



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #22

June 12, 2015

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REDS-III Investigators Report Results of Largest Transfusion-Transmitted Dengue Study

The largest study to-date investigating transfusion-transmitted (TT) dengue virus (DENV) confirms that a large number of asymptomatic, dengue-infected blood donors give blood in an epidemic area and that recipients frequently receive dengue RNA-positive blood; however, infection and significant illness are unusual. They suggest screening donors for dengue RNA in these settings would not likely lead to an important boost in transfusion safety.

As many as 400 million people are infected with the mosquito-borne DENV annually, and it is a leading cause of illness and death in the tropics and subtropics. In recent years, concern over the TT-DENV has increased, but few cases have been reported and the true burden and clinical consequences of TT-DENV are controversial. Brazilian and US researchers led by Ester C. Sabino, MD, of the University of São Paulo, Brazil, conducted a linked donor-recipient study in Rio de Janeiro and Recife during explosive dengue epidemics in 2012 to characterize rates of TT-DENV from dengue RNA-positive blood donations and clinical signs and symptoms of TT-DENV.

The researchers collected samples from Brazilian blood donors and recipients from February to June 2012 during dengue outbreaks and retrospectively tested for dengue RNA by transcription-mediated amplification. The donations from participating donors were linked to recipients at participating hospitals. To define clinical outcomes from transfusion of RNA positive blood, the authors compared the charts of transfusion recipients who received DENV RNA-positive blood (case group) with recipients receiving only RNA-negative units (control group).

In 39,134 blood donors, DENV-4 viremia was confirmed in 0.51 percent of Rio de Janeiro and 0.80 percent of Recife donations. Forty-two RNA-positive units were transfused to 35 recipients. Sixteen of these RNA-positive units were transfused to 16 patients considered susceptible to dengue. The authors identified six cases of TT-DENV among these 16 patients, leading to a TT-dengue rate of 37.5 percent, much higher than the 0.93 percent rate of viremia in non-exposed recipients.

“Our findings confirm that during seasonal epidemics, substantial proportions of asymptomatic donors with infection are donating blood and recipients are receiving RNA-positive components,” wrote the authors.

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OUR SPACE

Matt Granato, ABC's Chief Operating Officer

What is a "Member" and Why Does it Matter?

It seems like a simple question with a simple answer, but in the past year, America's Blood Centers has been struggling to answer it. First, a member is a dues-paying entity. There are currently 65 members in the network (down from 78 when I joined ABC in 2002). For the official definition, we turn to the ABC Bylaws, in which an active member is defined as a US or Canadian government-licensed, non-profit community or regional blood program governed by an independent board of directors serving two or more hospitals. In reality, however, members come in a variety of shapes and forms. The current healthcare environment, which has placed blood centers under strenuous financial pressure, has led to the adoption of both traditional and innovative business models that have reshaped ABC membership. Today, 76 percent of members fit the definition above. However, the remaining 24 percent are either independently licensed affiliates, units or divisions of other members (14 percent), holding companies (five percent), or "other" (academic, hospital-based, or non-US). Nothing prevents that 14 percent from being folded into their parent company's membership, receiving the same membership benefits (minus the right to vote).

ABC has also been pondering modifying the dues structure. Presently, membership dues, which are the main source of revenue for the association, are calculated according to size. Dues have a "base" component for each blood center size category (small blood centers have a lower base payment) and a "per phlebotomy" rate (large blood centers pay a lower rate per phlebotomy). With each merger, acquisition, or partnership we lose a base payment, and revenue decreases. Yet the association continues providing the same services, and in most cases, to the same number of individuals as before. To rectify this discrepancy with our dues structure, we must first define "member." Thus, arriving at an all-inclusive definition of member is crucial to the sustainability of the organization.

For this reason, ABC's board of directors has convened a Summit on Membership, to take place in Chicago on July 20. Three ABC committees and task forces will come together to formulate a definition of member that takes into account all current business models, but also allows for expansion. Simultaneously, participants will agree on a new dues structure that is fair and provides ABC with the financial resources to successfully represent your interests and deliver on our strategic plan. To hear the outcome of the Summit and have your voice heard, attend the ABC Members' Meeting on Aug. 6 during the Summer Meeting in Philadelphia (contact lbeaston@americasblood.org for registration details).

mgranato@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.

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REDS-III TT-DENV Study (continued from page 1)

The data showed no association between transmission and viral load in the transfused RNA-positive units, recipient demographics, component type, or duration of storage prior to transfusion. There was no difference in clinical symptoms between patients with TT-DENV and control recipients, and none developed severe DENV.

