

which the WHO expanded programme on immunization vaccines, as well as anti-typhoid (Typhim vi), meningococcal (Meningo A + C) and anti-pneumococcal (Pneumonia 23) vaccines are administered systematically, and oral penicillin V is prescribed for children under 6 years. The Centre provides also systematic malaria prophylaxis with sulfadoxine-pyrimethamine.

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It was a cross-sectional descriptive study conducted from April 2014 and January 2016. To be included in the study, patients were supposed to be between 6 months and 15 years of age and come for consultation or be hospitalized with fever (Temperature $\geq 38^{\circ}\text{C}$). Two hundred and thirty one sickle cell patients (SS, SC, S/ β° , S/ β +) was enrolled in this study. The consent of parent and assent for children had to be obtained in advance. The study was approved by the National Health Sciences Ethics Committee.

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A detailed medical history and a clinical examination were performed for each patient during the screening visit; this information was recorded in the case report form along with socio-demographic information, clinical and therapeutic history and physical examination data (including axillary temperature, respiratory and heart rates, and oxygen saturation). A chest x-ray was requested in case of suspected pneumonia or acute chest syndrome. A venous blood sample was

shows a high frequency of bacterial infection in this context, mainly related to enterobacteria other than salmonella. However, malaria and viral infections are important in the aetiologies of fevers and life-threatening complications. The immunological features that contribute to the occurrence of these infections among sickle cell patients should be explored in our context.

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32.