

2015 #35

September 18, 2015

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**Please Note:** The ABC Newsletter will not be published next Friday, Sept. 25. Regular publication will resume on Friday, Oct. 2

## English Blood Service Reaches Thousands with “Missing Type” Campaign

What if all of the type-O blood donors were to suddenly disappear? What about type A, B, or AB? This is the startling thought sparked by the NHS Blood and Transplant’s (NHSBT) “Missing Type” campaign that caused more than 30,000 people in England and North Wales to register as donors during a 10-day period.

From June 8 to 14, the letters A, B, and O went missing from store fronts, street signs, and company logos across England in support of NHSBT’s National Blood Week campaign aimed at drawing attention to the need for new blood donors. During a “teaser” phase several well-known businesses and street signs throughout London had the letters removed without explanation. When NHSBT revealed that it was behind the confusing missing letters, it drew public attention to the fact that 40 per-



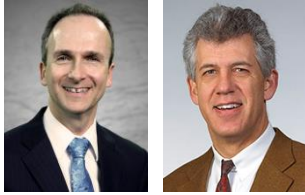
The Downing Street Sign in London was missing its O's during the Missing Type Campaign.

cent fewer new donors came forward last year compared to a decade ago.

While the current blood supply in England is good, NHSBT sought to highlight that if not enough new people donate blood and these types were to go missing in the future, there would not be enough blood available when patients need it down the line.

“With this campaign, we were really protecting ourselves for the future ... We don’t have a problem now, but we don’t want to have one, say two or three years down the line. The focus was on bringing in new donors and black and minority

(continued on page 3)



## OUR SPACE

**Richard Gammon, MD, & Jed Gorlin, MD, Co-Leaders, ABC Transfusion Safety Transfusion Trigger Working Group**

### Bringing Transfusion Practice into the 21<sup>st</sup> Century

Last year, America's Blood Centers created the Transfusion Safety Committee as a subcommittee of ABC's Scientific, Medical, and Technical (SMT) Committee. Our charge is to organize and promote the integration of ABC centers with their customers through transfusion safety officer (TSO) services, including patient education, clinical staff education, and patient blood management. We developed a transfusion safety project list via a survey of the ABC Transfusion Safety Forum members.

Recently, researchers administered an assessment tool consisting of a 23-question survey and a 20-question examination to 474 internal medicine residents in nine countries at 23 programs to determine prior training, attitudes, perceived ability, and actual knowledge related to transfusion medicine. The overall mean score of correct responses was 45.7 percent (site range, 32-56 percent). The authors concluded that internationally, internal medicine residents have poor transfusion medicine knowledge and would welcome additional training. (Haspel RL, *et al.* [Transfusion](#) 2015; 55:1355-61).

A Joint Commission and American Medical Association [report](#) published in September 2012 recognized "gaps in medical school and continuing professional education" and noted that "there are very short exposures to transfusion medicine in crowded medical school and residency curricula, and most ordering physicians do not receive additional education on transfusion medicine. Mindful of this, it is not surprising that addressing the lack of knowledge of the current evidenced-based transfusion thresholds was made the No. 1 priority on the committee's project list.

We sought to develop up-to-date resources for current indications and transfusion thresholds for blood products to be used by practicing clinicians. These will provide value to ABC member centers who share the materials with their hospitals. Three working group teams – one each for red blood cells, platelets, and plasma – assembled source materials for their assigned product.

They developed short PowerPoint presentations (no more than 10 slides) and one-page job aids regarding transfusion indications and thresholds for each blood product. Each resource allows the blood center to add its branding. The job aids can be reduced to a pocket-sized guide to be placed in a lab coat pocket.

The next step is to spread the word to the ABC members. A webinar on Sept. 21 at 3 p.m. ET will provide additional details of this project and all materials will be placed on the [ABC member site](#). The goal was to produce deliverables that are succinct and easy to read, yet provide the evidenced-based thresholds necessary to move clinicians' transfusion medicine practices into the 21st century.

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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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Missing Type (continued from page 1)

donors,” said Jon Latham, NHSBT’s assistant director for Donor Services and Marketing

After being featured as the top story on the [BBC](#), the public service broadcaster in the UK, the campaign touched off a media frenzy both in the UK and abroad and soon thereafter spread like wildfire through social media like Facebook and Twitter, said Mr. Latham.

“When people saw that there was a need and the press was interested, suddenly the campaign morphed into a strong social media campaign with many companies and individuals getting involved,” said Mr. Latham.

By the culmination of the campaign, World Blood Donor Day, celebrated June 14, about 1,000 national and international brands had gotten involved by altering their logos, websites, and Facebook or Twitter pages to back the “Missing Type” campaign, creating a social media audience of more than 147 million throughout the week.