“This very large and complicated study, funded by the National Heart, Lung, and Blood Institute under the REDS-III international program and incredibly well executed by Dr. Sabino and our Brazilian team, illustrates how challenging it is to establish the rate of transfusion transmission and disease consequences to infected recipients for a virus like dengue, which is vector borne, such that very high background rates of infection are occurring in hyper-endemic regions like Brazil,” said Michael Busch, MD, PhD, director of Blood Systems Research Institute, a study co-author.

He added that the “results indicate that screening donors for dengue RNA in these settings is probably not warranted.” Further, he suggested that studies like this one be conducted to address the transfusion transmission risk and disease consequences of similar viruses like chikungunya and Zika viruses. These viruses are spreading widely in the Americas but no TT cases have been reported. He recommended that such studies must enroll transfused patients and test linked donor samples in settings with epidemics, such as Central and South America.

“We believe that such studies are critical to guide policies on donor screening and pathogen reduction, rather than implementing expensive interventions with minimal or no evidence regarding disease consequences for recipients,” said Dr. Busch. “This is especially important in resource-limited settings with very large community outbreaks of these diseases, which need to be addressed by broader public health interventions.”

The authors note that their study has limitations, including the small number of DENV RNA-positive donations transfused to recipients deemed “susceptible.” Additionally, the study was conducted in a hyper-endemic setting with high rates of past exposure, meaning that the results should not be generalized to populations in non- or low-endemic areas.

Citation: Sabino EC, *et al.* Transfusion-transmission of dengue virus and associated clinical symptomatology during the 2012 epidemic in Brazil. *J Infect Dis* 2015 June 8. [Epub ahead of print] 

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer’s name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Betty Klinck at newsletter@americasblood.org. You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.



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 Welcomes John E. Murphy as New CFO

America's Blood Centers has appointed John E. Murphy to the position of chief financial officer (CFO), following the retirement of William (Bill) M. Coenen, who served in various volunteer and leadership positions with ABC since the 1970s. Mr. Murphy currently serves as chief financial and administrative officer for OneBlood in Florida, overseeing all financial aspects of the organization, as well as health/safety, facilities, fleet, and procurement.

Prior to the merger of three blood centers that now form OneBlood, Mr. Murphy served as chief financial officer of Florida's Blood Centers (now a part of OneBlood). He also currently serves as president of the OneBlood Foundation. Before joining OneBlood, Mr. Murphy was a leader at Darden Restaurants, where he rose to the position of senior vice president with assignments in finance, real estate development, purchasing and distribution, information technology, and mergers/acquisitions. He began his career as a consultant for Arthur Anderson and Co., specializing in healthcare, manufacturing, hospitality, and state and local government.



His community involvement includes an 11-year term on the Health Central Hospital's board of trustees, where he also served as chair, as well as previous service as treasurer of the West Orange Committee of 101 and president of the Winter Garden Heritage Foundation. Mr. Murphy serves as the chair of the Architectural Review and Historical Preservation board of the City of Winter Garden. In July 2013, he was appointed by Florida Gov. Rick Scott to serve as a trustee of the West Orange Healthcare District, for which he now serves as board chair.

Mr. Murphy succeeds Mr. Coenen, who had volunteered his time for the last several years, providing leadership and guidance to ABC in a number of positions, including interim CEO, chief operating officer, and most recently, CFO.

Like Mr. Coenen, Mr. Murphy will volunteer his time and expertise to oversee all financial aspects of ABC. Responding to a request calling for volunteers to serve in this role, Mr. Murphy commented, "Bill Coenen is my role model in his selfless giving back to ABC and the blood community. I am inspired to follow in his footsteps".

"We are thrilled to welcome Mr. Murphy to ABC and I am confident that he will be a strong addition to the ABC team, adeptly guiding us in our financial endeavors to position ABC for continued success," said ABC CEO Christine Zambricki, DNAP, CRNA, FAAN.

Mr. Murphy is a certified public accountant and received his undergraduate degree in accounting from the University of South Florida.

INSIDE ABC (continued on page 5)



COMING TO A COMPUTER SCREEN NEAR YOU ... THE NEW ABC MEMBER SITE!

ABC is pleased to announce the launch of the new and improved ABC member site. The new ABC member site is an exclusive community for ABC members to access association and industry news, resources, and tools to help you in your job. It is also home to the developing ABC Professional Institute, a one-stop-shop for ABC members to find all of ABC's educational resources including:

New Features:

- Improved search functionality to find exactly what you need
- Intuitive and visually attractive layout
- Ability to add frequently accessed pages/resources to your "favorites"
- Customized profile and dashboard



FACE-TO-FACE LEARNING:

Access information about ABC's meetings and specialty workshops



ONLINE LEARNING:

Learn about ABC's upcoming educational webinars or play recordings of past webinars



PUBLICATIONS:

Stay updated on industry and association news



LEARNING COMMUNITIES:

Share best practices and learn from your blood center colleagues

INSIDE ABC (continued from page 4)

ABC Solicits Responses to Financial Management Workshop Survey

America's Blood Centers' Financial Management Workshop Planning Committee is currently soliciting responses from ABC member blood centers to a survey regarding current financial practices and information.

