



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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Randomized Controlled Trial (“PROPPR”) Finds No Difference in Mortality When Comparing Two Transfusion Ratios

Uncontrolled hemorrhage after traumatic injury is the leading cause of potentially preventable death in the US. Over the last decade, the optimal ratios of plasma and platelets to red cells (RBCs) for transfusion when resuscitating these patients has come into question. A new study in *The Journal of the American Medical Association* provides the first randomized clinical trial data comparing mortality in trauma patients transfused according to one of two common transfusion ratios (1:1:1 vs. 1:1:2 of plasma, platelets, and red blood cells). The results show no difference in 24-hour or 30-day mortality between the two ratios.

In recent years, the “damage control resuscitation” (DCR) strategy emerged from the US Military experience treating wounded soldiers in Iraq and Afghanistan. DCR calls for early, balanced transfusion of plasma and platelets with the first units of RBCs – aimed at maintaining a plasma: platelet: RBC ratio close to a 1:1:1 ratio mimicking whole blood. Since 2004, DCR has become the standard of care in the military and has been implemented in many civilian trauma centers, often credited with improving survival among severely injured patients, particularly those requiring massive transfusion.

Results from the Prospective, Observational, Multicenter, Major Trauma Transfusion (PROMMTT) Study, published in October 2012, showed that earlier use of higher amounts of plasma and platelets was associated with improved survival during the first six hours after admission among massively bleeding patients (see [ABC Newsletter](#), 10/26/12). However, the optimal transfusion ratios following traumatic injury have remained unclear, with researchers calling for randomized controlled trials examining mortality. Further, concerns have been raised that transfusing large amounts of plasma-containing products may lead an increased risk of inflammation-related complications.

In the current study, John B. Holcomb, MD, of the University of Texas Health Science Center in Houston, and colleagues conducted a phase 3 randomized clinical trial that compared mortality in severely injured patients randomized to receive blood product ratios of either 1:1:1 or 1:1:2. The Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial compared 24-hour and 30-day all-cause mortality between the two transfusion ratio groups among 680 severely injured patients admitted to one of 12 North American Level 1 trauma centers.

(continued on page 3)



OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

Pathogen Reduction & Platelets: Are We Inflating Our Balls Enough?

The Food and Drug Administration has approved a pathogen reduction (PR) process for platelets. For much of my career, this would have been as big a deal as finding the grail. But, in the weeks since, I have heard (a not unexpected chorus) telling me that “we” cannot afford it. There are two “we’s” in this opera. The first is the blood community, living with the realities of DRG (diagnosis related group) reimbursement and horrid pressures to cut our prices to hospitals. It will cost more than \$50 per platelet dose, and we do not think we can pass it through. The second “we” is the hospitals. They may have higher safety priorities (consider healthcare-associated infections, medication errors, falls), and don’t think the main driver for platelet PR – bacterial contamination of platelets – merits the use of limited resources. I would have more sympathy for the latter argument if I believed dollars not spent to fix platelet sepsis would be diverted to the “larger” issues.

Here is what we know. Our approach to bacterial contamination is (charitably) around 50 percent effective. So, as many as 1 in 1,000 platelets contain bacteria. Diagnosis of platelet sepsis in recipients is terrible – so we do not know the real clinical burden. This is a patient group dominated by critically ill patients with multiple reasons to be septic, and clinicians may not recognize the association with transfusion. In addition, we may not appreciate late complications of contamination at all, which remain unstudied. The FDA draft guidance reads, to me, like a [Rube Goldberg](#) device. Also, it represents only a partial solution, mainly because its most effective elements would be voluntary and require resources (money).

Some ABC members think PR should be the standard of care to address platelet-associated sepsis – I am one. It would essentially eliminate the problem, and PR has the added advantage of being a proactive approach to emerging bugs. It can be funded, partly, by stopping some extant safety measures and avoiding some new ones – if FDA and “we” seize the opportunity. Finally, there are liability issues if we use partial solutions to this problem in the face of a “definitive” fix.

We have the opportunity to make an important problem go away and may actually be able to make it work if we understand the way “big pharma” launches new products in uncertain markets. May you live in interesting times.

lkatz@americasblood.org ♦

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

America’s Blood Centers

President: Dave Green

CEO: Christine S. Zambricki

Editor: Betty Klinck

Business Manager: Leslie Norwood

Annual Subscription Rate: \$390

Send subscription queries to

lnorwood@americasblood.org.

America’s Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to newsletter@americasblood.org.

DID YOU KNOW...?

‘70’ is the number of active lines during a recent ABC webinar where CEOs and other executives from ABC’s member blood centers learned about progress on ABC’s Data Warehouse and the developing ABC Professional Institute (API).

America’s Blood Centers’ staff, board of directors, and committee members are working daily to support the needs of ABC’s member blood centers. Every quarter, ABC staff reports on a series of metrics to the board of directors through the ABC Balanced Measures Report. The ABC Newsletter will regularly highlight one of these metrics. Be sure to check it out to find out how ABC is working on behalf of your blood center.

PROPPR: No Difference in Mortality (continued from page 1)

Secondary outcomes included death from hemorrhage, time to hemostasis, blood product volumes transfused, complications, incidence of surgical procedures, and functional status.

The authors found no significant differences in overall mortality between the two ratio groups at 24 hours or 30-days after admission for a severe injury. Fewer patients in the 1:1:1 group died of exsanguination and more of these patients achieved hemostasis. The results suggest that the 1:1:1 ratio is safe, with no differences between the two groups for 23 complications, including acute respiratory distress syndrome, multiple organ failure, venous thromboembolism, sepsis, and transfusion-related complications.

