



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #26

July 10, 2015

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Indiana Blood Center Boosts Mobile Drives, Donation Frequency with Data-Driven Recruitment Program

It is a common challenge for blood centers to provide blood donor incentives – like T-shirts or baseball tickets – while encouraging donors to donate regularly and make the right type of donation based upon their blood type. Indiana Blood Center has created a program that does just that, through a loyalty program that rewards a special group of donors for their donation frequency and type, rather than rewarding every donor for every donation.

The program, called “I Pledge. I Commit.,” also focuses on ramping up collections at mobile blood drives by setting collection goals and providing marketing tools and blood drive metrics to corporate blood drive hosts, targeting corporate hosts with the potential to collect more blood. Since launching “I Pledge. I Commit.” in 2013, collections from companies that participate in the program have increased significantly, from 16,141 units before “I Pledge” to 23,121 units in 2014.

Both the donor loyalty and the mobile drive aspects of “I Pledge. I Commit.” focus on setting goals and pledging a certain amount of donations or units collected. Indiana Blood Center launched “I Pledge. I Commit.” as a result of growth in the blood center’s service area that would require the center to collect 30,000 more blood units annually. The center grappled with how to achieve this need for more blood while keeping the cost per unit under control.

Corporate Drive Hosts and the Role of Business Intelligence. The blood center began this initiative with some basic assumptions and goals, which included growing the number of corporate drives hosts to better balance the mix of host types and rely less on education drives, as well as improving blood drive efficiency and productivity, said Andrea Fagan, Indiana Blood Center’s director of Public Relations and Marketing, who presented this program at the ABC Fund Development, Communications, and Donor Management Workshop in Chattanooga, Tenn., in June.

Indiana Blood Center worked with [Apparatus](#), a company that specializes in business intelligence, to conduct blood collection data mining to identify patterns or trends and deduce actionable information. Using blood collection data from Hemosphere, a blood donor recruitment and scheduling platform, the blood center

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OUR SPACE

ABC President Susan Rossmann, MD, PhD

Genetic Testing – What Does it Mean to us?

Blood centers are probably the largest providers of “genetic testing” for adults in the country. Of course, we do serological ABO and RhD typing on every sample. We can also test for many other antigen systems. Until recently this was a common way of doing paternity testing. We are doing ever more red cell genotyping and using these results to provide better patient care for patients with multiple antibodies, enriching our inventory of rare units. We screen for sickle cell trait in a substantial number of cases by both chemical and molecular methods. We are in the genetics world, whether we think of ourselves in that way or not.

And so, it is appropriate and important for us to follow these issues, make informed decisions, and be able to advocate for positions that will affect our donors, patients, operations, and the public health. Recent controversies in the world of newborn screening have implications for us that may inform our approach to these activities going forward.

In December, the [Newborn Screening Saves Lives Reauthorization Act of 2014](#) was signed, providing continuing federal funds to states for newborn screening for a variety of diseases that can benefit from early intervention. The bill also requires that research involving the de-identified (not linked to the source) dried bloodspots left from this screening must be regarded as human subject research, requiring explicit parental consent. In the past, because such specimens were not identified, such research did not come under rules requiring explicit consent. The operational barriers posed by this explicit consent process can stymie important clinical and public health advances, as noted in this HHS advisory committee [summary](#) of the proposed law. While groups are working to develop appropriate language, these rules will only be in effect until the Common Rule is modified, which is in process. The [Common Rule](#) is the set of ethical and administrative rules under which most federally-funded, as well as most non-governmentally funded, research in this country is conducted.

Much of this may seem arcane to those centers that are not actively involved in relevant areas of research. However, it is clear that we are all doing things that may be affected by changes in the public and legal climate. FDA will soon (appropriately) require that we notify donors when we test for sickle cell status in the course of routine operations, and notify donors of relevant results – not yet universal in the blood community. We all need to be actively informed and involved in policy, as well as implementation decisions at the federal and other levels. It is an important aspect of keeping the public trust in our work.

rossman@giveblood.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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I Pledge. I Commit. (continued from page 1)

created an opportunity score – based on data like the number of years an organization had hosted blood drives, the average number of donations per year, size of the organization, etc. – to determine which corporate drives had potential to grow.