The survey results will be shared during the Financial Management Workshop, taking place in Chicago from Sept. 16 to 17. Those participating in the survey, but unable to attend the workshop will receive a report with the results following the workshop. The survey is available only to ABC members and can be completed online in about 15 to 20 minutes. ABC members can find more information in MCN 15-047, or may contact Trudy Thompson at tthompson@americasblood.org. Surveys must be completed by **June 19**.

Submit Your Unusual Cases to ABC for the Morbidity & Mortality Rounds

America's Blood Centers is requesting that ABC members submit interesting or unusual blood banking cases for discussion during the Morbidity & Mortality Rounds session at the Medical Directors Workshop, to be held on Aug. 4 in conjunction with the ABC Summer Meeting in Philadelphia.

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INSIDE ABC (continued from page 5)

The Morbidity & Mortality Rounds focus on interesting or unusual cases involving all aspects of blood banking, from the donor room to the hospital. These can include donor reactions, transfusion complications, “new” indications for therapeutic apheresis, compliance issues, etc. This is a chance for ABC member blood center professionals to receive real-time input from their colleagues. Each case will be allotted five to 10 minutes for presentation and discussion.

Those interested in submitting a case for the session should contact Gary Levy, MD, at glevy@lifeshare.org or (318) 673-1463. ♦

RESEARCH IN BRIEF

A survey and literacy assessment of donors conducted by Canadian Blood Services suggests that first-time donors are more likely than repeat donors to read the pre-donation educational pamphlet but that most donors do not feel motivated to read the materials. Pre-donation reading materials are used to inform donors about testing, potential complications of donation, and signs, symptoms, and risk-factors of transfusion-transmissible diseases. Previous studies have suggested that many donors either do not read or only skim the materials, and there have been efforts in both the US and Canada to create shorter, more easily comprehensible donor education materials. Sheila F. O’Brien and colleagues of Canadian Blood Services conducted a survey to assess self-reported attention to the donor pamphlet, as well as post-donation interviews to gain insight into potential motivators and impediments to reading the materials. In 2008, they sent anonymous questionnaires via mail to 40,000 whole blood donors, of which 18,108 (45 percent) responded. Of those, 6,454 were first-time donors. They also conducted face-to-face post-donation interviews with 441 donors, asking additional questions about reading materials and conducting a literacy test. The authors conducted qualitative interviews with 27 donors to assess their approach to reading, purposely selecting some donors who reported having only skimmed the materials and others who had read them carefully. In the national mail-in survey, most of the first-time donors said they read all or most of the materials. In the face-to-face interviews, most donors were aware that they would be informed of positive transmissible disease tests results, but fewer recalled seeing the definition of sex in the pamphlet. Literacy was poor overall but similar when comparing those who read thoroughly, skimmed, or did not read the materials. More than 30 percent of the donors’ literacy levels were low enough that the authors expected they would have poor comprehension. Qualitative interviews showed that donors are reluctant to read any more than necessary and decide whether to read based on the perceived importance or relevance. The first donation was the strongest predictor of both reading the pamphlet and reading it carefully when the perceived benefit is likely greatest. “Donor reading materials must overcome the reluctance of donors to read, since it is clear that simply telling donors to read the pamphlet each time does not ensure that they will,” concluded the authors. They added that an abbreviated pamphlet using simpler language and bullet points may be helpful, as well as using technology to share pre-donation information, including educational video clips linked to donation reminder e-mails.

Citation: O’Brien SF, *et al.* Donor attention to reading materials. *Vox Sang.* 2015 May 14. [Epub ahead of print] ♦

RECENT REVIEWS

The British Committee for Standards in Hematology (BCSH) recently published in the *Transfusion Medicine* journal new guidelines on the clinical use of apheresis procedures in the treatment of patients and collection of cellular therapy products. This guideline is an update of the archived BCSH guideline on the clinical use of cell separators published in 1998. The new guideline provides insight into the modern practice of clinical apheresis in the UK, and expands the scope to include procedures performed on dialysis equipment and information about commonly encountered diseases that is of practical value for those delivering apheresis services. Topics include thrombotic thrombocytopenic purpura, sickle cell disease, extracorporeal photopheresis, and lipoprotein apheresis. The guideline also provides detailed information on the use of apheresis to collect cellular therapy products, which will be especially useful given the trend of increasing allogeneic and autologous stem cell transplants. “It is hoped that users will find this guideline to be practically useful for regularly encountered situations in apheresis and it will become a document that encourages improvement and standardization of clinical apheresis services within the UK,” wrote Gavin Cho, of London North West Healthcare NHS Trust in London, UK, in an accompanying editorial in *Transfusion Medicine*. The guidelines can be accessed for free [here](#).

