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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #18 **May 15, 2015**

INSIDE:

FDA BPAC Recommends Babesia Screening for Blood Donors

Babesiosis, a disease caused by tick-borne *Babesia* parasite species, is among the transfusion-transmitted infections most frequently reported to the Food and Drug Administration for which there is no approved screening test available. FDA's Blood Products Advisory Committee (BPAC), a panel of experts that advises FDA, met on Wednesday in Silver Spring, Md. to discuss this issue, supporting nationwide year-round antibody screening of donors for *B. microti*, in addition to nucleic acid testing (NAT) in high-risk states.

The committee made these recommendations despite evidence that *B. microti* infection is overwhelmingly regional. Furthermore, America's Blood Centers and AABB objected strongly to FDA's use of unvalidated diagnostic data from the Centers for Medicare & Medicaid (CMS) claims database to inform its *Babesia* screening policy in the face of a large amount of testing data from the American Red Cross (ARC) and others. FDA representatives presented this CMS data as a basis for formulating *B. microti* donor screening policy, despite concerns about the validity of claims data in assessing the frequency of transfusion transmissible *Babesia* infections in the population.

Sanjai Kumar, PhD, of the Office of Blood Research and Review (OBRR) in the Center for Biologics Evaluation and Research (CBER), and Barbara Herwaldt, MD, MPH, of the Centers for Disease Control and Prevention, opened the discussion with background on babesiosis in the US and considerations for screening. From 1979 to 2014, there have been about 225 cases of transfusion-transmitted babesiosis (TTB) reported in the literature. Vector-borne and transfusion transmission have been on the rise, particularly in certain high-risk Northeastern and upper Midwestern states, with 99.5 percent of the 1,792 cases reported in 2013 occurring in nine endemic states.

In recent years, about 15 TTB cases are reported annually, but since many *B. microti*-infected individuals remain asymptomatic, the number of blood donors capable of transmitting the disease is not well characterized outside of Connecticut and Massachusetts where the ARC has undertaken extensive blood donor screening studies using serological testing.

Recently developed tests presented to the committee offer promising results for better protecting against TTB in regional screening studies. Epidemiological data collected by the CDC and ARC demonstrate that despite the well-established seasonality of vector-borne babesiosis, TTB is diagnosed year-round and, rarely,

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OUR SPACE

ABC Board Member Chris Staub, MT(ASCP) SBB, Vice President of Blood Services, Unyts

Pathogen Reduction: What's Changed in the Last Two Years?

When I last commented on pathogen reduction (PR) in an "Our Space" two years ago, there was a sense of hope that PR was at our doorstep. Cerus had just received the greenlight from FDA to submit Premarket Approval applications for its Intercept system for platelets and for plasma, which gained licensure in 2014. Now, Terumo BCT has submitted an Investigational Device Exemption (IDE) to begin its MiPLATE study for the Mirasol PRT system for platelets, which is expected to lead to licensure of the system. Terumo BCT is also developing a PR platform for whole blood. Data from the company's IMPROVE II feasibility study, focused on radiolabel recovery of red blood cells after 21 day storage from PR-treated whole blood, has been submitted as an abstract for the 2015 AABB meeting in Anaheim, Calif.

During this time, the relentless onward march of new and emerging infectious agents continued. To name a few, the world's health agencies and local healthcare workers faced the 2014 Ebola epidemic, and Chikungunya and Dengue viruses continue growing in the Caribbean and other global hot spots. Most recently, the blood community and FDA are considering possible blood donor screening for Babesia, including both regional and temporal screening scenarios. Malaria and malaria travel deferrals continue to hinder not only world health, but our ability to collect blood.

In the related matter of bacterial contamination of platelets, the FDA draft guidance in December 2014 presented overly complex options for culturing and point-of-release assays in both blood centers and hospitals. Surprisingly, FDA made no mention of the most effective intervention, PR, despite the very relevant and imminent approval of the first PR system for platelets. With our input to FDA, hopefully the final guidance will include pathogen reduction in lieu of some or all of the described testing schemes. Current AABB Standards already require that we detect "or inactivate" bacteria in platelets.

Like others in our industry, I hope to assimilate PR into blood manufacturing because I want to pursue proactive, rather than reactive, strategies against emerging infectious agents that may threaten transfusion safety. I also believe that PR will help us avert costs and unnecessary work, rather than be cost prohibitive. A number of US blood centers have already contracted with Cerus to produce Intercept-treated platelets, and are submitting biologics license applications (BLAs) to distribute these products across state lines without bacterial culturing. They also intend to eliminate cytomegalovirus (CMV) testing and irradiation in these platelets.

I applaud this progress and I look forward to joining the party.

cstaub@unyts.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.

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BPAC Babesia Screening Recommendation (continued from page 1)

outside of the endemic states (generally due to donor travel or interstate shipment of blood collected in high-risk states.).

Mikhail Menis, PharmD, MS, of CBER's Office of Biostatistics and Epidemiology (OBE), presented an FDA analysis of CMS and CDC data. FDA assessed babesiosis occurrence from 2006 to 2013 among US elderly Medicare beneficiaries based on CMS data and evaluated babesiosis occurrence in the general population using CDC data. The CMS data suggest increasing babesiosis occurrence in the US, with the highest rate in 2013 and rates up to 10 times higher than estimated by public health surveillance. No attempt was made to assess the accuracy of these claims-based rates, nor to assure that they represent acute infections, rather than historic diagnoses.

The nine endemic states with the highest babesiosis rates, according to CMS and CDC data, were Connecticut, Massachusetts, Rhode Island, New York, New Jersey, Minnesota, Wisconsin, New Hampshire, and Maine; these accounted for 80 percent of cases reported to CMS and 98.5 percent of those reported to CDC.

Arianna Simonetti, of FDA's Office of Biostatistics and Epidemiology, presented an analysis of potential donor screening options – NAT only, antibody only, or both – evaluating the efficacy of these methods in various regional testing scenarios. While FDA predicts nationwide screening to be highly effective in reducing TTB risk, it would also lead to as many as 2,422 false-positive results annually, highlighting the need for high specificity of both NAT and serologic testing for babesiosis. FDA recognized the limitations of their CMS data analysis, including possible misdiagnosis or misreporting of babesiosis.