The lack of impact on mortality at 24-hours and 30-days may be because most outcomes relevant to hemorrhage control occurred early – within two to three hours after randomization, said the authors. In PROMTTT, the median time to hemorrhagic death from admission was 2.6 hours, and it was 2.3 hours in the PROPPR trial. The authors note that this supports recent Food and Drug Administration recommendations to include a three-hour endpoint for intervention studies focused on traumatic hemorrhage.

Despite the lack of a statistically significant effect on the mortality endpoints, the authors write that “given the percentage of deaths from exsanguination and our failure to find differences in safety, clinicians should consider using a 1:1:1 transfusion protocol, starting with the initial units transfused while patients are actively bleeding, and then transitioning to laboratory-guided treatment once hemorrhage control is achieved.” These results provide the first reliable answers to questions surrounding optimal transfusion ratios in trauma resuscitation, as PROPPR addresses many limitations of previous studies on this subject.

They conclude that future studies of hemorrhage control products, devices, and interventions should focus on the physiologically relevant period of active bleeding after injury, while using acute complications and later deaths as safety endpoints.

Citation: Holcomb JB, *et al.* Transfusion of plasma, platelets, and red blood cells in a 1:1:1 vs. a 1:1:2 ratio and mortality in patients with severe trauma: the PROPPR randomized clinical trial. JAMA. 2015 Feb 3; 313(5):471-482. ♦

Hot on the Listservs: Implementing Online Donor Scheduling

“Hot on the Listservs” is a series that appears in the Newsletter periodically, exploring a different topic that has generated discussion via America’s Blood Centers’ e-mail Listservs. These Listservs allow ABC blood center professionals to discuss issues, ask questions, and gain feedback from colleagues.

Over the last several years, web-based donor recruitment platforms have made it easier for blood centers to efficiently schedule blood donation appointments, coordinate targeted e-mail and telerecruitment campaigns, and manage blood drives. Over the last two weeks, professionals at America’s Blood Centers’ member blood centers have been sharing their experiences via ABC’s Communications & Donor Management Listserv about how to overcome challenges when moving from paper to online donor scheduling.

Community Blood Bank of Northwest Pennsylvania & Western New York went live on Jan. 21 with HemaTerra’s donor recruitment platform, HemaConnect, to make its scheduling practices more uniform among its donor recruitment team, cut back on paperwork and manual processes like faxing, and improve the overall efficiency of donor scheduling, said Deanna Renaud, the blood bank’s manager of Donor Recruitment. The software also offers a variety of tools for telerecruitment, blood drive management, and managing online donor rewards stores.

Moving from a paper to an online scheduling system can present difficulty when donors or blood drive coordinators are reluctant to try a new and unfamiliar technology, explained Ms. Renaud, which prompted her to seek advice from her ABC colleagues on the ABC listserv. The staff at Community Blood Bank was also concerned about certain donor groups – such as high school students or employees at government agencies – who may not have access to their phones or to the blood center’s website to schedule appointments, added Ms. Renaud.

Maura Dolormente, director of Marketing at the Blood Bank of Hawaii (BBH), had many helpful tips to share with Ms. Renaud and her fellow blood center professionals, as her center made the switch to online scheduling using Haemonetics’ eDonor in summer 2013. Key to the BBH’s success was making a complete shift to making 100 percent of appointments via online scheduling, with a firm cutover date for blood drive coordinators on July 1, 2013.

“If you give people a choice between doing something a different way or continuing to do it the same – it’s very easy to say ‘I’ll just do it the same.’ However, when you make it a 100 percent shift, it’s then a matter of being positive, which is important because fear of change is really what we believed was the biggest obstacle,” said Ms. Dolormente.

But how did BBH ensure that blood drive coordinators and donors would be comfortable with the new online scheduling software? The other key to BBH’s successful transition to 100 percent online donor scheduling was a comprehensive marketing campaign. This included brief humorous [videos](#) as part of the strategic e-mail campaign for using eDonor and workshops to “sell” blood drive coordinators on the benefits and features that eDonor had to offer donors (ABC members can access more information about that campaign [here](#)). BBH also piloted eDonor with a handful of blood drive coordinators who later were panelists at the workshops to encourage other coordinators – allowing blood drive coordinators to learn from their peers.

“One of the things that you can get caught up in is looking at all the things that a system doesn’t do. You have to get over what it doesn’t do and really focus on what it does do. It’s classic sales – you must focus

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HOT ON THE LISTSERVS (continued from page 4)

on the features and the benefits,” said Ms. Dolormente. Some of those benefits include quicker and more efficient scheduling, real-time booking allowing donors to manage their donation appointments, and cutting down on double-booking appointments.

“We made it [the eDonor campaign] really fun, and I believe if we are excited about something, that excitement is contagious. If we focus on the negative, everyone will latch onto that,” said Ms. Dolormente. She added that the reception to eDonor has been extremely positive among donors, blood drive coordinators, and staff – all of whom find the system easy and time-saving. Site coordinators and donor recruiters also enjoy the ability to target recruitment e-mails by blood type based upon the center’s needs.

Although Community Blood Bank of Northwest Pennsylvania & Western New York has only been live for a few weeks with its online scheduling platform, the center has already received positive feedback from donors and is finding solutions to some of their initial challenges, said Ms. Renaud. For example, one high school is having students, who are unable to use their phones during the school day, make donation appointments initially via paper, which are then entered into the online system under adult supervision during a free period later in the day.