“‘I Pledge’ wasn’t as much a program as it was a reframing of the conversation that we have with our corporate blood drive hosts. We were able to go to them and say, ‘you have a lot of donors who participate in helping us achieve our life-saving mission, but we think we could sit down and talk with you about the timing and frequency of those drives, and how we can encourage more employees to donate.’ We wanted to show them how they could become an even more effective partner with our organization,” said Ms. Fagan.

Using the blood drive data from Hemasphere, the blood center works with the “I Pledge” corporate sponsor to show how they could maximize the number of donations they collect at their mobile blood drives and schedule blood drives for the year, ensuring that blood drives are scheduled at the time of greatest need based on blood demand forecasting. The corporate host commits to hosting a certain number of blood drives and strives to meet the pre-determined collection goals.

The blood center helps corporate hosts achieve these goals through providing the blood drive coordinators with additional tools and marketing support. While the blood center does not provide donor incentives on mobile drives, they award certificates of achievement for mobile drive coordinators and offer a corporation of the year award to the most productive corporate hosts. To keep the “I Pledge” mobile drive hosts on track, Indiana Blood Center provides regular reports to the corporate host on their progress toward achieving their collection goals.

The center’s mobile blood drive data shows that this program has boosted mobile collections and that “I Pledge” mobile blood drives collect more units than mobile drives hosted by non-“I Pledge” hosts. There are now 330 mobile drive host organizations enrolled in the “I Pledge. I Commit.” program, and the center aims to boost mobile collections to 31,642 units this year. Last year, the average number of “I Pledge. I Commit.” units collected per blood drive was 17.8, compared with 12.9 non-“I Pledge” units per drive.

Individual Donors: Right Types and Procedures. The individual donor component similarly builds on the concept of pledging to achieve a pre-determined goal, but instead targets individual donors based on their blood type and collection procedure to join “I Pledge. I Commit.” Once a donor joins the program, he or she commits to a given number of donations per year based on the type of donation, and schedules their donations throughout the year.

“We like to say, ‘there’s no wrong type – there are just wrong procedures.’ We really try to recruit around that idea. If we’re sending out ‘I Pledge’ information, we target that information to specific donors based on blood type and we do leave out some donors from that communication,” said Ms. Fagan. To assist donor center staff with having these “right-type” conversations with donors, they undergo “conversion training,” which teaches staff how to educate donors about converting from a single unit whole blood donation to the appropriate apheresis procedure. The blood center has also implemented brochures developed with the help of Terumo BCT about apheresis collection.

“I Pledge. I Commit.” donors forego any of the daily donor incentives or promotions in favor of accruing credits on an escalating scale throughout the year, which are redeemable in the “I Pledge” store. Essentially, they forego the usual trinkets and T-shirts in favor of earning better rewards for donating regularly,

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I Pledge. I Commit. (continued from page 3)

said Ms. Fagan. These donors are also flagged in the blood center's customer relationship management (CRM) platform, which alerts the donor center staff to greet them specially, talk to them about their progress toward their donation goals, and discuss making the right type of donation for their blood type.

Since its inception in 2013, the blood center has grown the "I Pledge. I Commit." donor base from 4,302 to 5,362 donors so far this year. In 2014, the average number of red blood cell donation visits per year for "I Pledge. I Commit." donors was 3.3, compared with 1.7 for donors not in the program. Further, 30 percent of "right type" donors were enrolled in "I Pledge. I Commit." in 2014.

"With the data we have collected on this program, we can demonstrate that 'I Pledge' donors give more frequently and that they are doing the right type of donation for their blood type," said Ms. Fagan.