Citations: Howell C, *et al.* Guideline on the clinical use of apheresis procedures for the treatment of patients and collection of cellular therapy products. *Transfus Med.* 2015 Apr;25(2):57-78.

Cho G, Douglas K. BCSH guideline on the clinical use of apheresis procedures: new changes and future directions. *Transfus Med.* 2015 Apr;25(2):55-6. 💧

BRIEFLY NOTED

A special report published on June 4 in *The New England Journal of Medicine* suggests that genomics testing does not fit into the Food and Drug Administrations’ “antiquated” medical device approval framework and that FDA must develop new regulations and statutes to support the ongoing growth and development of genomic testing. Barbara J. Evans, PhD, JD, from the University of Houston Law Center’s Center for Biotechnology and Law, and colleagues, explain in the report how two recently published FDA draft guidances outlining regulations for [laboratory developed tests](#) could “subject genomic testing to counterproductive regulatory burdens that may – ironically – diminish consumer safety and chill innovation.” They add that “a relatively modest set of statutory reforms that builds on the concept the FDA has developed for drugs and other medical devices could position the agency to play a crucial and constructive role.” The authors explain the numerous challenges regarding the regulation of genomic tests, including FDA’s requirements to assure the analytical and clinical validity of approved diagnostic tests. Next-generation sequencing and other genomic tests are capable of identifying millions of unique variants for which clinical implications have yet to be defined, which would mean that, under FDA’s current medical device approval framework, large-scale data collection is necessary to demonstrate the clinical validity of these tests in premarket approval studies. Furthermore, “genomic testing needs an ongoing, decades-long program of continuous learning to clarify both benefits and risks that are not yet known.” The authors note that FDA’s current device regulations do not yet “add up to a comprehensive, modern framework to support continuous learning and nimble response.” The authors suggest that Congress support funding for a genomic testing postmarket data collection system similar to the National Medical Device Postmarket Surveillance System proposed by the Center for Devices and Radiological Health. “Inferring the clinical significance of novel genetic variants demands extremely large-scale data resources – sequences for hundreds of thousands to millions of people – and deep phenotypes:

(continued on page 8)

BRIEFLY NOTED (continued from page 7)

longitudinal health data including all diagnoses ... as well as treatments and outcomes,” write the authors. They note that even the Precision Medicine Initiative, announced by President Obama in January, which envisions developing a 1-million-person cohort, is still far too small to establish the clinical validity of most of the variants detected by genomic tests. The authors suggest that FDA should work with Congress and forge public-private partnerships to overcome barriers, which will require long-term, sustainable funding. They conclude that “statutory reforms should focus on granting the FDA a correct package of legal powers, seed funding, and legal pathways to encourage public-private partnerships to develop and sustain data resources for the right regulation of genomic testing.” ABC members may want to monitor regulatory progress related to genetic testing and the [Precision Medicine Initiative](#), as federal agencies have already taken an interest in the role that blood centers may play in conducting genomic testing of donors.

Citation: Evans BJ, *et al.* The FDA and genomic tests – getting regulations right. *N Engl J Med.* 2015 June 4;372(23):2258-64. 💧

GLOBAL NEWS

The Apheresis Industry Working Group has announced the development of a new standardized connection system for the solutions used during apheresis procedures, according to a May press release from the group. The Apheresis Industry Working Group includes Cerus, the European Blood Alliance (EBA), Fresenius-Kabi, Grifols, Haemonetics, Macopharma, Qosina, Scinomed, Technoflex, Terumo BCT, and Therakos. The new system, Correct Connect, is designed to reduce the potential for accidental misconnections during apheresis procedures by establishing a dedicated connection method for each apheresis solution. Correct Connect accomplishes this by introducing a new, inverted, threaded luer connector for use with anticoagulant solutions. The connectors used for platelet additive solutions, red blood cell additive solution, and saline remain the same. “The Correct Connect system offers a unique connection type for each apheresis solution. This helps prevent accidental misconnection of solutions and simplifies apheresis procedures for involved professionals,” said Gilles Folléa, former executive director of EBA. “In pursuing an internationally standardized connection, the apheresis industry working group and the companies involved have worked to improve donor and patient safety, with customer and regulator feedback in mind.” The system also reduces the potential of misconnection with other, incompatible medical equipment, including breathing systems and gases, enteral and gastric feeding tubes, catheter lines, and others. The Correct Connect system has been supported by the industry and blood establishments and the ISO committee TC 210/WG 5 is currently working on the new standard for the AC connector, which has been assigned the number ISO 18250-8. New disposable sets and solutions equipped with the Correct Connect System will begin to be introduced into the marketplace by some companies based on geographical region and regulatory approvals, beginning mid-year 2015. (Source: Apheresis Industry Working Group press release, 5/1/15)

