



PROJECT NAF

Nurturing Asheville & Area Families

CMV – The Silent Virus

MESSAGE FROM BELINDA K. GRANT, EXECUTIVE DIRECTOR

Cytomegalovirus or CMV, is a common virus that infects people of all ages. Most CMV infections are “silent,” meaning most people who are infected with CMV have no signs or symptoms. However, CMV can cause disease in people with a weakened immune system, and in babies infected before birth.

Some persons who acquire CMV infection may experience a mononucleosis-like syndrome with prolonged fever and mild hepatitis. Once a person becomes infected, the virus remains alive, but usually dormant, within their body for life.

Congenital CMV Infection

CMV is the most common viral infection that infants are born with in the United States. About 1 in 150 children is born with congenital (present at birth) CMV infection. This means that in the United States, about 30,000 children are born with congenital CMV infection each year.

About 80% of (80 of every 100) babies born with congenital CMV infection never have symptoms or problems.

About 1 in 750 children in the United States are born with, or develop, permanent problems due to congenital CMV infections. In the United States, more than 5,000 children each year suffer permanent problems caused by CMV infections.

Pregnant women can prevent CMV infection by washing your hands with soap and water, especially after changing diapers, feeding a young child, wiping a child's nose or drool, or handling children's toys.

- Do not share food, drinks, or eating utensils used by young children
- Do not put a child's pacifier in your mouth
- Do not share a toothbrush with a young child
- Avoid contact with saliva when kissing a child

Source: Centers for Disease Control & Prevention, www.cdc.gov



Belinda K. Grant, Executive Director of Mount Zion Community Development, Inc.
Photo: Urban News

PROJECT NAF

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June 19 is World Sickle Cell Day

What is Sickle Cell Disease? Sickle Cell Disease (SCD) is a group of inherited red blood cell disorders. In SCD, the red blood cells become hard and sticky and look like a C-shaped farm tool called a “sickle.”

Test Your Knowledge: True or False

1. True or False: Only African Americans get sickle cell disease.
2. True or False: It's still important to know whether or not you have sickle cell trait even if you don't have any symptoms.
3. True or False: People with sickle cell disease cannot get malaria.
4. True or False: Sickle Cell Disease affects different people in different ways, but almost always includes pain.
5. True or False: A woman with sickle cell disease cannot have a healthy pregnancy.
6. True or False: There are several different types of sickle cell disease.
7. True or False: There is no cure for sickle cell disease.
8. True or False: People with sickle cell disease need to have their vision checked more often than people who do not have sickle cell disease.

9. True or False: There are things a person with sickle cell disease can do to avoid some of the complications

People with SCD can live full lives and enjoy most of the activities that other people do. If you have SCD, it's important to learn how to stay as healthy as possible.

A woman with SCD is more likely to have problems during pregnancy that can affect her health and the health of the unborn baby. During pregnancy, the disease can become more severe and pain episodes can occur more often. A pregnant woman with SCD is at a higher risk of preterm labor, having a low birth weight baby or other complications. However, with early prenatal care and careful monitoring throughout pregnancy, a woman with SCD can have a healthy pregnancy.

SCD is recessive, which means that both parents must pass on the sickle cell gene for a child to be born with SCD. During pregnancy, there is a test to find out if the baby will have SCD or SCT, or neither one. The test usually is done after the second month of pregnancy.

Women who have SCT can have a healthy pregnancy. Women with SCD or SCT might want to see a genetic counselor for information about the disease and the chances that SCD or SCT will be passed to their baby.

Source: Centers for Disease Control & Prevention

Meet Our CAYLA Intern, Ms. Jayla Elizabeth Bunn

We are delighted that Jayla Bunn will be joining us this summer as a 2015 CAYLA Intern. Jayla is enrolled in SILSA (School of Inquiry and Life Sciences) at Asheville High School. She is currently taking English III Honors, Spanish I, Dance, Avid III Honors, Pre-Calculus Honors, American History Honors, Creative Writing, and Biology I Honors. Amazing!



We believe this is going to be an engaging, exciting and productive summer as Jayla brings her knowledge, skills and gifts to enhance our program initiatives. Thank you Erika Germer for this wonderful opportunity. Erika is the Coordinator of Educational Programs for the City of Asheville Youth Leadership Academy (CAYLA).



A Very Special Thank You to Project EMPOWER's Community Action Council

Cameron Edmonds Raley,
WNC AIDS Project (WNCAP)
Chrysta Burris, Buncombe County Health & Human Services
Johnnie Grant, The Urban News
Michele Lemell, Asheville City Schools
Peggy Weil, WNC AIDS Project
Sara Green, Buncombe County Health & Human Services

Special Thanks & Appreciation for a Successful & Rewarding 2014-2015 FY.

Parents/Guardians of Project Empower Participants
Dr. Pamela Baldwin, Superintendent, Asheville City Schools
Mrs. Cynthia Sellinger, Principal, Asheville Middle School
Ms. Joyce Best, Principal, Asheville High School
Mr. Greg Townsend, Principal, SILSA
Mr. Rocky Cunningham, Coach, AHS
Ms. Lauren Powell, Coach, AHS
Ms. Sonita Warren-Dixon, Coach, AHS
Buncombe County's Community Health Advisory Committee & Community Partnerships

Message from Shari L. Smith & Caryn Bria Monroe



Caryn Bria Monroe



Shari L. Smith

Thank you program participants and families, Project NAF & EMPOWER Advisory Committee members and community partners residing in the City of Asheville, Buncombe County, and beyond, for your continued advocacy and support. Thank you for blessing our programs for a productive 2014-2015 fiscal year.