Indiana Blood Center continues to evaluate the "I Pledge" metrics weekly and recently conducted its mid-year evaluation to determine where to implement new tactics or make tweaks, said Ms. Fagan. For example, the blood center plans to begin using its mobile drives as platforms to speak with individual donors about enrolling in the "I Pledge. I Commit." program.

She added that this type of program is scalable and could be applied to any blood center – big or small. However, she noted that it is important that blood centers seeking to launch a similar donor loyalty program recognize the importance of being "high-touch."

"Don't do a donor loyalty program if you aren't willing to be high-touch – we learned that these programs don't manage themselves. It takes an environment of frequent donor communication and the time and energy of everyone at the blood center – from marketing to recruitment and collections. It really only works if there is a high-touch personal approach embedded in the culture of the blood center," said Ms. Fagan.

Another important lesson learned through launching "I Pledge. I Commit." was to carefully choose a reward store vendor that integrates the rewards system with the blood center CRM, ensuring that this integration is as rooted in technology as possible in order to minimize the manual processes necessary for donors to redeem credits and for the blood center to track credit redemption. Indiana Blood Center is now moving to a new vendor, [National Gift Card](#), which is expected to offer this ease of integration based upon a recommendation from BloodCenter of Wisconsin, which uses this vendor for its loyalty program.

"One of the biggest things we've learned and that our data shows, is that donors will be loyal and will make a commitment if we ask them to," said Ms. Fagan. "Making the assumption that they'll come regularly or be loyal without asking, is the flaw. We need to educate them and explain why regular donation is so important – 'I Pledge. I Commit' is really a donor education model as well."

Blood centers wishing to learn more about the "I Pledge. I Commit." Program can reach Ms. Fagan at afagan@indianablood.org. 💧



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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. ♦

ABC Financial Management Workshop Offers Premiere Educational Experience for Blood Center Finance Professionals

Calling all blood center chief financial officers, chief operating officers, and other financial professionals! Registration is now open for America's Blood Centers 2015 Financial Management Workshop, to be hosted by the Institute for Transfusion Medicine (ITxM) in Chicago, Ill. on Sept. 16 to 17.

This workshop offers blood center financial professionals a premiere educational and networking opportunity to learn about and discuss a wide variety of hot topics, from streamlining finance functions, to unrelated business income, to procurement outsourcing, and alternative methods of pricing blood. The ABC Financial Management Workshop allows blood center finance professionals from across the country to share best practices, exchange ideas, and solve common challenges.

As a part of the ABC Professional Institute, this workshop will offer continuing professional education (CPEs) credits for CPAs. The workshop will kick off with a review of the current state of the industry by ITxM President and CEO Jim Covert, followed by a breakout session led by blood industry experts on the cost of producing blood and how to streamline finance functions using the Lean philosophy. Rob Nowak, CPA, Principal, CliftonLarsonAllen, LLP, will explore unrelated business income, such as what qualifies as unrelated business income and how the IRS views unrelated business income for non-profits. Cathy Clarke, CPA, the chief assurance officer with the same firm, will review non-profit accounting updates.

During a session titled, "How do You Measure Success?" attendees will hear from several blood center finance executives on key performance indicators (KPIs) in the blood industry and discover what other centers use for KPIs, as well as how they influence decision-making. An expert in fraud, Angela Morelock, CPA, CFE, CFF, ABV, CrFA, a partner at Forensics & Valuation Services, BKD, LLP, will discuss the cost and impact of fraud, the warning signs of fraud, and practical tips to reduce the risk of fraud.

Cyber-security is a major concern for all organizations in today's technologically advanced world. Workshop attendees will have the chance to learn about the risks of hackers and cybercrime, as well as how it can impact a blood center. This presentation will also review what cyber liability insurance do to help in the event of a cybersecurity attack. Akiva Faerber, senior vice president of Clinical Resource Management at MedAssets, will discuss procurement outsourcing and alternative methods for pricing blood.

Workshop attendees will also have the opportunity to hear the results of a survey recently completed by ABC member blood center finance professionals, which will illuminate current financial practices among ABC members.