“We were getting inundated with calls from donors to help them implement the online donor scheduling on the very first day we launched it. I was shocked at how quickly the donor base embraced the technology. It shows that they really did want it,” said Ms. Renaud.

ABC members can learn more about the ABC Donor Recruitment & Communications Listserv and others [here](#). 💧



SAVE THE DATE

America's Blood Centers' Technical, Collections & Quality Workshops

Orlando, FL – May 5-7, 2015

Hosted by **oneblood** 
Share your power.

**Negotiated hotel room rate at the Embassy Suites
Orlando - Downtown: \$174 + tax**
http://bit.ly/tcq15_hotel

2015 Workshop Fees (early bird/regular)

2-day registration: \$390/\$445

3-day registration: \$460/\$515

Scholarship opportunities available to ABC members to cover the cost of registration fees and help with travel expenses. Application form and details will be made available once registration opens.

OneBlood is excited to host the upcoming ABC Technical, Collections & Quality Workshops in Orlando. Our industry is rapidly evolving to meet the future needs and expectations of our healthcare partners. This meeting will equip you with the latest information on hot topics and allow you opportunities for networking with colleagues from across the country. Don't miss out on the chance to enhance your knowledge and to share your thoughts and expertise with others.

– Don Doddridge
CEO, OneBlood Inc.

Sponsorship opportunities available. Contact Abbey Nunes at anunes@americasblood.org for details.



Orlando International Airport (MCO) is served by most major US airlines and offers non-stop service to 79 destinations; check www.orlandoairports.net for more information.



America's Blood Centers®
It's About *Life.*

INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified. ♦

ABC's Got Talent Spotlight on Eric Stone and Dan Eberts

Have you checked out the talented performers participating in the first-ever ABC's Got Talent show fundraiser? The ABC's Got Talent virtual talent show allows contestants to show off their skills while raising money to support the Foundation for America's Blood Centers (FABC). Take a peek at the impressive acts below and check in next week to see two new acts highlighted!

Eric Stone, Blood Systems, performing Bob Marley's "Three Little Birds." Eric Stone is a multi-talented musician who sings and plays the alto and soprano saxophones, flute, keyboards, guitar, ukulele, and mandolin. He's been playing the saxophone for 40 years, and he picked up the others one by one over that time. Mr. Stone said he wants to support the FABC because having a safe supply of blood helps to save lives and if he can entertain people in the process – that's even better! When Mr. Stone isn't performing music, he is the senior programmer/analyst at Blood Systems. Eric's singing of Bob Marley's "Three Little Birds" will instantly transport you to a sunny beach with a fruity drink in your hand. Check out his video below, then vote for him at <http://bit.ly/EricStoneBSI>.



Dan Eberts, OneBlood, singing self-written "Songs For All Seasons." Dan 'The Bloodman' Eberts has worked in various capacities at blood centers in Tampa Bay, Fla. for 27 years. Currently, he is in Donor & Community Relations at OneBlood, where he educates and motivates staff and donors to make a vital difference by giving blood. He began "singing for blood," when as a new blood banker, he heard someone else rap about blood donation. Donors then asked him what's next, so he wrote and performed a set of blood donation songs called "Songs For All Seasons." Mr. Eberts is a 30-gallon blood and platelet donor, the chairperson of the Blood Donor Ministry at his church – where thousands of donations have been given – and is also a volunteer courier with the National Marrow Donor Program. Enjoy "Songs For All Seasons" and vote for Mr. Eberts here <http://bit.ly/DanEberts>.



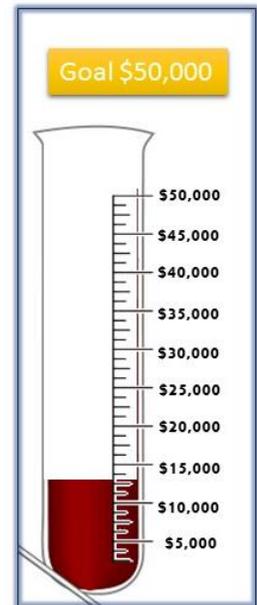
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INSIDE ABC (continued from page 6)

ABC'S Got Talent Weekly Tally

The ABC' Got Talent contestants are competing for your votes, which can be made via donation to their online campaign, for a chance to be among the top five who perform live at the ABC Annual Meeting in Washington, D.C. this March. Below are the acts that are currently in the lead at press time.

ABC's Got Talent Weekly Top 5		
Contestant(s)	Amount Raised	Link to Campaign
1. Sher Patrick	\$3,620	http://bit.ly/SherPatrick
2. Kim-Anh Nguyen, MD	\$2,680	http://bit.ly/DrNguyen
3. Pascal George	\$1,400	http://bit.ly/PascalGeorgeCJBC
4. Chris Staub	\$1,360	http://bit.ly/StaubBrothers
5. Emily Shenk-DeMay	\$865	http://bit.ly/EmilyShenkDeMay



Don't see your favorite act listed in the top five? View and vote for your favorite by following the links below.