Some companies, like [Waterstones](#) (a publishing company) in Trafalgar Square, London, lost the A and O from their storefront signs, while others designed creative online graphics removing the As, Bs, and Os. Twitter users in London posted photos of Starbucks cups and McDonald’s signs that were missing letters (see this [video](#) for more examples). Other notable participating companies include Google, Microsoft, British Airways, Coca-Cola, and Nando’s Peri-Peri. The hashtag “#MissingType” was used on social media more than 21,000 times by companies and individuals supporting the campaign.

So, what did all the likes, shares, and posts translate into in terms of donors? Of the 30,620 people who registered to donate blood during the 10-day campaign, 18,114 (59 percent) were between ages 17 and 34, and 2,025 were minority donors, compared with 832 last year. Further, about 60 percent of those who registered gave blood in the months following, which is already higher than the usual 50 percent conversion rate, explained Mr. Latham.

Some may wonder if this type of campaign would lead to an outpouring of blood donors that would overwhelm the blood system. Mr. Latham clarified that this campaign was a public relations and donor recruitment campaign, focused on encouraging people to register online as blood donors, who would then make an appointment to donate blood later. NHSBT saw a slight influx of donors during the campaign, but most understood that they were meant to register online first, said Mr. Latham.

Blood services all over the world launch public relations and donor recruitment campaigns every day, but few take off like this one. What was the difference? “The message was crisp and obvious and simple – people got it,” said Mr. Latham.



The A, B, and O went missing from Starbucks UK cups during the Missing Type campaign. Source: Twitter user [@Jack Ashman](#)

(continued on page 4)

### Missing Type (continued from page 3)

The ease and simplicity of the campaign and its main message made it possible for companies and organizations of all sizes, as well as individuals, to participate in just a few clicks of a mouse or swipes on a smartphone. Not to mention – it was fun. A company would change their logo to support “Missing Type” after seeing their competitor do so, while individuals would post photos or change their names on social media to exclude the As, Bs, and Os.

While the campaign ended in June, “Missing Type” continues to receive media attention around the globe due to its widespread success, and Mr. Latham notes that he feels this is “a model that’s applicable to other blood systems around the world.” NHSBT continues working on new and innovative campaigns, and just kicked off its “[Bleed for England](#)” campaign linked to the rugby world cup. Check out NHSBT’s [Facebook](#) and [Twitter](#) pages or search “#BleedForEngland” to find social media posts about the new campaign. ♦

### **Gary Levy, MD, to Retire from LifeShare Blood Centers**

After 30 years in the blood community, Gary Levy, MD, will retire from his position as medical director of LifeShare Blood Centers, headquartered in Shreveport, La. on Sept. 30.

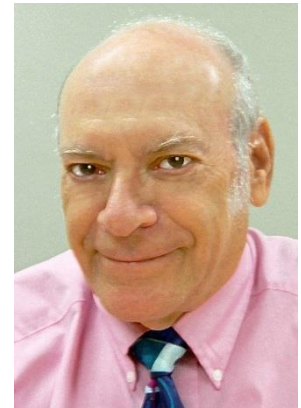
Dr. Levy has served as the medical director for LifeShare Blood Centers since 1988. During his time at LifeShare, he was part of the senior management team as the organization increased blood donations by about 40,000 donations annually, began an apheresis program, and established the John J. Moulds Immunoematology Reference Laboratory and Scientific Support Services.

Throughout his career, he has chaired and served on numerous committees including several for America’s Blood Centers, AABB, and LSU Health Sciences Center-Shreveport. ABC recognized Dr. Levy for his work with ABC’s Scientific, Medical, and Technical (SMT) Committee during the ABC Summer Meeting in Philadelphia last month.

“I would like to extend my thanks to Dr. Levy for his friendship and many contributions to ABC,” said ABC Chief Medical Officer Louis Katz, MD.

As a graduate of the State University of New York Upstate Medical Center at Syracuse, Dr. Levy began his medical career in pediatric hematology/oncology, moving to Shreveport in 1978 to join the faculty at the Louisiana State University (LSU) Medical Center. In 1985, he completed a postdoctoral fellowship in blood banking at Cedars-Sinai Medical Center in Los Angeles, Calif., and became the medical director for the Blood Bank at LSU Medical Center in Shreveport prior to joining LifeShare.