CNN’s Vital Signs recently featured James Harrison, a 78-year-old Australian plasma donor whose plasma may have helped saved as many as two million babies. Known as the “man with the golden arm,” Mr. Harrison has donated plasma every week for the past 60 years. He became a blood donor due to an operation he had as a child, for which he received 13 units of blood, which saved his life. Mr. Harrison has an unusual antibody in his blood used to develop an injection called anti-D, which prevents pregnant women with rhesus-negative blood from developing RhD antibodies during pregnancy

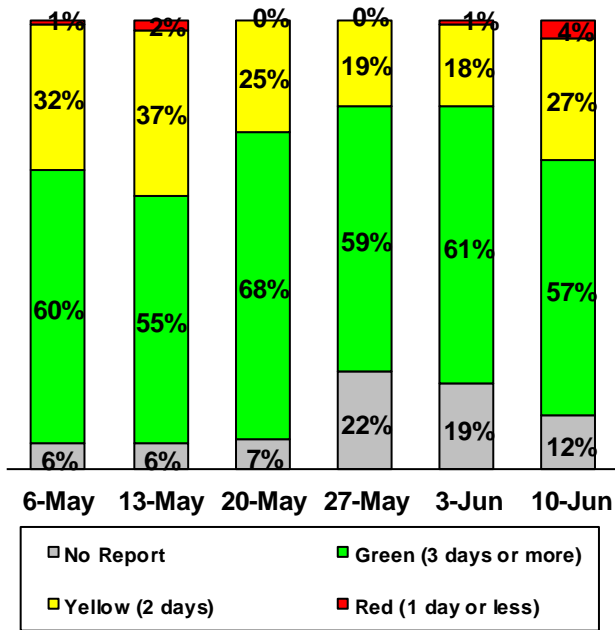
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GLOBAL NEWS (continued from page 8)

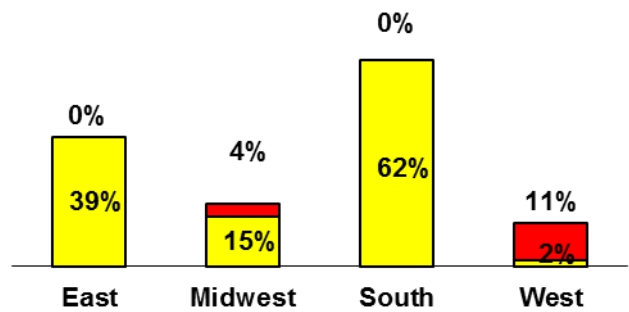
that can attack the blood of her RhD-positive womb – also known as rhesus disease. Rhesus disease happens when a pregnant woman has rhesus-negative blood (RhD negative) and the baby in her womb has rhesus-positive blood (RhD positive), inherited from its father. If the mother has been sensitized to rhesus-positive blood, usually during a previous pregnancy with a rhesus-positive baby, she may produce antibodies that destroy the baby’s “foreign” blood cells. Australia was one of the first countries to discover this blood type and the Australian Red Cross Blood Service credits Mr. Harrison and anti-D with saving the lives of more than 2 million babies. More than 17 percent of Australian women are at risk of developing rhesus disease, and Mr. Harrison is one of no more than 50 people in Australia known to have the anti-D antibodies. More information about Mr. Harrison’s story is available [here](#). (Source: CNN Vital Signs, 6/9/15) ♦

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, June 10, 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



REGISTRATION NOW OPEN



Summer Meeting

August 4-6, 2015 – Philadelphia, PA

Hosted by



Negotiated hotel room rate at Loews Philadelphia Hotel: \$199 + tax
www.loewshotels.com/philadelphia-hotel

2015 Summer Meeting Schedule and Fees

Medical Directors Workshop: Aug 4 (\$415)

Medical Directors Workshop and SMT Forum: Aug 4-5 (\$445)

Summer Meeting: Aug 5-6 (\$625)

Medical Directors Workshop and Summer Meeting: Aug 4-6 (\$725)

Don't miss the opportunity to join your fellow blood bankers on the links at the 5th Annual Links for Life golf tournament - Aug 6; Woodcrest Country Club (Cherry Hill, NJ) benefitting the FABC.

Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for registration fees and information.

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

Philadelphia, known as the “City of Brotherly Love” and the “Cradle of Liberty,” a place where sharing diversity of opinion is welcome and there is a rich history of innovation and bold new beginnings. With the passion of Rocky Balboa let us join together, interact and create change as demonstrated by our nation’s forefathers in crafting the Declaration of Independence.

- Your Hosts: Blood Bank of Delmarva, Central Pennsylvania Blood Bank and Miller-Keystone Blood Center

New Future Leader Scholarship Program: Don't let cost concerns hold you back from a valuable learning experience! Supported by the FABC, the Future Leader Scholarships offer non-C-suite blood center executives the opportunity to advance professionally by attending the ABC Summer Meeting. Three \$725 scholarships available; see registration for details.