- **James AuBuchon, MD**, BloodworksNW, bagpipe playing: <http://bit.ly/DrAuBuchon>;
- **Sharon Birzer**, Blood Centers of the Pacific, standup comedy: <http://bit.ly/SharonBirzer>
- **Dan Eberts**, OneBlood, singing "Songs for All Seasons:" <http://bit.ly/DanEberts>;
- **Laurett Gannon**, Central Jersey Blood Center, singing "Look for the Silver Lining:" <http://bit.ly/LaurettGannon>;
- **Shepard Blues Band**, Shepard Community Blood Center, "Shepard Man of Sorrow:" <http://bit.ly/ShepardBluesBand>;
- **Mindy Smith**, Oklahoma Blood Institute, singing "Art is Calling Me" from *The Enchantress*: <http://bit.ly/MindySmithobi>;
- **Eric Stone**, Blood Systems, musician: <http://bit.ly/EricStoneBSI>; and
- **Mary Townsend, MD**, Blood Systems, rope tricking: <http://bit.ly/DrTownsend>. ♦

We Welcome Meeting Notices

Do you have a symposium, conference, workshop, or annual meeting that you would like to publicize in the *ABC Newsletter*? If so, please send a meeting notice or press release to the editor, Betty Klinck at newsletter@americasblood.org. Notices should contain the following information: the exact date(s) of the meeting; the formal title of the meeting; the sponsoring organization or agency; the location of the meeting; a short (fewer than 35 words) description of the curriculum, agenda, or topics to be covered; a contact person or a website address with more information. Notices will be published at the discretion of the editor in the Meetings section of the Newsletter.

REGULATORY NEWS

The Food and Drug Administration and the Centers for Disease Control and Prevention provided an [update](#) on Jan. 30 regarding their ongoing investigation into patients being injected with simulated IV fluids. FDA first became aware of adverse events at two clinics associated with the mistaken administration of Wallcur's simulated Practi-0.9% sodium chloride IV in late December and issued a [warning](#) to all healthcare providers not to inject these simulated products in humans or animals. The warning was disseminated through MedWatch and other communications channels, reaching more than 400,000 subscribers. Since then, FDA has worked with Wallcur to implement a voluntary nationwide recall of its Practi-0.9% sodium chloride solution, and issued an updated warning to the public on Jan. 14 (see [ABC Newsletter, 1/16/15](#)). On Jan. 16, FDA and CDC organized 50-state teleconference calls with state health officials, healthcare workers, professional associations, and other stakeholders. To date FDA is aware of more than 40 patients who have received infusions of the simulated saline products. Some of the patients experienced adverse events associated with these products including fever, chills, tremors, and headache. (Source: FDA Drug Safety and Availability update, 1/30/15)

The National Institutes of Health Director Francis S. Collins, MD, PhD recently shared a presentation outlining NIH's 2016 budget request. The budget request proposes an increase of \$1 billion that would fund more than 1,200 new and competing research project grants, said Dr. Collins. Increases in NIH's proposed budget would also fund the Precision Medicine Initiative, antimicrobial resistance efforts, the BRAIN (Brain Research through Advancing Innovative Neurotechnologies) Initiative, and Alzheimer's disease research. More information about NIH's FY 2016 budget request is available [here](#). (Source: NIH FY 2016 Budget Roll-Out) ♦

THE WORD IN WASHINGTON

US Sens. Tammy Baldwin (D-WI) and Elizabeth Warren (D-MA) introduced a [Senate resolution honoring January as National Blood Donor Month, which was also introduced in the US House of Representatives](#) by Mike Quigley (IL-05), Barbara Lee (CA-13), and Joe Heck (NV-03). National Blood Donor Month encourages eligible donors to give blood regularly to ensure that the US has a stable blood supply for patients in need. "January is a time to honor the generosity of volunteer donors and the work of America's Blood Centers, AABB, and the American Red Cross, and the importance of blood donation, which is essential to protecting our nation's health," said a press release from Sen. Baldwin's office. "National Blood Donor Month acknowledges the important role of volunteer blood donors in protecting the health and emergency preparedness security of the United States; recognizes the need to promote a safe, stable blood supply and to increase volunteer participation of blood donors; [and] endorses efforts to update blood donation policies in a safe and scientifically sound manner to maintain an adequate blood supply," reads the resolution. More information can be found in the press releases from [Sen. Baldwin](#) and [Rep. Quigley](#). (Sources: Sen. Tammy Baldwin press release, 1/30/15; Rep. Mike Quigley press release, 1/30/15)

The Advanced Medical Technology Association (AdvaMed) released the results of a new [survey](#) on Jan. 28 that details the negative and costly impact of the medical device tax, reflecting the tough choices companies are making to address the tax, including reducing jobs, research and development (R&D), and other financial investments. As a follow-up to a survey completed in November 2013, AdvaMed conducted a survey of member companies at the end of 2014 to assess the ongoing effects of the medical device tax. According to the new survey, the tax has led to employment reductions of

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THE WORD IN WASHINGTON (continued from page 8)

approximately 18,500 medical device industry workers and will lead to forgone firing of 20,500 additional employees in the next five years. The report found that half of respondents said they reduced R&D as a result of the tax, and 58 percent said they would consider further reductions in R&D if the tax stays in effect. A majority of respondents also indicated having to make other financial cuts, such as deferred or cancelled capital investments or reduced investment in start-up companies. In 2012, America's Blood Centers and other industry partners lobbied for and achieved an exemption from this tax for blood tests and blood grouping reagents sold to blood centers – saving about \$17.7 million annually for the blood banking industry (assuming the tax was passed along directly to consumers). More information about the AdvaMed survey can be found [here](#). AdvaMed President and CEO Stephen J. Ubl and Gail Rodriguez, executive director of the Medical Imaging & Technology Alliance, wrote a [letter](#) to the editor published in *The Washington Post* on Feb. 2, highlighting the negative impact of the medical device tax on jobs and innovation in the medical technology industry. (Sources: AdvaMed press release, 1/28/15; *The Washington Post*, 2/2/15)