Following his retirement, Dr. Levy will be moving to the Phoenix-Scottsdale, Ariz. area where he hopes his handicap will improve to a respectable level, according to the LifeShare press release. (Source: LifeShare Blood Centers press release, 9/17/15) ♦





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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 Webinar to Provide Update on ABC Transfusion Safety Committee Activities

As part of the 2015 America's Blood Centers Professional Institute (API) Webinars, the ABC Transfusion Safety Committee will hold a webinar on Sept. 21 at 3 p.m. ET, providing an update on the ABC Transfusion Safety Committee's activities and deliverables. Members of the ABC Transfusion Safety Transfusion Trigger and Clinician Education Workgroups will describe the status of their group's projects and the resources they have created to bring value to ABC members and their hospital customers.

Attendees will hear about the resources created by the work group, which aim to provide clinicians with clear, succinct information about current transfusion indications and thresholds. The webinar will also inform attendees of where to find the ABC Transfusion Trigger Workgroup deliverables on the [ABC member site](#). It will also discuss the results of the ABC Clinician Education Survey and the status of the transfusion related acute lung injury (TRALI) and transfusion associated circulatory overload (TACO) deliverable under development by the workgroup.

ABC members can find more information and webinar login details in [MCN 15-074](#). Questions may be directed to Toni Mattoch at [tmattoch@americasblood.org](mailto:tmattoch@americasblood.org). ♦

### RESEARCH IN BRIEF

**A study conducted by researchers in the Netherlands suggests that erythrocytapheresis may be a more efficient long-term therapy for hemochromatosis patients, but that treatment costs were considerably higher for erythrocytapheresis.** Hereditary hemochromatosis is a genetic disorder characterized by increased iron absorption, causing progressive accumulation of iron in tissues and adverse clinical outcomes. Regular phlebotomy is the typical hemochromatosis treatment. Patients undergoing frequent phlebotomy often report feeling burdened by excess travel, loss of time, and adverse effects from phlebotomy. Research has suggested that erythrocytapheresis, which selectively removes red blood cells (RBCs) by apheresis, is a more efficient therapy in achieving a target ferritin value, which also requires fewer treatment sessions. Eva Rombout-Sestrienkova, of Sanquin Blood Supply of the Netherlands, and colleagues, evaluated the efficiency and cost of erythrocytapheresis compared with phlebotomy in the long-term maintenance of hemochromatosis patients. They conducted a two-arm, randomized, crossover clinical trial of 46 hemochromatosis patients in the Netherlands. They were treated for one year with either apheresis or manual phlebotomy to maintain a ferritin level of  $\leq 50$   $\mu\text{g/L}$ . Apheresis proved to be more efficient than phlebotomy, with an observed reduction in treatment procedures per year of 42 percent, because this process removes 2.4 times more iron per procedure. They found no significant difference between the two treatment methods in health measures including joint pain and stiffness. While the cost was significantly higher for erythrocytapheresis vs. phlebotomy (\$575 vs. \$263 annually), 80 percent of patients preferred erythrocytapheresis. A majority (78 percent) reported preferring treatment at a blood bank due to heightened personal attention, friendly staff, and quiet environment.

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**RESEARCH IN BRIEF** (continued from page 5)

“Further therapy strategies should be individualized depending on the number of treatments needed to maintain the ferritin level in the therapeutic range,” conclude the authors.

**Citation:** Rombout-Sestrienkova E, *et al.* Erythrocytapheresis versus phlebotomy in the maintenance treatment of HFE hemochromatosis patients: results from a randomized crossover trial. *Transfusion*. 2015 Sept. 10. [Epub ahead of print]

**A recent study suggests that the regulation of the expression of a mismatch for a specific gene human leukocyte antigen (HLA) allele is associated with risk of acute graft-versus-host disease (GVHD), a common and potentially life threatening complication of hematopoietic stem cell transplantation.** The results, published Aug. 13 in *The New England Journal of Medicine*, offer new information that may improve matching of transplant donors and recipients. While bone marrow or stem cell transplantation can be life-saving for patients with hematologic diseases, such as leukemia, GVHD can occur when the bone marrow donor and transplant recipient are not exact human leukocyte antigen (HLA)-matches. Partial HLA-mismatches are common but are not always associated with the development of GVHD. The risk of GVHD is higher when the recipient and donor are mismatched at the HLA-DPB1 type, however the mechanisms leading to GVHD development are unknown. Effie W. Petersdorf, MD, of Hutchinson Cancer Research Center in Seattle, and colleagues focused on the HLA-DPB1 type, and identified a genetic variation associated with the regulation of HLA-DPB1 expression. The risk of acute GVHD among recipients whose mismatched HLA-DPB1 allele was linked to the regulatory region variant rs9277534G (high expression) was compared with the risk among recipients whose mismatched HLA-DPB1 allele was linked to rs9277534A (low expression). The mean HLA-DPB1 expression was lower with rs9277534A than with rs9277534G. Recipients receiving transplants from donors with rs9277534A-linked HLA-DPB1 had a higher risk of acute GVHD, and of death from causes other than disease recurrence than with rs9277534G-linked HLA-DPB1 mismatches. The researchers propose that because cells in these recipients express fewer copies of HLA-DPB1 on their surfaces, the transplanted donor immune cells do not react as strongly. The findings suggest that HLA-DPB1 matching may help reduce GVHD risk, particularly for recipients who carry a high-expression allele. “Our data provide new information on the role of HLA-DPB1 expression in transplantation-associated risks that can be used to guide the selection of donors for future transplant recipients in order to minimize the risk of acute GVHD,” the authors conclude.