"ABC objects to the agency's reliance on unvalidated diagnostic data from the CMS claims database in the FDA modeling referenced … in this discussion," said ABC Chief Medical Officer Louis Katz, MD, in an open hearing portion. "The accuracy of the diagnoses has not been established and extrapolating to policy alternatives from such data, which is demographically not representative of the donor base, is inappropriate at this point."

Susan Stramer, PhD, of ARC, presented babesiosis screening data from ARC, which has identified and removed 383 babesiosis-infected units as of March 2015, since ARC began prospectively screening donors in endemic regions in 2012. Of the 383 babesiosis-positive units (out of more than 95,000 donations tested), nine were window period infections (1:10,000), and no units of screened blood were responsible for TTB.

Donor follow-up in an ARC analysis of *B. microti* donor screening in four endemic states being conducted under an investigational new drug (IND) application suggests that four of every 1,000 donations are *B. microti* positive; 81 percent of donors who were followed up with retained antibodies for more than 64 weeks. Dr. Stramer's data suggest that a regional testing scheme in the high-risk states using serology and NAT would be clinically effective and more cost effective than broader testing strategies, while avoiding testing large populations of donors with minimal risk of infection.

Andrew E. Levin, PhD, of Immunetics, presented data on the company's investigational enzyme immunoassay (EIA) for *B. microti* from an IND study on US blood donor populations, showing that EIA yields a false positive rate of < 0.1 percent and has a positive predictive value of about 60 percent in endemic

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BPAC Babesia Screening Recommendation (continued from page 3)

areas. He suggested EIA is likely a cost-effective *B. microti* screening tool. An ongoing donor follow-up study at Blood Systems Research Institute will inform possible deferral and reentry criteria for *B. microti*-positive donors.

The committee heard from several speakers, including Dr. Katz and M. Allene Carr-Greer, the director of Regulatory Affairs at AABB, both of whom supported regional testing. Given that FDA cannot really consider cost-effectiveness data, Dr. Katz suggested that babesiosis policy development should involve a formal risk-based decision making process with broad stakeholder engagement, including payers (including CMS), hospital administrators, transfusing clinicians outside of transfusion medicine, patient advocates, bioethicists, and healthcare economists. He suggested the ideal venue for this discussion is the Department of Health and Human Services Advisory Committee on Blood and Tissue Safety and Availability.

"*B. microti* is currently so geographically heterogeneous that any universal testing recommendation in the US represents, in our opinion, an inappropriate allocation of scarce resources in pursuit of 'zero risk,'" added Dr. Katz.

Following a discussion, the committee voted (11 to 3) that the available data support the concept of nation-wide, year-round blood donor testing for *B. microti* by an antibody-based test. The industry representative voted against this concept. The committee voted unanimously (14 to 0) that regional NAT-based donor screening should be performed in *B. microti* endemic areas. Eight committee members supported the nine-state regional screening scenario (Connecticut, Massachusetts, Rhode Island, New York, New Jersey, New Hampshire, Maine, Minnesota, and Wisconsin), while six voted in favor of a 15-state plus Washington, D.C., scenario, which would include the nine aforementioned states plus Maryland, Virginia, Vermont, Pennsylvania, Delaware, and Florida.

The committee largely agreed that it would be appropriate to apply a time-based deferral for donors who test *B. microti* positive, with the caveat that further reinvestigation is necessary to determine the appropriate deferral length and reentry algorithm. Drs. Stramer and Katz suggested a one- to two-year deferral.

Following the babesiosis discussions, the committee heard an update on the investigation of hemoglobin S testing of blood donors. FDA plans to develop a draft guidance considering recommendations made during a November 2014 HHS Advisory Committee on Blood and Tissue Safety and Availability meeting, addressing donor acknowledgment, notification, and counseling related to hemoglobin S test results. The committee also learned about the draft guidance released earlier this week that changes the permanent blood donor deferral for men who have sex with men (MSM) to a one-year deferral (see page 5). The meeting wrapped up with an overview of several federal research programs. ♦

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 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.

FDA Draft Guidance Would Change Lifetime MSM Donor Deferral to One Year

The Food and Drug Administration has published a draft guidance that when finalized will change the current lifetime blood donation deferral for men who have had sex with other men (MSM) to a deferral of one year since the last such exposure. The guidance comes only months after then-FDA Commissioner Margaret A. Hamburg, MD, made a statement on Dec. 23, 2014, announcing the agency's plan to lift the lifetime deferral contingent on establishing a national blood surveillance system to monitor the effect of blood safety policy changes.

The draft guidance, "Revised Recommendations for Reducing the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products," proposes changing the deferral of all male donors who have had sex with another man even once since 1977 to one year since the last MSM activity. "This change in policy would align the donor deferral period for MSM with criteria for other activities that may pose a similar risk of transfusion-transmissible infections," said America's Blood Centers, AABB, and the American Red Cross (ARC) in a joint statement.

In updating requirements established in 1992, the draft addresses several other areas related to the prevention of HIV-transmission by donated blood products including donor educational materials and the donor history questionnaire; donor deferral; donor requalification; product retrieval and quarantine; notification of consignees of blood and blood components; product disposition and labeling; biological product deviation reporting; and testing requirements and considerations.

Notably, the draft guidance clarifies the issue of donor gender identification. "In the context of the donor history questionnaire, male or female gender is taken to be self-identified and self-reported. In instances where a donor has asserted a change in gender identification, medical directors may exercise discretion with regard to donor eligibility," states the draft guidance.

ABC, AABB, and ARC have long-supported changing the MSM policy to a fixed-period deferral, calling the indefinite deferral of MSM medically and scientifically unwarranted, as advances in blood donor screening technology have significantly diminished the risk of transmission of HIV, hepatitis, and other infectious agents via blood transfusion. FDA announced its decision to reconsider the deferral shortly after a November 2014 meeting of the Department of Health and Human Services' (HHS) Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA), which overwhelmingly supported moving to a deferral of one year after MSM behavior (see *ABC Newsletter*, 11/14/14).