On Jan. 30, America's Blood Centers' CEO Christine Zambricki, DNAP, CRNA, FAAN, met with US Rep. Sam Farr (D-CA-20) (pictured right) and his chief of staff to discuss the status of the Food and Drug Administration's action on improving the flexibility of FDA's plasma regulations. This is a key effort of ABC's advocacy agenda. As a ranking member of the US House of Representatives Committee on Appropriations, Subcommittee on Agriculture, Rural Development, Food and Drug Administration and Related Agencies, Rep. Farr is in the process of preparing for subcommittee hearings on FDA appropriations to be held on March 4. Last year, this same subcommittee included a request in its final committee report that the FDA address plasma flexibility. ♦

**INFECTIOUS DISEASE UPDATES****DENGUE AND CHIKUNGUNYA VIRUS**

The Food and Drug Administration is currently considering allowing the Florida Keys Mosquito Control District to release genetically modified (GM) mosquitos to help control the spread of dengue and chikungunya viruses. While releasing GM *Aedes aegypti* mosquitoes has been shown in experiments in Malaysia, Brazil, and the Cayman Islands to reduce the *A. aegypti* population by 90 percent, public perception in Key West, Fla. may hinder the release of these mosquitoes, according to survey results published in the Centers for Disease Control and Prevention's *Emerging Infectious Diseases* journal. *A. aegypti* is the mosquito species that carries both dengue and chikungunya viruses, two tropical diseases that have recently become more prevalent in Florida. In 2009 and 2010, Key West experienced its first outbreak of dengue fever in 75 years. According to CDC, only about half of the 386 Key West and Stock Island residents surveyed were aware of the proposed release of the GM mosquitoes and half of those were supportive of the efforts. CDC writes that public awareness and support of this proposal is key to its success. More information is available in the *Emerging Infectious Diseases* [article](#) and in a recent NPR [article](#). (Sources: CDC Emerging Infectious Diseases, 2/1/15; NPR, 1/28/15)

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INFECTIOUS DISEASE UPDATES (continued from page 9)

MEASLES

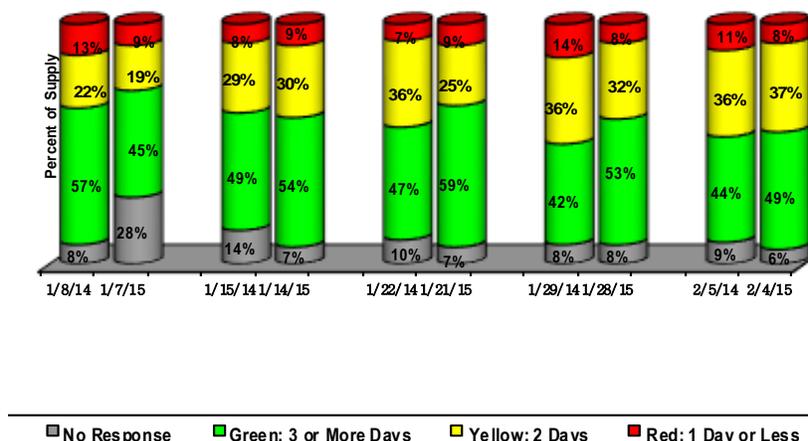
In an ongoing measles outbreak, 102 people from 14 states were reported to have measles from Jan. 1 to Jan. 30, according to the [Centers for Disease Control and Prevention](#). Most of the cases are part of a large, ongoing multi-state outbreak linked to an amusement park in California. A substantial majority of people who got measles were unvaccinated. The US experienced a record number of measles cases in 2014, with 644 cases from 27 states reported to CDC. Transfusion-transmission of measles has never been demonstrated, and is believed to pose no threat to the blood supply. Infectious disease experts in the blood community continue to monitor the situation. The AABB Emerging Infections supplement’s measles fact-sheet is available [here](#), and is under review. (Sources: CDC measles outbreaks page, 1/30/15)

CREUTZFELDT-JAKOB DISEASE

Researchers at the National Institutes of Health’s National Institute of Allergy and Infectious Diseases (NIAID) have reported on an improved test to detect Creutzfeldt-Jakob disease (CJD) much more quickly than previous versions. Christina D. Orrú, PhD, and colleagues of NIAID evaluated advanced versions of the Real-Time Quaking-Induced Conversion (RT-QuIC) assay to determine its speed and accuracy in CJD-infected patients. Earlier iterations of the test have required days to detect the disease. Since then, the researchers have been optimizing the assay and its sample sources – including cerebrospinal fluid and nasal brushings. In patients with CJD, normally harmless prion proteins become abnormal and gather in clusters that accumulate in the brain causing tissue damage and leaving sponge-like holes. RT-QuIC uses florescence to detect development of prion protein clusters *in vitro*. In the new study, cerebrospinal fluid from 87 patients with second generation RT-QuIC was tested, and correctly identified 46 of 48 patients with known CJD (95.8 percent sensitive) in four to 14 hours. With the previous test, CJD-detection took two-and-a-half to five days to detect. The test was 100 percent specific (no false positives) in 39 patients who were either healthy or had other neurological diseases. The authors suggest this test could help to detect CJD earlier, enabling quicker delivery of patient care options and prevention of disease transmission. No samples from patients infected with variant CJD, which can be transmitted by blood, were included in these experiments. (Source: NIH press release, 1/30/15)

Citation: Orrú CD, *et al.* Detection and discrimination of classical and atypical L-type bovine spongiform encephalopathy by real-time quaking-induced conversion. *J Clin Microbiol.* 2015 Jan 21. ♦