**Citation:** Petersdorf EW, *et al.* High HLA-DP expression and graft-versus-host disease. *N Engl J Med*. 2015 Aug. 13;373(7):599-609. 💧

### 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](mailto:newsletter@americasblood.org). You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.



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## RECENT REVIEWS

A [review](#) published in *Transfusion Medicine*, the journal of the British Blood Transfusion Society, describes the mechanism of altruism (MOA) approach to blood donor recruitment and retention. It is widely acknowledged that altruism is an important motivation for many people to donate blood. However, truly understanding altruistic motivators requires a systematic analysis of the biology, economics, and psychology of altruism, explains Eamonn Ferguson, PhD, of the University of Nottingham, Nottingham, UK. This concept is what Dr. Ferguson refers to as the MOA approach, which demonstrates that "blood donors are a mixture of warm-glow givers (donation is emotionally rewarding) and reluctant altruists," who give blood because they feel they cannot trust others to donate, wrote Dr. Ferguson. Further, the MOA concept suggests that incentives – whether that involves the blood center contributing to a charitable cause for each donation or giveaways and lotteries – should be tailored to appeal to the various types altruism, not just upon the generic idea of altruism. For example, events recognizing blood donors or allowing the public to express their gratitude for blood donors may appeal to altruists who donate blood to help the community and give back to society. The review goes on to detail different types of altruism and donor recruitment/retention interventions that appeal to each type of altruist. "The MOA approach requires moving away from over-reliance on self-report to cross-validating models with behavioral methods designed to assess MOA," wrote Dr. Ferguson. "The MOA approach to donor behavior is largely of theoretical interest because these mechanisms have not been extensively studied as they apply

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**RECENT REVIEWS** (continued from page 7)

to blood donation. However, it does provide a very interesting framework and may provide suggestions for more focused research,” said ABC President Susan Rossmann, MD, PhD.

**Citation:** Ferguson E, *et al.* Mechanism of altruism approach to blood donor recruitment and retention: a review and future directions. *Transfus Med.* 2015 Aug. 27. [Epub ahead of print] [♦](#)

**BRIEFLY NOTED**

**A recent Perspective piece in *The New England Journal of Medicine* describes the challenges and potential harm to patients posed by unlicensed stem cell clinics in the US.** While the Food and Drug Administration (FDA) has approved a small number of hematopoietic stem cell therapies to treat diseases of the blood and immune system, stem cell clinics all over the US have capitalized on the public’s confusion regarding stem cell therapies by selling unapproved treatments, explain Hermes Taylor-Weiner, PhD, and Joshua Graff Zivin, PhD, of the University of California, San Diego. The majority of unapproved treatments offered by stem cell clinics use autologous adipose-derived stem cells packaged as a product called stromal vascular fraction (SVF), sold to patients with a myriad of conditions from benign conditions like hair loss to chronic and life-threatening diseases like heart failure, muscular dystrophy, and Parkinson’s disease. Many of these clinics frame their work as “experimental,” although few are conducting FDA-approved trials. They charge patients anywhere from \$5,000 to \$50,000 per treatment, and as unapproved treatments they are rarely covered by insurers. Further, these procedures can lead to complications like infections, emboli, and toxic effects of anesthesia. Unlicensed clinics may hinder advances in the stem cell field because a tragedy resulting from unapproved treatment may make the public and regulators suspicious of stem cell technologies in general, argue the authors. Much confusion arises from FDA’s ambiguous regulations surrounding stem cells and what is considered a “minimally manipulated” biologic product. This is a complicated area of regulation which FDA continues developing. Some questions regarding stem cell regulation may be answered by a recently published FDA draft [guidance](#), however, the authors advocate for a more stringent and cross-organizational collaborative approach to developing and enforcing the guidelines. For example, the Federal Trade Commission may help by creating restrictions against the deceptive advertising for unapproved stem cell treatments, suggest the authors. They emphasize the importance of creating more easily enforced guidelines to effectively eliminate unlicensed stem cell clinics.