Philadelphia International Airport (PHL) is served by most major airlines. Visit www.phl.org for more information.

MEMBER NEWS

Blood services all over the world will be thanking volunteer blood donors and encouraging others to give blood on June 14 for World Blood Donor Day (WBDD).

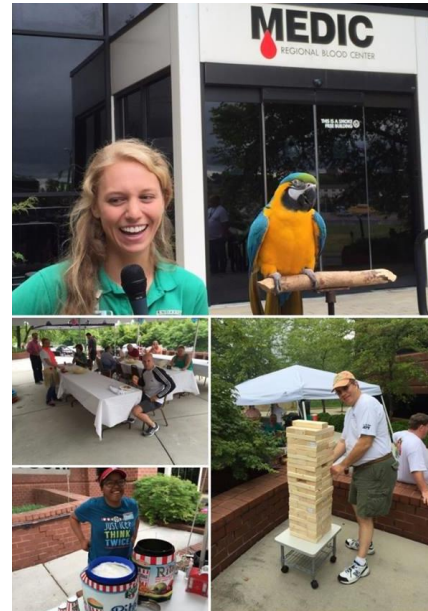
The World Health Organization (WHO) announced that the theme of this year’s WBDD campaign is “Thank you for saving my life.” It focuses on thanking blood donors who save lives every day through their blood donations and strongly encourages more people all over the world to donate blood voluntarily and regularly with the slogan, “give freely, give often. Blood donation matters.” WHO has provided a number of resources [online](#) for organizations interested in recognizing WBDD. America’s Blood Centers is recognizing WBDD by again partnering with Nexcare Bandages from 3M for the 7th annual “Give” campaign, focused on thanking recurring blood donors and encouraging others to join the cause on WBDD. Through this partnership, Nexcare Bandages provides resources to participating ABC blood centers, including a supply of limited-edition Nexcare Give bandages. Is your blood center celebrating WBDD? Send your press releases, photos, and stories to newsletter@americasblood.org, so that we can share your WBDD celebrations in the *ABC Newsletter*. (Source: WHO website, 6/11/15)



MEMBER NEWS (continued on page 11)

MEMBER NEWS (continued from page 10)

Hundreds of patients at East Tennessee area hospitals will have the lifesaving blood they need thanks to the 11th Annual Parrot Head Party hosted by MEDIC Regional Blood Center, Knoxville, Tenn. Parrot Heads, or fans of the music and styling of Jimmy Buffett, flocked to MEDIC's donor center on May 21. Volunteers with the Smoky Mountain Parrot Head Club, which helps many Knoxville-area community organizations, were some of the first to arrive. On Parrot Head Day, they're charged with grilling and assembling hundreds of burgers and hot dogs for all who stop by to donate blood. The donor center was covered in tropical decorations and songs like "Margaritaville" and "It's Five O'clock Somewhere" were on repeat. But the event wasn't just about Jimmy Buffett. All donors received refreshments and giveaways and were also entered into a random drawing for a pair of tickets to see Garth Brooks, and a prize package from Margaritaville in Pigeon Forge. A new addition to this year's event included a special visit by two stars from the Knoxville Zoo – two parrots along with their handler, Brittany Decker, who entertained dozens of donors and MEDIC staff during lunch. The event proved to be a huge success. MEDIC's downtown donor center saw nearly 10 times as many people as it does in a typical day, and the event comes at a much needed time. "During the summer months, people often find it more difficult to make the time to donate blood," said MEDIC CEO Jim Decker, DHA. "Events like Parrot Head Day are a great way to make sure the community has the blood supply it needs while thanking our donors for the lifesaving work they do all year long." MEDIC has other promotions planned for the summer aimed at helping boost donor turnout especially around the Independence Day and Labor Day holidays. (Source: MEDIC Regional Blood Center press release, 6/8/15) 💧



Entertainment at MEDIC Regional Blood Center's 11th Annual Parrot Head Party included parrots from the Knoxville Zoo, games, and refreshments.