STOPLIGHT®: Status of the ABC Blood Supply, 2014 vs. 2015



The order of the bars is (from top to bottom), red, yellow, green, and no response

MEMBER NEWS

Blood Bank of Delmarva, (BBD) headquartered in Newark Del., and SunCoast Blood Bank, headquartered in Sarasota, Fla., became two of the first blood centers in the US to adopt a recently approved pathogen reduction to treat plasma and platelets. BBD and Cerus Corp. announced in a [press release](#) on Wednesday that they have signed a three-year purchase agreement for the Intercept Blood System for platelets and plasma, followed by a similar [announcement](#) on Thursday that SunCoast Blood Bank has also entered into a three-year agreement with Cerus Corp. for the Intercept Blood System. The



Food and Drug Administration approved the Intercept Blood System in December for the treatment of platelets and plasma to reduce the risk of transfusion-transmitted infections (TTIs) – marking the first pathogen reduction system to be cleared in the US for this purpose (see [ABC Newsletter](#), 12/19/14). “The implementation of the Intercept system aligns with our mission of providing safe, effective blood products that best serve our hospital and patient community,” said BBD President and CEO Roy Roper. “We are excited to be one of the first centers to adopt pathogen reduction as a proactive measure to mitigate the risk of transfusion-transmitted infections in our blood supply.”

The Intercept system offers the blood community a long-awaited solution to significantly reduce the risk of bacterial contamination of platelets – one of the most common causes of serious transfusion-related morbidity and mortality in the US. “The majority of platelet transfusions occur in cancer patients, some of which will receive multiple units over the course of their therapy. It’s exciting and rewarding as a blood center to be in a position to favorably impact the treatment of these patients by providing platelet products that substantially reduce the risk of transmitting viruses and bacteria, and limit the risk of transfusion mediated graft versus host disease,” said Theresa Boyd, MD, BBD’s medical director. SunCoast CEO Scott Bush also expressed his enthusiasm to partner with Cerus to adopt the Intercept system. “If there is a product on the market that dramatically reduces the transmission of pathogens and parasites, then we owe it to our patients and our community to provide it. We are very excited to become the first blood center in Florida to offer Intercept-treated components, to mitigate transfusion related incidents. SunCoast Blood Bank has a commitment to serving our community through forward thinking and innovative technologies supporting our primary mission, squarely focusing on the health and welfare of our patients.” William “Obi” Greenman, Cerus’ president and CEO, noted that he is very pleased to be working with both BBD and SunCoast to help protect patients against transfusion-transmitted pathogens. (Sources: Cerus/BBD press release, 2/4/15; SunCoast Blood Bank/Cerus press release, 2/5/15)

Puget Sound Blood Center (PSBC) announced on Wednesday that it has changed its name to Bloodworks Northwest ([BloodworksNW](#)). The decision to change the name results from growth to

serve hospitals far beyond the Puget Sound area and the expansion of laboratory services, patient support, and blood research that positions the organization as a critical player in Northwest patient care and medical research, according to a blood center press release. Es-



Established in 1944, PSBC was one of the nation’s first independent, non-profit community blood banks. Today, BloodworksNW serves nearly 90 hospitals in Washington, Oregon and Alaska. “The name honors our roots while connecting us to the expanded role we play in patient care and biomedical research in the greater Northwest,” said BloodworksNW President and CEO James AuBuchon, MD. “While the new name is a major change for us, our service to local patients and communities is the same as ever. We’re still the place where donors come to support local patients and

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MEMBER NEWS (continued on page 11)

give back to the community – just like always. And we are still the source for lifesaving blood that local hospitals turn to.” In addition to the comprehensive blood services provided across the Northwest, BloodworksNW is one of the few blood centers in the US with a research institute, with more than 70 scientists conducting investigations in blood biology, transfusion practices, thrombosis, and blood disorders. (Source: BloodworksNW press release, 2/4/15) ♦

PEOPLE**Margaret Hamburg, MD, announced on Thursday that she plans to step down as commissioner of the Food and Drug Administration, a position she has held for almost six years.**

Dr. Hamburg, one of the longest-serving FDA commissioners in the modern era, told [Reuters](#) in an interview that her decision was prompted by the heavy demands of the job and the sheer length of the time she has held the position. “This is a very challenging job full of opportunities to make a huge and enduring difference, but it is 24/7 and there are really difficult decisions to make,” she told Reuters. She was nominated by President Barack Obama and confirmed by the US Senate in May 2009, and last year was named the world’s 51st most powerful woman by *Forbes* magazine. As a long-time public health official with extensive experience fighting AIDS and tuberculosis, Dr. Hamburg, who graduated from Harvard Medical School, previously served at the National Institutes of Health before becoming New York City’s health commissioner. Under Dr. Hamburg’s leadership, the FDA has proposed measures to improve nutrition by limiting dangerous trans-fats in food and requiring restaurants to post calorie counts on menus. It has also beefed up inspections on food and drugs from overseas and increased patient engagement in the drug development process. The agency has introduced multiple measures to speed the development and review of new drugs. During her tenure, the FDA has confronted major public health issues, including the rise of antibiotic-resistance bacteria, the abuse of opioid painkillers, the emergence of electronic cigarettes and the outbreak of Ebola virus. The Department of Health and Human Services Secretary Sylvia Mathews Burwell said in a statement that Dr. Hamburg “leaves a legacy of incredible, historic accomplishment at FDA.” ABC CEO Christine Zambricki, DNAP, CRNA, FAAN, commented, “What impressed me most about Dr. Hamburg was her ability to respond knowledgeably at congressional hearings on a plethora of topics ranging from sunscreen to narcotics, without missing a beat. Dr. Hamburg’s leadership over the years is much appreciated and we applaud her efforts in the area of blood safety and availability.” (Source: Reuters, 2/5/15) ♦

**Correction**

Last week’s [ABC Newsletter](#) included a news brief in the “The Word in Washington” section on page 11 that mistakenly stated that blood organization representatives met with members of Congress to discuss “FDA’s recently published draft guidance suggesting that the current permanent blood deferral for men who have sex with men (MSM) be reduced to one year.” This draft guidance is planned to be released this year, but has not actually been published to date. We apologize for any confusion caused by this error and thank our readers who bring such issues to our attention.