**Citation:** Taylor-Weiner H, Graff Zivin J. Medicine’s Wild West – Unlicensed stem-cell clinics in the US. *N Engl J Med.*

**Throughout September, more than 30,000 organizations (including national, regional, and local governments, as well as private institutions) are supporting emergency preparedness efforts and encouraging more Americans to be prepared for emergencies, announced the Centers for Disease Control and Prevention (CDC).** “A resilient community is one that can withstand, adapt, and quickly recover from events while minimizing negative health impacts. Building a strong, resilient community requires preparedness efforts at all levels, starting at home with the family, and expanding to include neighborhoods, workplaces and schools, travel plans, and online communities,” said CDC in the Sept. 11 [Morbidity and Mortality Weekly Report](#). CDC has made disaster preparedness and response resources available through its [website](#). National Preparedness Month serves as a reminder to healthcare organizations and blood centers of the importance of updating and exercising their disaster plans. “It has been a few years since we’ve had a major national disaster, and it is during these intervening years that we tend

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**BRIEFLY NOTED** (continued from page 8)

to become lulled with respect to disaster planning,” said Ruth Sylvester, ABC’s director of Regulatory Services. “To me, it is during these quiet times that organizations should be focusing on planning and training to prepare for emergency situations. If you wait until a disaster occurs, it will be too late.” ABC members can access a plethora of disaster preparedness resources on ABC’s [member site](#). AABB resources, including its Disaster Operations Handbook can be found [here](#). (Source: CDC MMWR, 9/11/15)

**The primary immunodeficiency community gathered in New Orleans for the Immune Deficiency Foundation (IDF) 2015 National Conference from June 25 to 27 with 1,360 attendees, reported the [IDF Advocate](#) newsletter.** IDF was one of several patient organizations that signed onto a [letter](#) in August 2014 to the Food and Drug Administration in support of the blood community’s efforts to achieve more flexible plasma regulations. The conference – the 8<sup>th</sup> in the Foundation’s 35-year history – gave individuals and family members the opportunity to learn from experts in the field and to meet with others who understand what it is like to live with primary immunodeficiency. The IDF National Conference is the only national meeting in the US specifically for individuals and families living with primary immunodeficiency. The three days included more than 40 presentations from renowned healthcare and life management experts covering various topics ranging from advancements in diagnosis and treatments, allergies, antibiotic and antifungal therapies, autoimmunity, nutrition, mental health, school, employment, health insurance, and more. The conference brought together attendees from 39 states and around the world, including Australia, Belgium, Canada, England, Germany, Israel, Italy, Slovenia, South Korea, Switzerland, and the United Arab Emirates. (Source: IDF Advocate, 9/15/15) ♦

**REGULATORY NEWS**

**The International Council for Commonality in Blood Banking Automation (ICCBBA) recently published version 6.8.0 of the ISBT 128 Product Code Database.** ISBT 128 is the global standard for the coding, identification, and labeling of products of human origin. Version 6.8.0 includes product codes for the new bone terminology. The new database and version control sheet can be downloaded [here](#). ICCBBA also published version 6.8.0 of the Standard Terminology for Medical Products of Human Origin, available for download [here](#). (Source: ICCBBA, 9/14/15)

**The proposed 3<sup>rd</sup> edition of AABB’s *Standards for Molecular Testing for Red Cell, Platelet, and Neutrophil Antigens* is now available for public comment until Oct. 21.** After the conclusion of the comment period, the Molecular Testing Standards Program Unit will meet to review all comments; the 3<sup>rd</sup> edition will go into effect on Nov. 1. The proposed standards and a summary of changes can be found on AABB’s [website](#). (Source: AABB SmartBrief, 9/14/15) ♦