PEOPLE

Richard J. Benjamin, MD, PhD, has been appointed chief medical officer of Cerus, effective July 13, announced Cerus in a June 8 [press release](#). Dr. Benjamin joins Cerus from the American Red Cross where, as the chief medical officer, he oversaw the organization's donor and patient safety issues related to blood collection and transfusion. "We have been privileged to have Dr. Laurence Corash serving as both our chief medical officer and chief scientific officer since his co-founding of the company. Today, we enhance an already formidable scientific and medical team at Cerus with the addition of Dr. Benjamin, one of the world's foremost experts on blood safety," said William 'Obi' Greenman, president and CEO of Cerus. "There is no one more capable than Dr. Benjamin to lead Cerus' clinical research and medical affairs as we pursue commercialization of the Intercept platelet and plasma systems in the US and take steps to advance the Intercept red blood cell system beyond clinical development." Dr. Benjamin served as chief medical officer of the American Red Cross since 2006. He is a board member and regional director for North America for the International Society of Blood Transfusion, as well as an active member of AABB. He is an adjunct associate professor of pathology at Georgetown University in Washington, D.C., and has served on the US Department of Health and Human Service's Advisory Committee on Blood Safety and Availability. (Source: Cerus press release, 6/8/15) 💧

MEETINGS

July 14-15 **Radiation Injury Treatment Network: Medical and Organizational Challenges Resulting from a Radiological/Nuclear Emergency, Rockville, Md.**

The Radiation Injury Treatment Network (RITN), a collaborative between the National Marrow Donor Program and the American Society for Blood & Marrow Transplantation, will hold a meeting titled “Medical and Organizational Challenges Resulting from a Radiological/Nuclear Emergency” from July 14 to 15 at the Rockville Hilton in Rockville, Md. More information can be found [here](#). Registration is available [here](#).

Oct. 22-23 **9th WFH Global Forum, Montreal, Canada**

The 9th World Federation of Hemophilia (WFH) Global Forum on Research and Treatment Products for Bleeding Disorders is an opportunity to survey both the current and future state of global bleeding disorders care. It will be held Oct. 22 to 23 at the Montreal Marriott Château Champlain in Montreal, Canada. With new categories of products becoming available, along with ongoing developments in gene therapy and other clinical research, there is a natural convergence of research, safety, and supply topics. The 9th WFH Global Forum will combine both safety and supply issues with the research components that were previously part of the WFH Global Research Forum. This newly combined meeting is now open to all interested parties and more information can be found at www.wfh.org/en/globalforum.

Contact: gf2015@wfh.org

July 24-28,
2016 **WFH 2016 World Congress, Orlando, Fla.**

The World Federation of Hemophilia (WFH) and the National Hemophilia Foundation (NHF) are holding the WFH World Congress at the Orange County Convention Center in Orlando, Fla., which is expected to be the largest international meeting of the global bleeding disorders community in history. The WFH 2016 World Congress, the first in the US since 1990, will bring together participants from more than 125 countries. Immediately following NHF’s 68th Annual Meeting, the WFH 2016 World Congress represents a unique opportunity for US healthcare providers, patients, and their families to join the international community. More information is available at www.wfh.org/congress/en/home.

Contact: Jens Bungardt, CMP, congress & meetings director: jbungardt@wfh.org. ♦

Correction

Last week’s *ABC Newsletter* featured an article on the front page titled “FDA Publishes Long-Awaited Update of Rules Governing Blood Donor Eligibility, Product Suitability.” In the continuation of that article on page three, we inadvertently omitted an important sentence about changes to the Code of Federal Regulations (CFR) regarding screening for transfusion transmissible diseases. The text has been amended to include the following: “FDA also removed from the CFR a reference to the donor’s history of viral hepatitis.” We apologize for any confusion caused by this omission.

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

Assistant Director of Training and Education/Systems Development. Blood Assurance is seeking an Assistant Director of Training and Education/Systems Development to conduct training sessions, assess training needs, develop training and competency programs, maintain training documentation and evaluate the effectiveness of training initiatives. This position reports to the Director of Training and Education and serves as a management contact for the Training department and its customers. Travel with overnight stays will periodically be required to meet business needs covering a three-state area (TN, AL and GA). Minimum qualifications include the following: At least five years prior related experience in training program development, design and facilitation. ATD certification (CPLP) or equivalent education and experience in adult learning environments. Experience with e-learning and Articulate. Experience in healthcare and/or the non-profit sectors preferred. Supervisory experience also preferred. Advanced skills in all forms of communication, including group presentations and translation of complex information. Ability to multi-task and prioritize assignments, meeting deadlines in a fast-paced work environment with composure and attention to detail. Qualified candidates are encouraged to apply online at: <http://bit.ly/1JMXBzN>.