MEETINGS

May 20-21 **22nd International Workshop on “Surveillance and Screening of Blood Borne Pathogens,” Prague, Czech Republic**

The International Plasma Fractionation Association (IPFA) and the Paul-Erich-Institut (PEI) will hold the 22nd annual International Workshop on “Surveillance and Screening of Blood Borne Pathogens.” The workshop will be held in Prague from May 20 to 21 at the Corinthia Hotel Prague and will be hosted by the Czech Society for Transfusion Medicine. The meeting will address key issues concerning availability, regulation, and risk-benefit of existing and potential new developments, designed to ensure the microbiological safety of blood components and plasma derivatives. More information is available [here](#).

Contact: info@ipfa.nl

Sept. 28-29 **2nd Global Symposium on “The Future for Blood and Plasma Donations,” Dallas, Texas**

IPFA and Blood Centers of America (BCA) will hold the 2nd Symposium on the Future for Blood and Plasma Donations at the Sheraton Fort Worth in Fort Worth (Dallas), Texas, from Sept. 28 to 29. It will continue to develop the theme that began with last year’s inaugural symposium, addressing the increasing global patient need for essential life-saving plasma-based therapies and exploring the potential for donors and blood centers to increase their contribution to the needs of patients for both blood and plasma products. It will be cohosted by Carter BloodCare. More information can be found [here](#).

Contact: info@ipfa.nl

Dec. 1-2 **IPFA Workshop on Improving Access to Plasma and Plasma Products in the Southern Africa Region, Stellenbosch (Cape Town), South Africa.**

IPFA will hold the Workshop on Improving Access to Plasma and Plasma Products in the Southern Africa Region in Stellenbosch (Cape Town) from Dec. 1 to 2. The workshop is being developed in collaboration with several African blood banking groups and reflects IPFA’s priority to support plasma collection programs to meet the increasing patient needs for plasma derived medicinal products. More information can be found [here](#).

Contact: info@ipfa.nl 💧

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Betty Klinck at newsletter@americasblood.org or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: mnorwood@americasblood.org.

POSITIONS AVAILABLE

Consultation Lab Tech III (Gulf Coast Regional Blood Center). The Blood Center of Houston is currently seeking a Consultation Laboratory Tech III. Under moderate supervision of the Consultation Manager, this individual prepares special blood components and performs patient and donor tests. This position involves frequent contact with internal and external customers. This position requires an MLT plus minimum two years of advanced and recent (within past one to two years) blood bank and immunohematology experience; or MLS with recent (within past one to two years) blood bank and immunohematology experience; or MLS new graduate eligible to take certification exam; certification must be obtained within six months of employment. The successful candidate must have a valid Texas Driver's License plus acceptable driving record. Gulf Coast Regional Blood Center is a non-profit 501(c)(3) organization and is accredited, licensed and inspected by the Food and Drug Administration (FDA), AABB, as well as local and state authorities. The Blood Center is a proud member of AABB, America's Blood Centers, Blood Centers of America, South Central Association of Blood Banks, and the Texas Medical Center. Please visit our website for more information about our organization and to apply online: www.giveblood.org. Mia Loucks – Recruiter – (Phone: (262) 289-2294, mloucks@giveblood.org).

Donor Recruitment Mobile Supervisor - DR003. Responsible for providing supervisory support for field donor recruitment program reporting directly to the Director, Donor Recruitment & Client Services. Under his/her supervision, will assist in planning, organizing and coordinating all field recruitment activities for the South Texas Blood & Tissue Center. Responsible for achieving a minimum 100 percent of assigned goals. Bachelor's degree in marketing or related discipline preferred. Two years marketing or sales experience preferred. Supervisory experience preferred. Computer experience preferred. Three years with good driving record required. Visit our website at www.biobridgeglobal.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity,

religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.

IRL Manager. Join the American Red Cross, where your heart and mind go to work! We are currently seeking an IRL Manager in St Paul, MN. This position is responsible for management and control of all daily laboratory operations, including staff, budget, environment and work processes. The incumbent will be successful by assuring compliance with safety policies and demonstrating excellent customer service, interpersonal skills and positive professional image, assuming responsibility for the laboratory, staff and compliance. Qualified candidates will have at a minimum, a bachelor's degree in a biological related field and SBB (ASCP) certification. At least five years of directly related experience including two years laboratory experience in high complex immunohematology testing and two years of management in an IRL or equivalent hospital setting. Please send your resume and cover letter (including salary requirements) to Nicole Packard, Talent Acquisition Advisor via email at Nicole.Packard@redcross.org. *As an Affirmative Action/Equal Opportunity Employer, well-qualified women, minorities, veterans and persons with disabilities are encouraged to apply.*

