rapid bacterial test
   - Incomplete immunization or known poor vaccine response
   - Poor compliance with Pen VK
   - Complications
   - Acute chest syndrome/pneumonia
   - Splenic/hepatic sequestration
   - Meningitis, osteomyelitis, septic arthritis
   - Stroke symptoms or altered mental status
   - Social / Follow-Up Risks
   - Unreliable follow-up or inability to return if worsens

5. **Discharge Criteria (only if all met)**
   - Well-appearing, stable vitals, SpO_2 ≥ 94% RA
   - Reliable caregiver & transportation
   - Access to follow-up within 24 hours
   - Fully immunized + on penicillin prophylaxis
   - Labs reassuring, CXR clear
   - First antibiotic dose given in ER. Follow up daily until no fever and cultures are negative for 48-72 hours.