Director of Blood Collection. Indiana Blood Center (IBC) is currently looking for a Director of Blood Collection. This position is responsible for developing and directing IBC's strategic blood collection plans to achieve annual red cell and apheresis collection goals within budget guidelines. Accountable for all blood collection management functions including budget development, policy and procedure development/review, compliance with regulatory agencies, and staff technical training. Bachelor's degree required. RN or MT and master's degree preferred. A minimum of five years management experience in health care related setting. Must be proficient in Microsoft Office products to perform the functions of the job and access company communications. Valid Indiana driver's license required. The successful candidate will have proficient knowledge of the principles and practices of blood collection operations and management knowledge of blood center operations. Ability to communicate effectively, in a professional manner. Ability to function in a very high stress atmosphere with the necessary skill to evaluate, problem solve and authorize the movement of

staff and/or equipment. Ability to tolerate many interruptions when performing daily tasks. Ability to be proactive in a fast-paced environment. Ability to establish and maintain relationships. Working well with others in a team environment required. Strong administrative, cognitive, leadership, interpersonal and technical skills. Please apply at www.indianablood.org. EEO Employer/Vet/Disabled

IRL Technologists. Bloodworks Northwest, based in beautiful Seattle, Washington is seeking experienced Technologists to work in our Immunohematology Reference Laboratory on 2nd or 3rd shifts. Our IRL has served the Pacific Northwest as a regional reference laboratory for over 30 years. Technologists in this lab are responsible for: conducting workups of complex antibody problems and red cell reference testing; antibody IDs using multiple methods; prenatal testing, testing for suspected hemolytic transfusion reactions, compatibility testing and antibody titration studies for potential donor/recipient of progenitor cells, bone marrow and solid organ transplants, etc. Requirements include: BS CLS/MT or equivalent, two years of IRL experience and MLS or BB (ASCP) certification. SBB(ASCP) certification is strongly preferred. The requirement for two years of Immunohematology reference lab experience may be waived with SBB(ASCP) certification. Experience in molecular testing is preferred. More information at www.bloodworksnw.org. Qualified applicants send resumes to humanresources@bloodworksnw.org Attention: IRL Technologist. Equal Opportunity Employer/Protected Veteran/Disability

Sub-Center Executive Director. Oklahoma Blood Institute (OBI) seeks a "community spirited" professional to LEAD its Tulsa team in fulfilling the mission 1) to recruit blood donors, drive sponsors, and volunteers and 2) to store and deliver blood units for local hospitals. This position requires an outgoing, bright, and energetic personality to foster relationships and demands detailed attention to planning, communication, regulations, finances and personnel. The successful candidate will present and maintain a credible, positive image of OBI in the local community. Applicants should be goal-driven self-starters who have strong

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POSITIONS (continued from page 13)

interpersonal, organizational and analytic skills. A bachelor's degree with at least five years of senior level operations and/or large project management experience is required. Community relations, marketing, sales, fundraising or blood banking experience is a plus. Candidates should have excellent written and verbal communications skills and proven abilities in managing multiple, complex projects and processes. OBI provides

a competitive salary and benefits package including Health, Dental, Vision, Life, LTD, Flex Plan, PTO leave, Tuition Reimbursement and 401k Plan. Our center is located at 4601 E. 81st Street, Tulsa, OK 74137. Applications/resumes will be accepted at <http://obi.org/careers> only. EOE M/F/D/V Drug Free Work Environment ♣

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Norwood by e-mail (lnorwood@americasblood.org) or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2015

June 16-19. **Fund Development, Communications, & Donor Management Workshop, America's Blood Centers, Chattanooga, Tenn.** Contact: ABC Meetings Dept. Phone (202) 654-2901; e-mail: meetings@americasblood.org.

June 23-24. **AdvaMed Workshop: FDA Submissions Strategy, Washington, D.C.** More information is available [here](#).

July 14-15. **Radiation Injury Treatment Network: Medical and Organizational Challenges Resulting from a Radiological/Nuclear Emergency, Rockville, Md.** More information available [here](#).

June 27-July 1. **25th Regional Congress of the ISBT, London, UK.** More information and registration details can be found [here](#).

Aug. 4-6. **Summer Meeting, MD Workshop, & Golf Tournament America's Blood Centers, Philadelphia, Pa.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 16-17. **Financial Management Workshop, America's Blood Centers, Chicago, Ill.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 26. **13th Annual Canadian Blood Services International Symposium: "Blood-Borne Pathogens: Defend, Detect, and Destroy," Toronto, Ontario.** More details including speakers and registration information can be found [here](#).

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

Contact: e-mail: info@pifa.nl. More information available [here](#).

Oct 22-23. **9th WFH Global Forum, Montreal, Canada.** Contact: gf2015@wfh.org. More information available [here](#).

Dec. 1-2. **IPFA Workshop on Improving Access to Plasma and Plasma Products in the Southern Africa Region, Stellenbosch (Cape Town), South Africa.** Contact: e-mail: info@pifa.nl. More information available [here](#).

2016

Mar. 12-14. Annual Meeting, America's Blood Centers, Jacksonville, Fla. Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Apr. 26-28. Human Resources & Training/Development Workshop, America's Blood Centers, San Antonio, Texas. Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

July 24-28. **WFH World Congress, Orlando, Fla.** Contact: jbungardt@wfh.org. More information available [here](#).

Aug. 2-4. Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Honolulu, Hawaii. Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 13-14. IT Workshop, America's Blood Centers, Minneapolis, Minn. Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org. ♣