Experts at the meeting heard updates on research relevant to the MSM blood donor policy, which provided evidence that switching to a one-year MSM deferral would likely not measurably decrease the safety of the blood supply, that the shorter deferral may result in improved compliance with donor qualification requirements, and that a sustainable transfusion-transmitted infections (TTI) surveillance system is feasible. Alan E. Williams, PhD, of FDA's Center for Biologics Evaluation and Research, touched on this last point during a meeting of FDA's Blood Products Advisory Committee on Wednesday, noting that FDA and the National Heart, Lung, and Blood Institute (NHLBI) are working together to establish a TTI monitoring system based on the REDS-II design.

The blood community reminds the general public that the draft guidance is the beginning of a complex process to change the established policy, and that the lifetime blood donation deferral for MSM remains in place until the final guidance is issued. "All blood centers must continue to comply with current FDA blood donation eligibility criteria until the guidance is finalized," said ABC, AABB, and ARC.

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MSM Draft Guidance (continued from page 5)

They added that once the final guidance is released, providing a pathway for previous deferred donors to give blood, blood centers will need time to update and validate their procedures and computer systems before implementing the operational changes.

Comments on the draft guidance must be submitted to www.regulations.gov within 60 days of the draft's issuance. ABC is reviewing the draft guidance and will prepare a response to provide comments to FDA. ABC members wishing to include comments with ABC's submission may send them to Ruth Sylvester at rsylvester@americasblood.org

The Blood Alliance Names Ed Lawson New CEO

The chairman of The Blood Alliance's board of directors, Jim Sebesta, announced in a press release on May 12 that the board has promoted Ed Lawson to the position of CEO. Mr. Lawson has been the organization's chief operating officer (COO) since March 2013 and succeeds Valerie Collins, who passed away. Shortly after Ms. Collins passing, the board named Mr. Lawson president of The Blood Alliance, while he continued acting as COO.

In his new role, Mr. Lawson will continue to lead The Blood Alliance and its time-sensitive priorities established by the board. "We are confident that Ed will continue his proven leadership since stepping up his game to take on an unexpected load of additional responsibilities last year," said Mr. Sebesta. "He has a very strong working relationship with the management team, and is excellent at focusing on various board and management objectives, as well as maintaining strong, positive organizational culture. We remain fully supportive of Ed and are confident that his leadership is exactly what The Blood Alliance needs moving forward."

"Mr. Lawson's more than 30 years of blood banking experience will resonate with the pride and confidence of the board's commitment to maintaining strategic direction, and future success," stated The Blood Alliance press release.

"I am grateful for the opportunity to enrich lives through our life saving work, and that the board recognizes my passion for blood banking," said Mr. Lawson. "There aren't many jobs where you can say you've saved a few hundred lives each and every day!" (Source: The Blood Alliance press release, 5/12/15)

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.

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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.

Jerry Haarmann Memorial Campaign Raises More than $56,000 for the FABC

The Foundation for America's Blood Centers (FABC) recently announced the conclusion of the Jerry Haarmann Memorial Campaign, which raised $56,250 to support the establishment of a Blood Bank Leadership Certificate Program in honor of Jerry Haarmann, a blood banking industry leader and visionary who passed away last year.

Mr. Haarmann was known to have an eye for great talent and to foster professional development and leadership among his staff. To carry on his legacy, the FABC set out to raise $50,000 through a memorial campaign to fund a leadership in blood banking certificate program in his name, which will be offered as part of the developing ABC Professional Institute (API). The certificate will be named for Mr. Haarmann for six years from the launch of the certification program and will help develop the blood banking leaders of tomorrow by educating them on the skills necessary to lead others.

Through grants and campaigns like the Jerry Haarmann Memorial Campaign, the FABC supports ABC's educational programs that provide professional development and continuing education opportunities to blood banking professionals in every discipline. These offerings – ranging from facet-to-face, e-learning, and collaborating with peers – are currently being streamlined into the soon-to-launch API, which will be the one-stop-shop for all ABC education resources. To make a contribution to support the API Capital Campaign, please click here.

The FABC would like to thank all of those individuals and organizations who generously contributed to the Jerry Haarmann Memorial Campaign in honor of Mr. Haarmann's commitment to developing the blood banking leaders of tomorrow and in support of ABC's educational offerings. The FABC also thanks Mr. Harrmann's friends and colleagues who spearheaded this effort.

ABC Names Scholarship Awardees for Fund Development, Communications, and Donor Management Workshop

America's Blood Centers recently announced five winners of scholarships to attend the ABC Fund Development, Communications, and Donor Management (FDCDM) Workshop in June. The ABC Scholarship Program, made possible by a grant from the Foundation for America's Blood Centers, provides scholarships to ABC member blood center professionals to support costs for attendance to an ABC Specialty Workshop or Meeting.

ABC would like to congratulate the following five recipients of scholarships for the FDCDM Workshop:

- **Michele Brown,** individual gifts officer, San Diego Blood Bank;
- **Bridget Harry,** manager, Community Relations, SunCoast Blood Bank;

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INSIDE ABC (continued from page 7)

- **Nicole Leone,** communications and marketing coordinator, Community Blood Bank of Northwest Pennsylvania & Western New York;
- **Benjamin Prijatel,** director of Marketing and Public Relations, MEDIC Regional Blood Center; and
- **Cynthia Vignos,** marketing and communications specialist, Lane Blood Center.

Questions regarding the ABC Scholarship Program may be directed to Abbey Nunes at anunes@americasblood.org. Didn't register for the workshop yet? ABC members and non-members may contact Lori Beaston at lbeaston@americasblood.org. to register by **May 22**. The FDCDM Workshop is just one of a number of face-to-face learning opportunities that ABC offers and will integrate into the developing ABC Professional Institute (API). ♦