**GLOBAL NEWS**

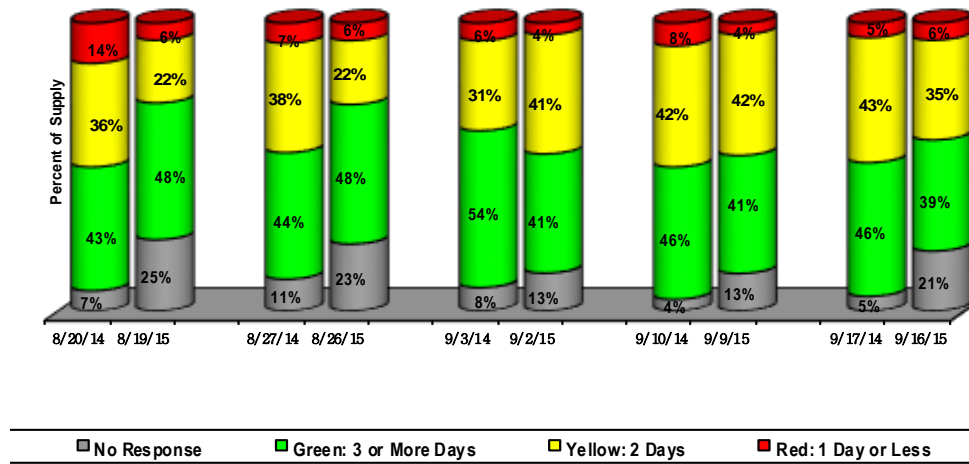
**Leaders from around the world, including the World Health Organization (WHO), committed on Sept. 4 to the [Glasgow Declaration on Viral Hepatitis](#).** During the first-ever World Hepatitis Summit, participants urged countries to develop national programs that can ultimately eliminate hepatitis as a problem of public health concern. WHO also launched the [Global Health Sector Strategy](#) in viral hepatitis, 2016-2021, which sets out an ambitious set of targets to greatly reduce new infections and deaths

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**GLOBAL NEWS** (continued from page 9)

from viral hepatitis by 2030 and to provide a corresponding coverage of prevention and treatment interventions to achieve these goals. The 2030 targets include a 90 percent reduction in new cases of hepatitis B virus (HBV) by 2030 compared with 2010; 70 percent reduction in hepatitis C virus (HCV) by 2030 compared with 2010; zero mother-to-child transmission by 2050 and 95 percent reduction in infants infected with HBV by 2030 compared with 2010. Among the many interventions is a goal of zero new infections due to unsafe blood transfusion by 2030. (Sources: WHO press release, 9/2/15; World Hepatitis Alliance press release, 9/4/15; WHO Global Health Sector Strategy, 9/2/15) ♦

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



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

**MEMBER NEWS**

**Community Blood Services (CBS), headquartered in Montvale, N.J., celebrated Blood Collectors Week Sept. 6 to 12 with a fun-filled week full of surprises, giveaways, a breakfast, and guest appearances by CBS’s company mascot, Bernie the Blood Drop.** “Throughout the week we focused on celebrating our donor technicians for how hard they work to provide lifesaving blood and blood products to our community. They play an important role in ensuring there is always a safe and adequate supply of blood available for patients who need it in our community,” said Rose Shaw, RN, the center’s Clinical Services director. Ms. Shaw said the center appreciates how its donor technicians go out of their way to ensure volunteer blood, platelet, and plasma donors are comfortable and have positive experiences when they donate. “Our donor technicians are vital to the blood banking community, and we couldn’t fulfill the center’s mission without their help. Blood Collectors Week gave us the perfect opportunity to recognize them for being unsung heroes every day they come to work,” said Ms. Shaw. (Source: Community Blood Services press release, 9/15/15)



The staff of Community Blood Services, Montvale, N.J., celebrates Blood Collectors Week

## MEMBER NEWS (continued from page 10)

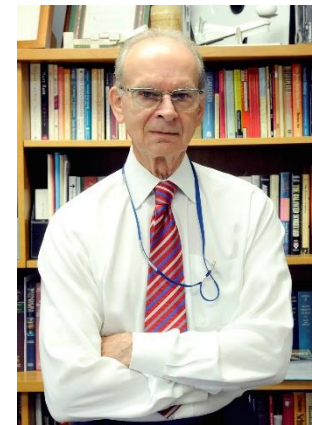
**Blood Systems, headquartered in Phoenix, Ariz., has been selected by [Arizona Business Magazine](#) and BestCompaniesAZ as one of 40 winners of the 2015 Arizona's Most Admired Companies Awards (MAC) and is featured in the [September/October issue](#) of the magazine.** Arizona's Most Admired Companies are selected based on performance in the following areas: workplace culture, leadership excellence, corporate and social responsibility, customer opinion, and innovation. "This is the most comprehensive and most prestigious corporate awards program in Arizona. It recognizes the contributions and impact these 'most admired companies' bring to the state," says Denise Gredler, founder and CEO of BestCompaniesAZ and co-founder of the MAC program. "Every day, I am proud of and inspired by the Blood Systems team," says Dan Connor, Blood Systems president and CEO. "I am delighted that BestCompaniesAZ chose to honor my co-workers for their commitment to the donors, patients, and communities we serve and for the way they live our values of respect, integrity, teamwork and excellence." (Source: Blood Systems press release, 9/16/15) ♦



(From left to right) Director of Total Rewards Charlotte Marz, Vice President of Human Resources Peter Michaelson, Director of Public Relations and Communications Barb Kain, Vice President of Information Technology Bob Hartmann, President and CEO Dan Connor, Senior Director of Human Resources Michele Eggerman, Director of Leadership and Organizational Development Don Colvin, Donor Care Supervisor and United Blood Services Employee of the Year for 2014 Alika Cullen, and Director of Employee Relations Keith Bersebach receive the 2015 Arizona's Most Admired Companies award on Sept. 10.