ABC encourages all member blood center finance professionals to join in this discussion of current issues, best practices, and hot topics relevant to blood banking finance. Registration is available via the e-mail invitation sent by ABC. Questions regarding registration may be directed to Lori Beaston at lbeaston@americasblood.org. Contact Abbey Nunes at anunes@americasblood.org for sponsorship opportunities. ♦



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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.

RESEARCH IN BRIEF

A recent study of diabetes screening in young blood donors at Carter BloodCare, Bedford, Texas, suggests that blood centers may serve as unique portals for health intervention in adolescents. More than 1 in 10 adolescents have prediabetes or diabetes, and elevated glycosylated hemoglobin (HbA1C) in youth is associated with an increased risk of death before 55 years old, according to the Centers for Disease Control and Prevention. Through this study, launched with the help of a grant from the Foundation for America’s Blood Centers, Carter BloodCare provided young donors with both HbA1C screening to determine diabetes risk, as well as high-density lipoprotein (HDL) tests to determine heart disease risk during years 2011 and 2012. The research, published in the journal, *Diabetes & Vascular Disease Research*, reports the results of Carter BloodCare’s HbA1C screening of a large group of young donors at school blood drives. The researchers analyzed blood samples from 31,546 consecutive adolescent donors 16 to 19 years old during school blood drives from Sept. 1, 2011 to Dec. 21, 2012. The authors report that the prevalence of elevated HbA1C was 11 percent in the prediabetes range and 0.5 percent in the diabetes range. The prevalence of elevated HbA1C was higher in boys compared with girls and was especially high in racial/ethnic minorities. “There are several findings from this study of a very large, multiethnic cohort of North Texas adolescent blood donors,” wrote the authors. “The prevalence of HbA1C in diabetes range was higher than the most recent prevalence estimates of diagnosed diabetes

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RESEARCH IN BRIEF (continued from page 6)

reported by the SEARCH for Diabetes Youth Study for the index year 2009.” The prevalence of HbA1C in the prediabetes range was comparable with the recent national estimates based on impaired fasting glucose and/or impaired glucose tolerance in the National Health and Nutrition Examination Survey (NHANES), conducted by the CDC. The authors note that as there is currently no reliable estimate of the prevalence of undiagnosed diabetes in the US for those under the age of 20, blood centers provide a potential platform to perform epidemiological research in US adolescents and to inform young people of their diabetes risk in order to begin early treatment interventions. While few young donors in the study went online to retrieve their results, the researchers indicate that health screening still offers valuable public health information. “There are limited data on the prevalence of cardiovascular and diabetes risk in the adolescent age group and whether that risk changes over time. Regardless of any result retrieval by the donors, screening provides valuable epidemiological insights into community and public health problems,” said Carter BloodCare President and CEO Merlyn Sayers, MBBCh, PhD, an investigator in this study. He added that the role of the blood center in community health initiatives “could expand more as blood centers capitalize on the opportunity that donation provides ostensibly healthy individuals with information about disease risk.” “Providing health and wellness screening expands the community’s recognition of the center as more than merely a distributor of blood and components to hospitals,” said Carter BloodCare’s Foundation Director Stephen Eason, MBA, a co-investigator in the study.

Citation: Gore MO, *et al.* High prevalence of elevated hemoglobin A1C among adolescent blood donors: Results from a voluntary screening program including 31,546 adolescents. *Diab Vasc Dis Res.* 2015 Jul;12(4):272-8.