RESEARCH IN BRIEF

A commentary published May 11 in the *Journal of the American Medical Association* (JAMA) suggests that a process to accept organ donation after unexpected death could provide a partial solution to the shortage of organs for transplant in the US. In the US, a majority of deaths occur unexpectedly, outside hospitals or in emergency departments, but most of these deaths do not provide opportunities for organ donation, explained Stephen P. Wall, MD, MSc, MAEd, of Bellevue Hospital Center and NY School of Medicine in New York City, and colleagues. In Europe, unexpected deaths provide substantial numbers of transplantable organs through uncontrolled donation after circulatory determination of death (UDCDD). The number of patients on the waiting list for organs continues growing in the US despite attrition from 10,500 who die or become too sick for transplantation annually while waiting for organs, and the authors suggest that establishing UDCDD protocols could help solve this problem. US policy currently promotes organ recovery from three sources: neurologic deaths, controlled circulatory deaths, and live donors for kidneys and partial livers, however these methods are insufficient to meet the need for solid organs for transplant. In 2006, the US Institute of Medicine projected that implementation of UDCDD protocols could generate 22,000 more donation opportunities annually in the US. The authors suggest a two-step authorization process to increase organ donation through UDCDD. Out of respect for families or those who have passed away unexpectedly, the first step would seek permission for preservation, asking the family to give permission to maintain the body for possible organ donation after unexpected death. The second step of the proposed two-step authorization process would be providing authorization to donate the organ. For people who did not specify their wishes regarding organ donation, this allows the family members of the deceased to consider organ donation in a more sensitive manner. "The importance of 'decoupling' pronouncement of death and requests for organ donation is well established. When conversations about organ donation occur several hours after the decedent's death, in a private setting, with a transplant professional, families are much more likely to authorize donation," wrote the authors. They conclude that "with the appropriate ethical framework to obtain permission for preservation immediately following unexpected circulatory determination of death, with the actual decision to authorize donation made hours thereafter, the pool of potential donors could be greatly expanded while respecting autonomy, choice, and vulnerability."

Citation: Wall SP, *et al*. A Potential Solution to the Shortage of Solid Organs for Transplantation. JAMA. 2015 May 11. [Epub ahead of print] ♦

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REGISTRATION NOW OPEN

Fund Development, Communications & Donor Management Workshop

Chattanooga, TN – June 16-19, 2015
Hosted by: Blood Assurance

Negotiated hotel room rate: $139 + tax (incl. free internet and fitness center access)
http://bit.ly/DoubletreeChattanooga

2015 Workshop Schedule
Fund Development topics: June 16-17
Communications topics: June 17-18
Donor Management topics: June 18-19

2015 Workshop Fees (early bird/regular)
2-day registration: $390/$445
3-day registration: $460/$515
4-day registration: $515/$565

There are five (5) $1,000 scholarships available to ABC members attending the FDCM Workshop to cover the cost of registration fees and help with travel expenses. Application and additional details are included in registration.

"We are proud to host the America's Blood Centers' FDCDM Workshop in Chattanooga this year. This workshop is a fantastic way for ABC members to bounce ideas off each other and stay abreast of current trends and topics facing our industry. Attendees will enjoy everything our city has to offer and we look forward to seeing each and every one of them at the event in June."

– Rick Youngblood
President & CEO
Blood Assurance

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

Three convenient ways to reach Chattanooga: Fly directly into Chattanooga airport (CHA), served by American/US and Delta, or fly into Atlanta (ATL) or Nashville (BNA) airports and take the Groome Transportation shuttle to the hotel in Chattanooga; check *http://bit.ly/CHAshuttle* for schedules and pricing.

RECENT REVIEWS

A review in the journal *Critical Care* suggests that a restrictive red blood cell (RBC) transfusion strategy is generally safe and cost-effective in the majority of clinical settings but that clinical judgement remains important. While most studies have suggested restrictive transfusion strategies are as safe and effective as more liberal strategies, the application of guidelines across all patient populations or without individual clinical assessment could be harmful to patients, wrote Marek A. Mirski, MD, PhD, of Johns Hopkins Medical Institutions, and colleagues. For example, the optimal RBC transfusion threshold in the case of myocardial ischemia and neurologic illness and injury remains unclear. To provide physicians with an RBC transfusion compass, the authors reviewed the clinical research data in support of a restrictive or more liberal RBC transfusion practice, and examined the quality and content of the data sets. They reviewed studies through the PubMed database including prospective randomized clinical trials (RCTs), prospective subset analyses of randomized studies, non-randomized controlled trials, observational case series, consecutive, and non-consecutive case series, and review articles. Prospective RCTs were acknowledged and emphasized as the best quality evidence. The results of their analysis support that restrictive RBC transfusion practices appear safe in the hospitalized populations studied, although patients with acute coronary syndromes, traumatic brain injury, and patients at risk for brain or spinal cord ischemia were not well represented in the reviewed studies. "Until future studies further define the role of RBC transfusion in these specific clinical scenarios, a restrictive transfusion

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RECENT REVIEWS (continued from page 9)

strategy should be recommended within the well-studied patient populations and clinical conditions, and the clinicians must continue to use their experience and bedside clinical judgment to advocate the best management for their patients," wrote the authors. They add that in the majority of clinical settings, a restrictive RBC transfusion strategy is cost-effective, reduces the risk of adverse events specific to transfusion, and introduces no harm.

Citation: Mirski MA, *et al*. Restrictive and liberal red cell transfusion strategies in adult patients: reconciling clinical data with best practice. Crit Care. 2015 May 5;19(1(:202. ♦

REGULATORY NEWS

The Department of Health and Human Services published new regulations that would establish a parallel system of organ donation intended to serve people with HIV. The final rule, which amends regulations that implement the National Organ Transplant Act of 1984, permits HIV-positive individuals to donate organs to HIV-positive recipients. The regulations come almost a year and a half after President Obama signed into law the HIV Organ Policy Equity (HOPE) Act of 2013. Under the HOPE Act, HHS was directed to set up two parallel systems of organ donation: one for patients and donors without HIV, and another for patients and donors with HIV. The regulations mandate that organs could only be donated to HIV-positive individuals if they were participating in clinical research approved by an institutional review board. The hope is that expanding the number of available donors will help to address the shortage of organs for transplant in the US. Use of HIV-positive donor organs for HIV-positive candidates would allow more organs from HIV-negative donors to be used of HIV-negative candidates. Organ donation organizations will be meeting next month to determine specific patient-safety measures to ensure that organs from HIV-positive donors are only used in HIV-positive recipients. (Source: Modern Healthcare, 5/12/15)

The Food and Drug Administration announced in the *Federal Register* on May 6 that it is withdrawing 47 draft guidance documents published before December 31, 2013 that have never been finalized. FDA is taking this action to improve efficiency and transparency of the guidance development process. Among these withdrawn draft guidance documents are two related to blood products: "Draft Guidance for Industry: Platelet Testing and Evaluation of Platelet Substitute Products" and "Draft Guidance for Industry: Use of Serological Tests to Reduce the Risk of Transmission of Trypanosoma cruzi Infection in Whole Blood and Blood Components for Transfusion and Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps)." Blood centers and other healthcare organizations may want to review the full listing of withdrawn documents in the *Federal Register* notice linked above. (Source: Federal Register, 5/6/15)