## PEOPLE

**Merlyn Sayers, MBBCh, PhD**, CEO of Carter BloodCare, Bedford, Texas, was recently named the recipient of the Dallas-Fort Worth Hospital Council's (DFWHC) 2015 Distinguished Health Service Award. He will be recognized during the DFWHC's 67<sup>th</sup> Annual Awards Luncheon on Oct. 29 at the Arlington Convention Center in Arlington, Texas. Under Dr. Sayer's tenure, Carter BloodCare has become the largest blood bank in Texas, supplying 90 percent of the blood products in a 50-plus county area around North, Central, and East Texas. With a staff of almost 900, the organization collects nearly 300,000 donations annually and is recognized as a center of excellence, reported the DFWHC in a press release. "Dr. Sayers has worked throughout the years to support the health and wellness of our community," said W. Stephen Love, president/CEO of DFWHC. "Through Carter BloodCare, he daily supports the activities of treating the sick and helping restore them to healthy and productive lives. He is a deserving recipient of this award and we are looking forward to honoring his career." Dr. Sayers has been a strong voice in the blood community, previously holding positions as chairman of the Food and Drug Administration's Blood Products Advisory Committee, vice chairman of the Washington State Board of Health, and president of America's Blood Centers. He has served on the Health and Human Services Advisory Committee on Blood and Tissue Safety and Availability, AABB's Scientific Section Coordinating Committee, the Scientific, Medical, and Technical Committee of ABC, and the Texas Medical Association Committee on Blood and Tissue Usage. His board responsibilities have included the Dallas-Fort Worth Hospital Council Foundation, the National Blood Foundation, and



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**PEOPLE** (continued from page 11)

the International Council for Commonality in Blood Banking Automation. Dr. Sayers is also on the faculty of the University of Texas Southwestern Medical Center in Dallas. His current research and publication interests concern community and public health, particularly among teenagers. After immigrating to the US, Dr. Sayers completed fellowships in hematology, oncology, and blood banking and transfusion medicine at the University of Washington. He subsequently joined the faculty in the Department of Medicine and also served as the medical director for Puget Sound Blood Center in Seattle. (Sources: DWFHC press release, 9/1/15; Carter BloodCare bio, 9/17/15)

**Damon Clements** and **Penny Schroeder** were recently added to the team of directors at Indiana Blood Center, according to a Sept. 15 press release. Mr. Clements joins Indiana Blood Center as the director of Information Technology. He oversees the strategic operations for the information technology services, applications, and infrastructure throughout the organization. Ms. Schroeder transitioned from her role as manager of blood collections to department director. Prior to joining Indiana Blood Center, Mr. Clements served as IT director at Regenstrief Institute, an internationally respected informatics and healthcare research organization. Originally from Bloomington, Ind., Mr. Clements has worked in the healthcare industry for more than 15 years, leading technology teams in a wide range of laboratory specialties, including toxicology, molecular diagnostics, pathology, and research. Mr. Clements began his IT career in the healthcare industry and has since become a certified Project Management Professional. Ms. Schroeder joined Indiana Blood Center in 2004 as manager of Blood Collections. After serving as interim director of Blood Collections, she will permanently step up as director of the department. Ms. Schroeder has more than 20 years of experience in blood collections and has developed extensive knowledge and leadership skills to operate an exceptional blood collections department. Her focus on teamwork and strategic innovation contribute to the highly proficient functions of the blood collections department and the quality of the blood products and services Indiana Blood Center provides to communities. Ms. Schroeder is an American Society for Clinical Pathology (ASCP) certified medical technologist and part of AABB. “Damon and Penny are excellent additions to the management team,” said Dan Waxman, MD, interim president/CEO and chief medical officer at Indiana Blood Center. “Their experience and knowledge of the healthcare industry will contribute greatly to the mission of Indiana Blood Center and the vital work that is done for the health of our local community and beyond.” (Source: Indiana Blood Center press release, 9/15/15) ♦



Damon Clements



Penny Schroeder

**MEETINGS****Oct. 2 NYBC 37<sup>th</sup> Alexander S. Wiener Lecture, New York, N.Y.**

New York Blood Center will hold its 37<sup>th</sup> Alexander S. Wiener Lecture on Oct. 2 at 3 p.m. ET at New York Blood Center in New York, N.Y. Cynthia E. Dunbar, MD, will give a talk titled “Hematopoiesis via Genetic Barcoding.” More information and registration details can be found [here](#).