Associate Medical Director (Full-Time, Exempt; Availability 24/7, 365 days a year). The Associate Medical Director position is divided between transfusion medicine responsibilities at our community hospitals, CLIA Laboratory Director and Medical Director to our Hematopoietic Progenitor Cell (HPC) Program. The Associate Medical Director contributes to the ongoing direction, monitoring, evaluation and quality assurance of Physician Services and research. At Memorial Blood Centers (MBC), the Associate Medical Director will assist with leading and managing physician services including managing and performing evaluations of physician service support staff, including staff in Lincoln, Nebraska. The evaluations should emphasize employee learning and development, achieving quality outcomes, improving processes, meeting customer needs with all programs. The Associate Medical Director will also have responsibility for the safety of the donors and the safety, efficacy, purity and potency of

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POSITIONS (continued from page 14)

components released for transfusion. For a Complete Description and to apply, please follow the link below: <https://home2.eease.adp.com/recruit/?id=15803252>.

Executive Director, Blood Operations AD001- San Antonio, TX. Work directly with the chief operating officer to execute the mission of South Texas Blood & Tissue Center (STBTC). This executive leadership position is accountable for operational objectives and will ensure the strategic plan is met. In addition to oversight of daily operational functions, this position tracks and trends key performance indicators, quality metrics and financials, and takes appropriate action to ensure business viability. Bachelor's degree in Applied Science or Business required, MBA preferred. Successful execution of strategic objectives. Demonstrable success building teams to drive operational success in challenging and highly regulated environments required. Demonstrable success with implementing and sustaining process improvement. Ten years progressive managerial experience required. Experience managing donor recruitment, donor services, component manufacturing, and product management preferred. Texas Operators Driver's License. Three years driving experience with good driving record required. Visit our website at www.biobridgeglobal.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.

Assistant Director (Mobile Recruitment)-Mobile Operations – DR020- San Antonio, TX. Responsible for managing, leading, mentoring and motivating the mobile recruitment team. Responsible for maximizing automated recruitment and will ensure teams meet and/or exceed 100 percent of assigned draw goals. Will plan, organize, promote, and coordinate all site recruitment activities. High School Graduate or equivalent required, bachelor's preferred. Five years sales preferred, extensive sales management experience preferred, supervisory experience required, and computer experience preferred. Three years driving experience with good driving record required. Certification/License: Texas Operators Driver's License. Visit our website at www.biobridgeglobal.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources: (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national

origin, disability, veteran status, genetic data or other legally protected status.

Donor Relations Consultant. Mississippi Valley Regional Blood Center (MVRBC) has an exciting opportunity for a Donor Relations Consultant to develop strong relations with east central Illinois community organizations for hosting mobile blood drives. The ideal candidate will have strong communication and organizational skills, a demonstrated ability to obtain measurable goals, solid customer service experience, previous business to business experience, and the ambition to motivate others. This position requires an individual who is confident in public speaking; media relations experience is a plus. This is a full-time position working Monday through Friday with occasional evenings and weekends. A bachelor's degree, or equivalent combination of experience and education, is required to be considered; preferred studies include business, communications, or marketing. Must possess a valid driver's license, be insurable by MVRBC's insurance carrier, and be willing to drive within the MVRBC service area. We offer a competitive salary and excellent benefits including health, dental, vision, life, and 401(k). Pre-employment drug screen and background check required. The Mississippi Valley Regional Blood Center is a non-profit organization and an exclusive provider of blood products and services to more than 85 hospitals in Illinois, Iowa, Missouri, and Wisconsin. Equal Opportunity Employer: Minorities, Women, Veterans, Disabilities. To apply visit: www.bloodcenter.org.

Director, Business Development. Be a part of a dynamic and successful blood center in this changing healthcare environment! This key position is responsible for developing donor group relationships through sponsor/donor recruitment and donor event management and database marketing. We will rely on you to manage a cross-functional coordinated effort to develop and implement strategy to maximize collections through donor group relationship management across the departmental efforts in donor recruitment, collections and public relations. Position is accountable for executing successful campaigns, initiatives and promotions, and understanding and differentiating between activities to increase collections. This role is key in branding and messaging to foster a customer-focused culture resulting in increased donor/sponsor loyalty and new growth through tactical efforts targeted to collection strategies. We will rely on you to evaluate donor marketing programs across the organization, determine effectiveness of campaigns, and leverage programs. The ideal candidate will have a bachelor's degree and a minimum of five years' experience in marketing or business development with at least five years as a cross functional project management leader and a minimum of 7-10 years business to business sales experience required.

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POSITIONS (continued from page 15)

The Blood Connection offers a competitive salary and benefits package. Apply by sending resume directly to pgarrett@thebloodconnection.org.

Technical Services Weekend Manager. Kentucky Blood Center, located in Lexington, Ky., is seeking a self-starter to assist in achieving production and operation goals by supervising Technical Services staff during weekend hours. Job duties include, but are not limited to: supervising staff activities in Technical Services areas during weekend hours; meet all requirements and carries out all duties for General Supervisor for high complexity testing; help service hospitals by answering questions and resolving issues; facilitate smooth chang-

ing of shifts; assist in training of employees; conduct performance evaluations; assist with revising and reviewing Standard Operating Procedures (SOPs); and perform Technical Services laboratory audits. Bachelor of Arts or Science; Medical Technologist MT(ASCP) or Clinical Laboratory Sciences, or experience deemed equivalent. Two years' experience in blood banking; and two years supervisory experience preferred. Competitive salary, comprehensive benefits including health/dental/life, LTD, STD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org/. Drug-free and EOE/AAP ♠