AABB will submit comments to the Centers for Medicare & Medicaid Services (CMS) supporting Medicare coverage of hematopoietic stem cell transplantation (HSCT) for sickle cell disease, reported the *AABB Weekly Report* last werk. AABB will ask CMS to add sickle cell disease to the list of diseases for which HSCT is covered and reimbursable. CMS has opened a National Coverage Analysis for sickle cell disease and myelofibrosis and requested comments from the public. The current lack of clarity over whether or not the treatment is covered by Medicare produces an access barrier for patients with sickle cell disease and for transplant programs, creating a risk that coverage might be denied after treatment has been completed, according to AABB. In light of the severity of the disease and the clinical

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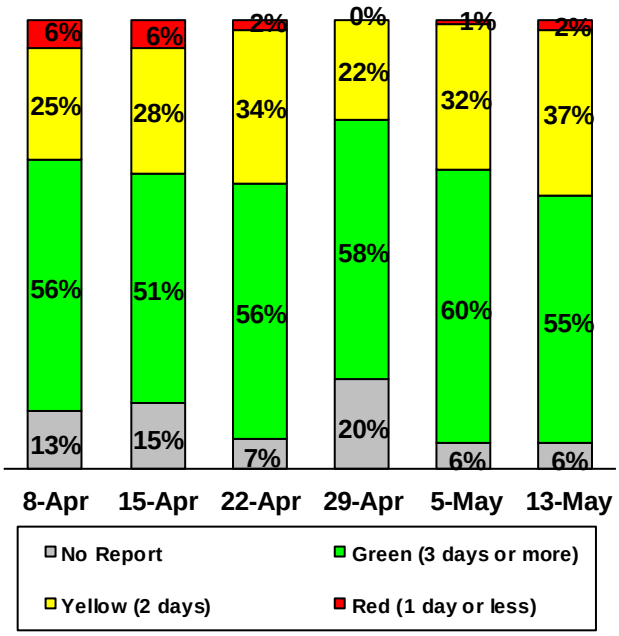
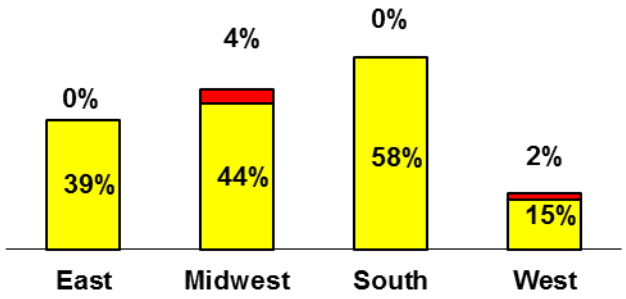
evidence supporting the efficacy of allogeneic HSCT as a treatment, AABB stated that it supports adding HSCT to the national coverage determination policy for sickle cell disease and encourages interested individuals to submit comments to CMS by the May 30 deadline. AABB also requested that members share this information with any clinicians in their facility who may be interested in submitting comments. (Source: AABB Weekly Report, 5/8/15)

STOPLIGHT®: Status of America's Blood Centers' Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, May 13, 2015



Percent of Total ABC Blood Supply Contributed by Each Region
East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily updates are available at:
www.AmericasBlood.org

INFECTIOUS DISEASE UPDATES

HEPATITIS C VIRUS

There has been a significant increase in hepatitis C virus (HCV) across central Appalachia, especially rural parts of the region, reported the Centers for Disease Control and Prevention on May 8 in the *Morbidity and Mortality Weekly Report*. The increase is likely due to the large number of young people in that part of the country injecting heroin and other opioids at epidemic rates. CDC analyzed drug use rates and HCV infection reports in Kentucky, West Virginia, Virginia, and Tennessee. Researchers found that

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INFECTIOUS DISEASE UPDATES (continued from page 11)

from 2006 to 2012, the region saw a 364 percent increase in reports of acute HCV infection among people age 12 to 29, with the rural rate more than twice the urban rate. "The number of admitted patients who report injecting suggests that the increase in acute [HCV] infections in central Appalachia is highly correlated with the region's epidemic of prescription opioid abuse and facilitated by an upsurge in the number of persons who inject drugs in these four states," the study concludes. CDC calls for additional efforts among federal and state health departments to test individuals in this region for HCV and link them with the appropriate care. (CDC MMWR, 5/8/15)

MEMBER NEWS

BloodCenter of Wisconsin, part of Versiti, celebrated Donate Life Month in April by sharing the story of an organ donor. The blood center shared the story of Colette Shumpert of Milwaukee, whose son Michael Brown, Jr. was fatally shot in 2012 at the age of 24. Ms. Shumpert's decision to donate her son's organs saved the lives of 14 people through organ transplantation. Ms. Shumpert recalled the decision to donate her son's organs at the kickoff of Donate Life Month on April 1, held at the BloodCenter of Wisconsin headquarters. She and other volunteers adorned the trees surrounding the center with hundreds of crocheted butterflies, as symbols of rebirth and renewal. Similar butterfly displays were installed at the center's other Milwaukee area locations, as well as Milwaukee-area hospitals and even the nearby Mitchell Park Conservatory. "Every time I hang one of these butterflies, I think of Michael's legacy," said Ms. Shumpert. "He liked to make people happy. Now fourteen people have received organs and tissue from him. He truly has given the gift of life." Donate Life Month is an important undertaking for the BloodCenter of Wisconsin as it is home to the Wisconsin Donor Network and the Wisconsin Tissue Bank. The blood center worked with donor families like Ms. Shumpert's, hospitals, and other organizations throughout April to promote organ donation during Donate Life Month and at other events throughout the year.

Colette Shumpert hangs crocheted butterflies to memorialize her son who passed away and donated his organs.