A study published in *Transfusion* reports the results of mass-scale red cell genotyping at ABC member BloodCenter of Wisconsin, demonstrating that red cell genotyping provides a robust supply of antigen-negative blood, allowing for the discontinuation of resource intensive serological testing. For patients at risk or who become alloimmunized to red blood cell (RBC) antigens, it is necessary to locate antigen-negative blood; this is particularly common in patients who are chronically transfused, such as sickle cell patients. When problems with compatibility beyond ABO and Rh-D blood type arise, hospitals typically begin with serological testing of on-site blood to locate antigen-negative units, relying upon the local blood center to assist with this effort, which is time consuming and labor-intensive. RBC genotyping, used routinely at blood centers, could increase the timely availability of blood typed for clinically relevant blood group antigens. The BloodCenter of Wisconsin discontinued serological testing in favor of mass-scale genotype screening on July 17, 2010 for all whole blood donors who declared their ethnicity on the donation questionnaire as Asian, African American, Hispanic, or Native American, as well as group O, A, and B whole blood donors who had a history of at least three donations in the previous three years. The researchers, led by Gregory A. Denomme, PhD, report the evaluation of this program over three years. Mass-scale RBC genotyping, performed on an electronic interfaced open array platform, was implemented to screen blood donors for 32 single-nucleotide polymorphisms that predicted 42 blood group antigens. Genotype screening results were confirmed by serological phenotyping before antigen-negative transfusion. Approximately 22,000 donors were red cell genotyped within four months and a total of 43,066 donors in four years. The monthly number of donations undergoing red cell genotyping remained stable at 29 percent to 32 percent. Only 34 RBC units were imported by the blood center, which distributes 150,000 RBC units annually to 63 hospitals serving a population of 3.78 million. The RBC genotyping program incorporated a fully computerized workflow process, from DNA extraction to results review, data handling, and error reports. Further, the entire process can be completed within 36 hours, consistent with the turnaround time of infectious disease testing, with a capacity of more than 700 samples daily, wrote the authors. They add that their next step is to

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RESEARCH IN BRIEF (continued from page 7)

validate the red cell genotype as a test of record in order to eliminate the need for serological confirmation of the molecular result. “A network of similarly mass-scale genotyped donors among US blood centers would create a large real-time repository and facilitate rapid access to antigen-negative blood nationwide,” conclude the authors.

Citation: GA, Denomme. Implementing mass-scale genotyping at a blood center. 2015 June 20. [Epub ahead of print] ♦

RECENT REVIEW

A recent Cochrane Review failed to find that prothrombin complex concentrates (PCCs) reduce mortality or transfusion requirements in bleeding and non-bleeding patients being treated with vitamin K antagonists, which is likely due to the poor quality of existing trials. Patients being treated with vitamin K antagonists (VKAs) – blood thinning drugs – have an increased risk of bleeding, and it is important to reverse the effects of VKAs in the case of serious injury or surgery. PCCs are increasingly used in VKA reversal therapy, in addition to plasma transfusion, and has been recommended to reduce complications related to bleeding and the need for plasma transfusion. The authors reviewed research databases from inception to May 1, 2013 and assessed randomized clinical trials investigating the benefits and harms of PCCs compared with fresh frozen plasma in the acute medical and surgical setting involving VKA-treated bleeding and non-bleeding patients. The primary outcome measure were overall longest follow-up mortality and overall-28 day mortality. In the four trials that the analyzed, which included 453 participants, the use of PCCs did not appear to reduce mortality or transfusion requirements, but demonstrate the possibility of reversing VKA-induced coagulopathy without the need for transfusion of fresh frozen plasma. However, all of the included trials have a high risk of bias and are underpowered to detect mortality, benefit, or harm. “Only weak observational evidence currently supports the use of PCC in VKA-treated bleeding and non-bleeding patients, and the current systematic review of randomized clinical trials does not support the routine use of PCC over fresh frozen plasma. Additional high-quality research is urgently needed.”

Citation: Johansen M, *et al.* Prothrombin complex concentrate for reversal of vitamin K antagonist treatment in bleeding and non-bleeding patients. Cochrane Database Syst Rev. 2015 Jul 7. [Epub ahead of print] ♦

Don't Forget to Submit Your Unusual Cases for the Morbidity & Mortality Rounds at ABC's Summer Meeting!

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. 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. Don't forget to submit your unusual cases! Those interested in submitting a case for the session should contact Gary Levy, MD, at glevy@lifeshare.org or (318) 673-1463.



