

# Early preventive services and specialized care help prevent complications and death for children with Sickle Cell Disease (SCD)

Since 2006, all infants born in the US are screened for SCD through New Born Screening (NBS) programs.



## 246

children in California were born with SCD between 2015 and 2017.

## 66%

of children with SCD were covered by Medi-Cal during the first 3 years of life.



During the first three years of life, it is crucial that children receive high-quality pediatric care.

Disruptions in coverage lead to missed preventative screenings, poor health, and higher patient costs.



## 16%

had interruptions or loss of their Medi-Cal coverage between birth and age 3.

**Being enrolled in Medi-Cal early and having continued coverage helps with access to life-saving services and coordinated care.**

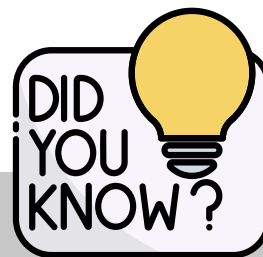
**SCD is a qualifying trait to enroll in California Children's Services (CCS)**

CCS provides health care services, including diagnostic, treatment, dental, case management, physical therapy, and occupational therapy, to children from birth up to age 21.



**Medi-Cal for Kids & Teens also provides free services for kids from birth up to age 21**

These services include check-ups, shots, health screenings, and treatments for physical, mental, and dental health problems.



**There are care guidelines that children with SCD should follow – All are covered through Medi-Cal for eligible enrollees.**

- children with SC Anemia should receive annual transcranial Doppler (TCD) screenings from age 2 through age 16 to help identify risk of stroke.
- Oral penicillin prophylaxis (125 mg for less than 3 years of age and 250 mg for ages 3+) should be given twice daily until age 5 in all children with Hemoglobin SS (HbSS).
- All infants with SCD should receive the complete series of the 13-valent conjugate pneumococcal vaccine series beginning shortly after birth and the 23-valent pneumococcal polysaccharide vaccine at age 2, with a second dose at age 5.
- In infants 9 months of age and older, children, and adolescents with SC Anemia, hydroxyurea treatment should be offered regardless of clinical severity to reduce SCD related complications.

If you are interested in learning more about Sickle Cell care in your area, please reach out to us at [scdc@trackingcalifornia.org](mailto:scdc@trackingcalifornia.org)