International delegates attending the meeting of the American Society for Apheresis (ASFA) visited BioBridge Global facilities in San Antonio, Texas, and heard presentations from the organization's leadership on May 6. The 18 guests came from 11 countries, including Australia, Sweden and Qatar. They were guests at the society's 36th annual meeting, which continues through Saturday in downtown San Antonio. Linda Myers, CEO of BioBridge Global, welcomed the delegation, which also heard presentations from Lisa Fults, product management director for the South Texas Blood & Tissue Center (STBTC); Scott Jones, PhD, vice president of scientific affairs for QualTex Laboratories; Jim Glick, tissue services director for GenCure; and Sharon Beales, cord blood programs specialist with GenCure. "Welcome to San Antonio," Ms. Myers told the group. "Our goal is saving lives around the world, and we do it through the power of human tissue." The tour included the STBTC Donor Pavilion and hospital services, QualTex Laboratories, and GenCure. "Your presence is much bigger than Texas," said Walter Linz, MD, MBA a physician from Temple,

American Society for Apheresis members tour BioBridge Global facilities in San Antonio, Texas.

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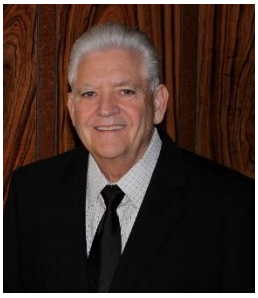
Texas, and a member of the society's board of directors. "So when the American Society for Apheresis put the meeting in San Antonio, one of the things the board talked about was giving members the opportunity to see the local resources like this one. One of the great things about having meetings around the United States is that you get to see what is going on in various facilities." Members of the tour group were part of a growing contingent of international members of the society, which brought 550 delegates to San Antonio. They included physicians, nurses, and other healthcare professionals. "I'm very impressed with this entire facility," said Beata Kwiatkowska, MD, a physician from Poland who now practices in Las Vegas, Nev. "I have been involved with blood banks since 1993 in different places. "Your blood bank is a great example for what all modern blood banks should be. It has everything, a big diversity of services." Dhana Gounder, MD, a physician from Auckland, New Zealand, also found the tour eye-opening. "My interest is in cord blood," he said. "But you have to be impressed with the entire facility and your setup here." The annual ASFA meeting includes presentations on apheresis medicine, as well as corporate symposia and tutorials, committee meetings and receptions, and scientific and educational sessions. (Source: BioBridge Global press release, 5/7/15)

United Blood Services, Scottsdale, Ariz., recently shared a video produced by Brian Cisek from AZTV7/Cable 13 about Mr. Cisek's visit to Washington, D.C., for the America's Blood Centers Annual Meeting. Mr. Cisek accepted ABC's Media of the Year Award on behalf of the AZTV7/Cable 13 on March 23. The video features photos of Mr. Cisek and the United Blood Services blood drop mascot, Ubie, touring Washington and enjoying ABC's Annual *Awards of Excellence* and talent show.

IN MEMORIAM – James J. Gosnay, 68

The Community Blood Council of New Jersey (CBCNJ) announced on May 8 that the organization's CEO James J. Gosnay passed away last week after a long battle fighting cancer. Prior to joining CBCNJ, Mr. Gosnay worked for 20 years as an account sales executive for the Fenwal division of Baxter International. Mr. Gosnay, a supporter of the Foundation for America's Blood Centers (FABC), joined CBCNJ in 1996 as its independent hospital contract administrator, and was brought on as a full-time employee in 1997. In 2001, he became the center's operations manager, and was appointed CEO in 2004. Mr. Gosnay graduated from St. Joseph's University in 1973, and was a proud veteran who served in the US Army's 793rd Military Police Corp; was honorably discharged in 1969. "Jim maximized CBCNJ's ability to save many lives by providing safe blood and blood products to hospitals throughout New Jersey and Pennsylvania," said CBCNJ in a statement. "To his CBCNJ family, Jim was a leader, a mentor, and our friend, but Jim's most important role was that of a husband, father, and grandfather." He leaves behind, his wife Gloria, his children Michelle, and Carla, along with his grandchildren, Lindsey, Lauren, Chloe, James, and Jasmine. Those wishing to pay their respect and leave condolences for Mr. Gosnay's family may do so here. (Source: CBCNJ statement, 5/13/14)



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IN MEMORIAM – Joseph C. Fratantoni, MD, 77

Joseph C. Fratantoni, MD, a long-time Washington, D.C.-area physician and retired Food and Drug Administration physician, passed away on May 6. Dr. Fratantoni worked as the director of the Division of Hematology at FDA for 18 years, beginning in 1978, where he managed the research and review of blood products related to transfusion. He led the review process for platelets and apheresis systems and led the research and review of blood substitutes. He also conducted research and review on cellular transfusion components, plasma derivatives, coagulation products, pathogen inactivation, and other blood-related issues. Dr. Fratantoni also worked for a number of biologics companies, most recently as a senior clinical consultant for the Biologics Consulting Group. He also served his community as a volunteer physician at Mercy Health Clinic, where he provided general medical care to the indigent patients who attend the clinic, consulting on hematology problems in this patient population. In lieu of flowers, Dr. Fratantoni's family asks that contributions be made in his name to the American Heart Association or the Montgomery County Library. Those who wish to may pay their respects here. ♦

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

Director, Education Programs & Grants. America's Blood Centers is seeking a director to be located at the Washington, D.C., headquarters. The ABC Director, Education Programs & Grants designs, develops and manages education programs and processes to drive a learning and continued education culture that delivers member value and satisfaction via the *ABC Professional Institute* (API). Works closely with all functional areas of ABC (meetings, communications and member services, HR, IT, SMT, executive, etc.) to create and deliver effective education components to maintain and enhance the API. This includes the design and facilitation of modules, programs, presentation materials, software or platform vendor management, and administration of the entire learning process. Work is based on a thorough needs analysis so that content informs objectives and appropriate measures are in place to ensure objectives. Learning programs should be research-based and align with adult learning principles. To apply online visit http://bit.ly/abc_api_position or send resume to anunes@americasblood.org.

Director of Donor Recruitment. The Blood & Tissue Center of Central Texas, located in Austin, is hiring a sharp and nimble Director of Donor Recruitment to develop and implement strategies that will attract and retain blood donors. This position will be responsible for providing tactical direction to the recruitment team and will be focused on achieving monthly goals that will directly impact the organization and ultimately save lives in the communities we serve. Qualified candidates must have a college degree with four years of sales experience or five to seven years sales experience in lieu of college degree. Blood banking or donor recruitment experience is a plus. Must have five to seven years of management and leadership experience. Possess excellent planning, budgeting and communications skills (written and verbal). Exhibit professional conduct and demeanor at all times. Have the ability to work flexible hours, including evenings and weekends as necessary. Must be at least 21 years of age, have a valid driver's license, proof of insurance and an acceptable driving record. Please visit www.inyourhands.org to apply.