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2015 Workshop Fees (early bird/regular)

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

There are four (4) \$800 scholarships available for this workshop. Application and additional details are included in registration.

The Institute for Transfusion Medicine (ITxM) is thrilled to host the upcoming ABC Financial Management Workshop in Chicago. We anticipate lively discussion and exchange of ideas on how best to manage financially through these uncertain times in blood banking, mainly due to the cost cutting pressures within healthcare and the decrease in blood use. This will be an excellent opportunity to network with your peers and share your expertise on good financial practices and understanding of not only knowing how your business is doing financially, but why. We look forward to seeing you at our LifeSource facility in Rosemont in September.

– Jim Covert
President and CEO, ITxM

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



Chicago O'Hare airport (ORD - 3 miles), a hub for United and American, is served by all major US airlines; Midway airport (MDW - 29 miles) is served by discount carrier Southwest Airlines.

REGULATORY NEWS

The Food and Drug Administration's Center for Biologics Evaluation and Research (CBER) published a revised guidance [agenda](#) for calendar year 2015. The guidance agenda outlines the guidance and draft guidance documents that CBER plans to publish throughout the year. Notably, CBER now plans to publish a revised draft (rather than a final guidance) of "Bacterial Detection Testing by Blood Collection Establishments and Transfusion Services to Enhance the Safety and Availability of Platelets for Transfusion: Draft Guidance for Industry." 💧

GLOBAL NEWS

The 2014 Annual SHOT Report, the annual UK hemovigilance [report](#) that describes transfusion-related adverse events across the UK, is now available online. Serious Hazards of Transfusion (SHOT) is the UK's independent, professionally-led hemovigilance scheme. Since 1996, SHOT has been collecting and analyzing anonymized information on adverse events and reactions in blood transfusion from all healthcare organizations that are involved in the transfusion of blood and blood components in the UK. The 2014 SHOT Report shows that serious adverse reactions, i.e. those reactions resulting in serious harm or death, are rare with fewer deaths related to transfusion reported in 2014 than in 2013. The 2014 report and other past reports can be accessed [here](#). (Source: Annual SHOT Report 2014, 7/10/15) 💧



5TH ANNUAL LINKS FOR LIFE GOLF TOURNAMENT

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IN CONJUNCTION WITH THE ABC SUMMER MEETING | AUGUST 4 - 6, 2015



Contact: Jodi Zand | 202.654.2994 | ljzand@americasblood.org

INFECTIOUS DISEASE UPDATES

PARVOVIRUS B19

A study conducted in German blood donors and recipients did not find evidence of transfusion-transmitted parvovirus B19 (TT-B19V) infection among 424 recipients of B19V DNA-positive blood components. B19V infection in humans is typically acquired via the upper respiratory tract, but transmission through transfusion has been demonstrated. While natural B19 infections are generally benign, severe morbidity can be associated with infection in patients with accelerated erythropoiesis, of HIV-infected patients, and when the developing fetus is infected *in utero*. To assess the threat posed by blood products by B19V, David Jul, of the Institute of Transfusion Medicine, in Lubeck Germany, performed a look-back study based on previously acquired data on B19 infected donors and investigated the extent to which potential TT-B19V infections might have occurred. In 132 out of 424 recipients, the researchers could detect no anti-B19V IgG before transfusion. In 67 out of these 132 susceptible recipients, a follow-up sample was available. Sixty-five of these received blood components from donors with $<10^4$ IU B19V DNA/ml plasma and had no evidence of TT-B19V infection. Homology in genome sequences in donors and recipient provided evidence for TT-B19V infection in two recipients; the patients received RBC

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INFECTIOUS DISEASE UPDATES (continued from page 10)

containing 3.4×10^6 and 1.8×10^4 IU B19V DNA/ml plasma, respectively. Neither had signs or symptoms clearly attributable to the transmissions. “TT-B19V infections through blood components with low ($<10^4$ IU/ml plasma) B19V DNA concentrations did not occur in our study. One of the TT-B19V infections occurred from RBC with intermediate B19V DNA concentration despite the presence of potential neutralizing antibodies in the donor, but its clinical significance was low,” concluded the authors.

