

# Make a Match

## Blood Donors and Sickle Cell Disease



Sickle cell disease lasts a lifetime. For many, blood transfusions offer hope and healing.

### What is sickle cell disease?

Sickle cell disease affects red blood cells. It makes them hard and “sickle” shaped instead of soft and round.

As a result of the disease, blood has difficulty flowing smoothly and carrying oxygen to the rest of the body.

In the U.S., about 100,000 people have sickle cell disease—of whom 90 percent are of African descent. And roughly 1,000 babies are born with the disease each year.

Sickle cell disease is a serious disease that can be life threatening. It can lead to anemia (a shortage of red blood cells), causing fatigue and possibly damage to blood vessels and vital organs. And it often causes severe pain that can last for hours or days.

Sickle cell disease is not contagious; it's hereditary like hair or eye color. You can only inherit it if both of your parents carry a certain gene and pass it on to you.

Sickle cell disease affects almost all races. It especially affects people with ancestors from Africa, India, Central and South America, the Middle East, the Caribbean and Mediterranean nations like Italy, Greece, France and Turkey.

**To schedule an appointment for MSHO's blood drive on April 15, log onto [RedCrossBlood.org](https://www.redcrossblood.org) or call 1-800-RED CROSS (1-800-733-2767).**



### What it means to be a “Match” for someone with Sickle Cell Disease:

**Blood donors play an important role in sickle cell disease treatment.** Intermittent, lifelong blood transfusions are often required to treat and/or prevent specific sickle cell-related complications, especially strokes.

**A single patient with sickle cell disease can receive up to 50-100 pints of blood each year.**

Generally the best blood match for a patient requiring ongoing transfusions comes from donors of the same ethnic or genetic background. Use of this matched blood can decrease the risk of complications related to transfusion therapy, especially in patients who receive lifelong transfusions.

**For this reason, it is extremely important to increase the number of available blood donors from all ethnic groups.**

When you give blood, make sure to provide your race information. This helps the Red Cross more quickly identify potential matches for patients with specific blood needs.

**Share your strength.**  
**SICKLE CELL FIGHTERS**

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## Sickle Cell Disease is without borders



Blood donors from all racial and ethnic backgrounds are needed, because patients from all backgrounds need the life-giving gift of blood. The best match for patients with sickle cell disease generally comes from people of the same ethnic, racial and genetic background.

### Here are just a few smiles made possible by generous blood donors.



Michael was two years old when he was diagnosed with sickle cell anemia and beta thalassemia. Sickle cell disease is not as common in Hispanics as in other ethnic groups, but Michael's grandfather and father both carried the gene for the disease.

Michael suffered regular "crises" when the stiff, abnormally shaped red blood cells would block the flow of blood, causing hospitalization. At the age of five he had his spleen removed, to decrease the chance of blood cell clumping. Frequent bouts of acute chest syndrome, due to blood flow blockage in his lungs, caused Michael to be hospitalized every one to three months.

Monthly blood transfusions helped his condition and kept him out of the hospital. Michael received monthly transfusions for a year, allowing him to continue with his life.



Terri, at just eight months old, had her first sickle cell crisis, but it wasn't until she was one and a half years old before doctors diagnosed her condition as sickle cell disease. She nearly died at age 22 when she suffered a severe sickle cell crisis, causing her to go into a coma.

In Terri's younger days, not much was known about sickle cell disease. Treatments didn't exist, and the life expectancy was low for patients with sickle cell disease. Since then, there have been great advances in the treatment of this blood disorder. Terri happily boasts that she has lived longer than expected!

Without the vital blood products she received, she would never have become a mother and successful humanitarian working for her local sickle cell disease association.



Ruth and Betty were born in southern China and adopted by an American family and brought to the U.S. when they were almost two years old. Both have an inherited blood disorder called beta thalassemia, which like sickle cell disease requires frequent transfusions.

Since Ruth and Betty cannot produce functional red blood cells, they depend on regular blood transfusions. Both girls require one unit of blood every three weeks on average and their usage will increase as they grow older. So far, Ruth and Betty have received a total of about 150 units of blood and there is no end in sight.

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