Mobile Operations Supervisor (DS041). Responsible for the supervision and management of mobile blood drives. Will assist in planning, organizing, and directing

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POSITIONS (continued from page 14)

the operations of mobiles. Must have at least two years mobile blood banking work experience or five years related medical experience required. Supervisory experience preferred. Computer experience preferred. 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.

Quality Assurance Specialist (QA Dept.) QA002. Responsible to review Standard Operating Procedures (SOPs) and forms. Will also review validation, calibration, Quality Control (QC), and maintenance records for equipment and supplies used at South Texas Blood & Tissue Center (STBTC) and its affiliates. Will assist with conducting internal audits and assist during external audits. Will provide assistance to departments for special projects. Bachelor's degree in Laboratory Science or related discipline; or Associates Degree with MLT Certification and five years' experience. Two years blood bank or transfusion services experience preferred. Must have working knowledge of PC software applications using Windows, Microsoft Word, Excel and other software programs as required. Certification: MLS / MLT / MT (ASCP) preferred. 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.

Donor Group Representative. SunCoast Blood Bank, located in Sarasota on Florida's Gulf Coast is seeking an account management professional to handle our Southern territory. This position involves working with community and business organizations to promote and organize mobile blood drives. Position requires four years account management, sales or other relevant experience with a proven track record of achieving established goals and standards. Base compensation with monthly bonus program. Excellent benefits package. Please submit resume to jobs@scbb.org. Applicant drug testing required. EOE

Director, Regional Center (LifeShare). Blood Systems is hiring for a Director, Regional Center to fill its vacancy in Elyria, OH at our new member location LifeShare. Under minimal direction, this position is responsible for daily management of all operational and regulatory activities of the blood center. This position is responsible for ensuring the compliance with policies, programs, or directives set forth by Blood Systems. This position is responsible for the daily operational management of the full scope of the blood center. Requirements: bachelor's degree, eight years related experience to include five years supervisory experience. Knowledge of healthcare or blood service operations and previous blood center or healthcare industry experience preferred. For immediate considered, please apply no later than **5/7/2015** on our website at: www.bloodsystems.org > Employment. Find the Hero in You. Donate blood three times a year! Blood Systems provides equal employment opportunities to minorities, females, veterans, and disabled individuals, as well as other protected groups. Our organization participates in E-Verify, for more information click here.

Lab Director (LifeShare). Located in Elyria, Ohio and a new member of Blood Systems, LifeShare is seeking a Lab Director to serve as the technical subject matter expert who will be responsible for the technical oversight of the laboratory and technical support functions. This position ensures Current Good Manufacturing Practice (cGMP) regulations are in place for the manufacturing processes including SOPs, training and competency, and error management. Requirements: Bachelor's degree, five years laboratory experience to include three years supervisory experience, certification as medical technologist, BB or SBB preferred, state licensure required. Qualified applicants send resumes to humanresources@lifeshare.cc Attention: Lab Director. LifeShare provides equal employment opportunities to minorities, females, veterans, and disabled individuals, as well as other protected groups.

Director of Community Relations, Recruitment, and Development. Central California Blood Center (CCBC) located in Fresno, CA is seeking a senior level professional with a minimum of five years' experience in some combination or closely related to, high level community relations, donor recruitment, and fund development. The best fit candidate must have progressive and proven history in the management of several small departments of staff to include Donor Recruiters, Telerecruiters, Marketing and Media staff, and Volunteer Coordinator. Experience in budgeting, analytics, effective written, verbal, and interpersonal skills, with excellent facilitation, negotiation, and conflict resolution skills are all required. Experience in designing and implementing successful donor recruitment campaigns to maintain and increase donor-base strategically to meet goals and projections as directed by President/CEO. As a member of the Senior Management Team (SMT) reporting to the President/CEO, the expectations include active participation in the administrative processes of CCBC. A minimum of a bachelor's degree preferred in Management, Public Relations, Communications, or Marketing with appropriate related experience will be considered. To apply send resume and salary history to avanderberg@donateblood.org. All

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POSITIONS (continued from page 15)

qualified applicants will receive consideration for employment without regard to race, color, sex, religion, national origin, age, protected veteran status, disability status, or any other characteristic protected by law.

Senior Director. The Mississippi Valley Regional Blood Center (MVRBC) is conducting a search for an experienced leader to oversee our Donor Services department as a Senior Director, Donor Services. This opportunity is a full-time position based in our Davenport, Iowa location. The Senior Director will be responsible for the oversight and performance of 400 plus employees throughout the MVRBC service territory ensuring staff perform collection activities and implement initiatives that are in accordance with all regulatory entities, and established SOPs. As Senior Director you will be tasked with the responsibility of providing and demonstrating consistent and strong leadership skills in support of the MVRBC mission and regulatory compliance. This position requires a high level of critical thinking and problem solving. Position includes frequent travel within the MVRBC service territory. May require occasional travel throughout the U.S. to attend meetings and conferences as needed. Requirements: The ideal candidate will have a minimum of eight years' experience in previous blood center setting or similar health care setting and a minimum of five years' supervisory experience preferred. Graduate of accredited School of Nursing, College, or University is desired. RN license must be valid in state(s) as required and in good standing. To apply, please visit: http://www.milwaukeejobs.com/j/11568059. Equal Opportunity Employer: Minorities, Women, Veterans, Disabilities.