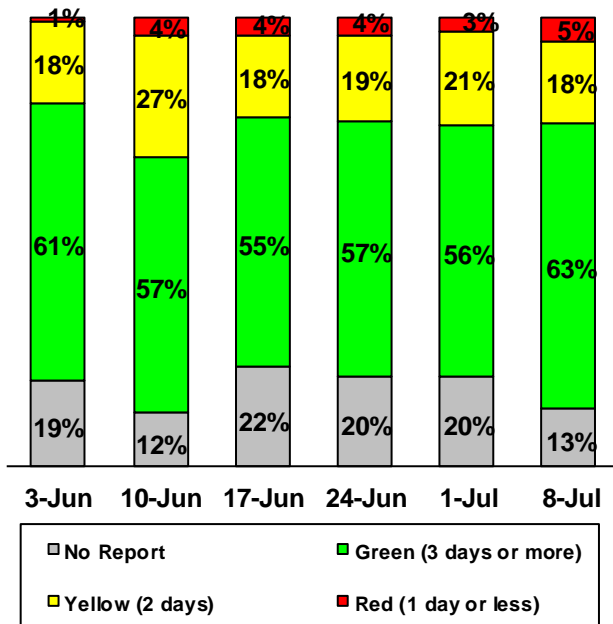
Citation: Jul D, *et al.* Look-back study on recipients of Parvovirus B19 (B19V) DNA-positive blood components. Vox Sang. 2015 June 5. [Epub ahead of print]

MALARIA

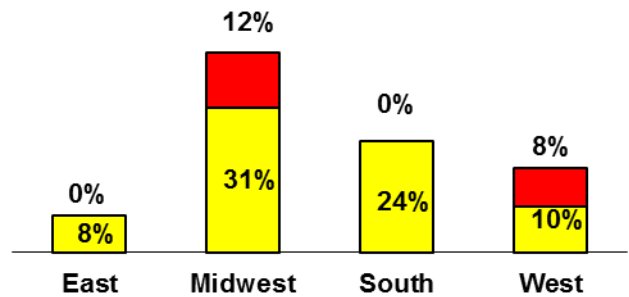
The Centers for Disease Control and Prevention recently posted an updated malaria information and prophylaxis [table](#), available online. This table is now updated with the most current information from the Health Information for International Travel 2014 ([CDC’s Yellow Book](#)). Those interested may sign up for CDC e-mail updates [here](#) to receive e-mails regarding the most current malaria prophylaxis information. (Source: CDC e-mail updates, 7/6/15) 💧

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, July 8 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

MEMBER NEWS

LifeStream, San Bernardino, Calif. personnel ignored the calendar and dug in as one to help an ill hospital patient in need of granulocyte (neutrophil) transfusions over the Fourth of July weekend.

Another blood collection organization was unable to fulfill the request, so LifeStream stepped in to assist this patient in need. LifeStream center personnel immediately mobilized to fulfill an urgent request for granulocytes to help a leukemia patient fight a severe infection in both lungs that did not respond to antibiotic therapy. Minutes counted as LifeStream quickly recruited six compatible donors and scheduled them for granulocyte collection over six consecutive days (July 3 to 8.).