Sr. Program Manager – Donor & Volunteer Engagement (Job #7574ABC). Puget Sound Blood Center is now Bloodworks Northwest! We've grown, and today we're touching and saving lives far beyond Puget Sound -- serving nearly 90 hospitals in Washington, Oregon, and Alaska. Every day we work to save lives through research, innovation, education and excellence in blood, medical and laboratory services. We have proudly served donors and patients in partnership with our community for 70 years. Requirements include: Bachelor's degree in Marketing, Business Management, Communications, Public Relations, or equivalent experience; minimum five years senior level experience in some combination of program management, marketing or community relations, with demonstrated experience in budgeting, analytics and public speaking. Experience with nonprofit or community giving programs preferred. Experience in designing and implementing successful social media campaigns, demonstrated effective written, verbal and interpersonal communication skills, excellent facilitation, negotiation and conflict resolution skills are all required. More information at www.bloodworksnw.org. Qualified applicants send resumes to humanresources@bloodworksnw.org Attention: Job #7574ABC. Bloodworks Northwest is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, sex, religion, national origin, age, protected veteran status, disability status, or any other characteristic protected by law.

Director of Blood Collections Operations and Training. Kentucky Blood Center, located in Lexington, Kentucky is seeking a resourceful, self-motivated individual to assist the Executive Director of Blood Collections in oversight of all aspects of technical and administrative functions of the Blood Collections operations and training, ensuring quality, accuracy, excellent customer service and efficiency of the departments. Responsibilities include, but are not limited to; monitoring and reviewing staff schedules; reviewing and approving Performance Evaluations; supporting Blood Collection Managers with personnel challenges; assisting with special projects; overseeing training and proficiency of Blood Collections staff to assure safe and pleasing donation experiences for donors and safe blood products for recipients; and overseeing staff competency. MLS or Registered Nurse required. Competitive salary, comprehensive benefits including health/dental, life, STD, LTD, 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.

Manufacturing/Hospital Services Manager. Blood Bank of Hawaii, a medium-size blood center (50,000 RBC distributions annually), has an exciting opportunity for a Manufacturing/Hospital Services Manager. This leadership position is responsible for overseeing the operations, staffing and management of the Component Laboratory and Hospital Services departments. Responsibilities will include: ensuring efficient and effective operations in blood product manufacturing, hospital satisfaction in meeting blood product needs and mentoring and developing a Hospital Services Supervisor and a Manufacturing Supervisor. The ideal candidate will have a BA/BS in Medical Technology or a related science, knowledge of federal and state regulations as they relate to blood center operations, and at least three years of blood center experience. Two or more years of supervisory experience required. We offer a competitive salary and excellent benefits. Please apply via our website: www.bbh.org.

Medical Technologist. The Blood & Tissue Center of Central Texas, located in Austin, is hiring a certified lab professional to perform all patient testing functions and donor processing. This includes viral marker EIA testing, ABO testing, antibody screens and work-ups, antigen testing and cross-matching, as well as RPR and

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POSITIONS (continued from page 16)

CMV testing. This position will have a direct impact on our mission and will ultimately help save lives in our community. Even better, they will work in a great environment with smart people who care about the work they do! Qualified candidates must be able to work in an area where bio-hazardous elements can exist. BS in Medical Technology (or equivalent) and ASCP or NCA Certification as a Medical Technologist or Blood Bank Technologist is required. AS and certification as MLT or BB will also be considered. Must be at least 21 years old, have a valid driver's license, proof of vehicle insurance, and an acceptable driving record. Must be able to work a rotating weekly schedule, participate in on-call, and have the availability to work on the weekends and holidays as scheduled. Familiarity with cGMP, AABB and FDA regulations is desired. Please visit www.inyourhands.org to apply.

RN – Therapeutic Apheresis (Part Time). We are looking for a Nurse to be part of our Apheresis Program. This opportunity includes collecting peripheral blood stem cells for the Be The Match program and mononuclear cells for the Dendreon Program. Responsibilities also include performing plasma exchange, red blood cell exchange, white cell depletions and photopheresis to help hospital patients with varying levels of acuity. The majority of procedures are done on a one to one nurse to patient ratio. To perform all procedures, you will work with four different apheresis instruments and develop a career in a field that is growing every year. The schedule is primarily first shift, three days a week, Monday - Friday. Also involves occasional evenings and rotating on-call weekends. The ideal candidate will enjoy working independently with minimum supervision, be able to multi-task and work under high pressure situations. You will learn to apply your apheresis and nursing skills to both adult and pediatric patients. Licensure as a Registered Nurse required. Experience in intensive care, advanced hospital nursing, or dialysis is preferred. Please apply via our website: www.miblood.org. EOE

Medical Director. Blood Systems is seeking a full-time clinically-focused Transfusion Medicine physician to join its Medical Affairs team. The Medical Director is responsible for coordinating communications between United Blood Services' district centers, the local medical community, and Corporate Medical Affairs in Scottsdale, AZ. Responsibilities include consultation with hospital staff and clinicians, hospital visits, patient blood management oversight, CLIA laboratory directorship, and medical direction to collections, manufacturing, and local clinical service functions. The successful candidate will be able to direct district medical operations from a number of hub locations within the 20 states served by Blood Systems. Requirements: 1) MD, DO or equivalent degree 2) Medical license in the state(s) of work within six months 3) Board eligibility in Transfusion Medicine 4) Blood Bank/Transfusion Medicine certification within two years of employment 5) Fellowship training or equivalent experience in blood banking/transfusion 6) Experience at a blood center and/or hospital transfusion service including provision of education, clinical consultations, and some combination of therapeutic apheresis, cell therapy, laboratory, immunohematology, etc. experience. For more information or to apply please visit: www.bloodsystems.org Employment. Blood Systems provides equal employment opportunities to minorities, females, veterans, and disabled individuals, as well as other protected groups. Our organization participates in E-Verify, for more information click here.

IRL Technologist (Medical Technologist). Are you looking to make a difference in the job you do? The American Red Cross collects over 6.5 million units of blood annually and provides best in class IRL/testing services via our network of 41 local IRL offices. The IRL Technologist will perform basic and advanced blood donor and patient tests and interpret results to determine blood donor-recipient compatibility as well as other duties as assigned. MT (ASCP) and/or BB (ASCP) required, blood banking experience is preferred. Positions available nationwide. For more information or to apply visit: www.americanredcross.apply2jobs.com. The American Red Cross Blood Services IRL group is accepting applications for a variety of positions in the following states: Alabama, Arizona, Arkansas, California, Georgia, Kansas, Kentucky, Maryland, Missouri, Nebraska, Ohio, Pennsylvania, Puerto Rico, South Carolina, Texas and Virginia. The American Red Cross is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected veteran status, age, or any other characteristic protected by law.