Coordination was swift and sure across multiple areas of the organization. The donors were brought to LifeStream's main donation center to receive an injection of granulocyte-colony stimulating factor (G-CSF), a medication that safely stimulates the donor's bone marrow to release granulocytes to allow for greater collection efficiency. The actual collection was done approximately 12 to 16 hours after the G-CSF injection. "Granulocyte collections are logistically challenging, due to the need to coordinate stimulation of the donor, collection of an adequate quantity of granulocytes, and prompt delivery of a product that expires in 24 hours," said Joe Chaffin, MD, LifeStream's vice president and chief medical officer. "Our collection yields were superb, ranging from 4 to 7 x 10(10) granulocytes per dose, and all donors tolerated the stimulation and collection with no complications. Our staff performed at exceptionally high levels under urgent circumstances, and our donors showed amazing patience, compassion, and dedication." The patient's pneumonia is markedly improved, but the long-term prognosis is still uncertain due to the seriousness of the disease. "LifeStream has done – and will continue to do – all in its power to help affect a positive outcome," said the blood center in a statement. (Source: LifeStream article, 7/8/15) ♦

PEOPLE

Elie Richa, MD, was recently named medical director of Northern California Community Blood Bank. Dr. Richa replaces **Maggie Gordon, MD**, who recently retired after serving as the blood center's medical director for the past nine years. "The last nine years in blood banking have been my most rewarding professional experience. It has been a pleasure to work with an excellent and cordial Northern California Community Blood Bank staff and my wonderful colleagues of America's Blood Centers and Blood Centers of California. All of you have taught me well and guided me through the blood banking world," said Dr. Gordon. She also welcomed Dr. Richa to his new position. Dr. Richa also currently serves as the St. Joseph Health's Humboldt Medical Specialists Hematology Oncology in Eureka, Calif. Dr. Richa attended medical school at the Lebanese University School of Medicine in Beirut, Lebanon. He trained in internal medicine at the Staten Island University hospital in New York and completed his fellowship in transfusion medicine at the Mayo Clinic in Rochester, Minn. Dr. Richa is board certified in internal medicine and blood banking/transfusion medicine. He served as an associate director for the blood bank at the University of Chicago for four years, during which time he earned an MBA in healthcare management at Loyola University in Chicago. He recently completed his hematology training at Stanford University. Dr. Richa is an AABB/CAP assessor and inspector and is a member of the California Blood Bank Society where he serves on the Scientific Program Committee. (Source: NCCBB press release, 7/6/15) ♦



Elie Richa, MD

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: lnorwood@americasblood.org.

POSITIONS AVAILABLE

Chief Executive Officer (Indiana Blood Center). B. E. Smith is partnering with Indiana Blood Center, in Indianapolis, Indiana, in the recruitment of their next CEO. The CEO will oversee the clinical services for the blood center, including an HLA/DNA transplant laboratory and will be responsible for the operations of all seven Indiana Blood Center (IBC) donor centers. Utilizing strong interpersonal skills, the CEO will build long lasting relationships with partnering hospitals, along with the IBC staff. The ideal candidate will have existing leadership experience within a competitive market, have healthcare expertise and must possess a master's degree. Regarded as a vital link in Indiana's healthcare infrastructure, Indiana Blood Center is the state's largest blood center. Indiana Blood Center hosts local, national and international experts in a variety of fields such as laboratory management, transfusion medicine, immunohematology, hemostasis and blood banking and offers its services to over 60 hospitals throughout the state. To apply, please send your resume to Tracie Anderson at talent@besmith.com.

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. Please apply no later than **7/17/2015** 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](#).

Executive Director, Blood Operations AD001 (San Antonio, TX). Work directly with the chief operating officer to execute the mission of South Texas Blood & Tissue Center (STBTC). This executive leadership

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

Supervisor, Reference Laboratory. Blood Bank of Hawaii is seeking a qualified individual to supervise its basic-level immunohematology and product quality control testing services. We are a nonprofit, community-based organization that provides blood components and clinical/technical services to hospitals, physicians and patients throughout Hawaii. Successful candidate will provide supervision for patient and product quality control testing, donor lookback and batch release. Responsibilities include supervision of four to five FTEs, employee counseling and evaluation, and other standard supervisory functions. Requires BA/BS in relevant field; eligible for State of Hawaii Clinical Laboratory Scientist License and four years relevant experience. Previous blood bank/hematology experience desired. Certification as a Specialist in Blood Banking (SBB) is preferred, but not required. Please complete an online application at www.bbh.org.