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**MEETINGS** (continued from page 12)**Dec. 6-9 2015 National HIV Prevention Conference (NHPC), Atlanta, Ga.**

The Centers for Disease Control and Prevention will hold the 2015 National HIV Prevention Conference at the Hyatt Regency Hotel and the Marriott Marquis Hotel in Atlanta, Ga. It is the preeminent conference for scientists, public health officials, community workers, clinicians, and persons living with HIV from a wide variety of organizations to share their expertise and ultimately prevent infections, strengthen care, and reduce disparities. This four-day conference will include oral, panel and poster presentations, as well as plenary sessions, roundtables, and debates and is a platform for conference participants to engage in rigorous scientific, programmatic, and technology information exchange. More information and registration details can be found [here](#).

**March 8-9, 2016 IPFA Asia Pacific 2016 Workshop on Plasma Quality and Supply, Taipei, Taiwan**

The International Plasma Fractionation Association (IPFA) will hold its Asia Pacific 2016 Workshop on Plasma Quality and Supply March 8-9, 2016 at the Taipei Medical University in Taipei, Taiwan. This workshop will identify and discuss key issues, strategies, and opportunities to meet the increasing requirements for plasma for fractionation and essential plasma derived medicinal products in the Asia Pacific region. More information is available at [www.ipfa.nl](http://www.ipfa.nl).

**Contact:** [info@ipfa.nl](mailto:info@ipfa.nl) 💧

**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](mailto:mnorwood@americasblood.org).

**EQUIPMENT AVAILABLE:**

**For Sale.** 50 Genesis Mixers Model CM375A and 22 Ohaus portable digital scales. All in working order. For additional details or to make an offer contact Jahn Legh-Page at (559)389-5440 or [jleggh-page@donateblood.org](mailto:jleggh-page@donateblood.org).

**POSITIONS AVAILABLE**

**Mobile Team Phlebotomist (Gulf Coast Regional Blood Center).** Scope of Responsibility: Reporting to the Mobile Team Supervisor, position is responsible for the performance of routine work related to the set up/tear down or mobile sites and the screening, collection and hematroning of blood and blood products. Essential Duties and Responsibilities include the following; other duties may be assigned. Assists with the loading, unloading, set-up and tear down of equipment at mobile donor sites. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in

accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Demonstrates strong level of customer service skills and customer service focus. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required.

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**POSITIONS** (continued from page 13)

Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Education and Experience. High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's degree from an accredited college or university is a plus). Contact: Jill Novickoff, (262) 289.2309.

**Component Lab Technician I (Gulf Coast Regional Blood Center).** Essential Duties and Responsibilities: Organize, identify and document component production daily with complete accuracy into the computer system or manually if needed. Weigh, balance and load blood products intended for separation into the centrifuge accurately adjusting setting according to production intentions. Organize, apply product labels and store all components produced with complete accuracy ensuring that all procedures are followed. Assist as necessary in the daily process of securing quarantined components and perform quality control functions for laboratory equipment as assigned. Promptly respond and prepare special patient use requests/assignments and must recognize and interpret special procedures or tags on units and act upon them accordingly. Assist with biohazard waste management including collection and internal transport of organizational waste. Assist in the RRPL area including organizing, preparing, packing, and shipping of non-transfusable products for research, manufacturing, or Clinical Trials. Assure products are properly managed according to standard operating procedure and client specifications in a reasonable amount of time. Must comply with OSHA, FDA, AABB, cGMP and other regulatory standards. Education and Experience: High School Diploma or GED; Experience working in a regulated environment is a plus. Contact: Jill Novickoff, (262) 289 2309.

**Area Representative - La Quinta, CA (Schedule: Monday through Friday; 8:00 am to 4:30 pm).** The essential element of the Area Representative position is to develop, maintain, and expand professional relationships with community businesses. Provide quality customer service with the goal of adding donations from new groups and increasing donations from existing groups. The Area Representative is responsible for all aspects of the Blood Drive recruitment process within an assigned territory. This includes, but is not limited to booking the drive, education, management, and coordination of the drive in cooperation with the assigned representative or chairperson of the business or organization. The ideal candidate will have a bachelor's degree (BA) in Business, Marketing, Public Relations, or related field preferred. Three to four years of direct experience in the Art of Persuasive Communication, with a strong background in customer service. Sales and marketing experience is strongly preferred. Current California driver's license. For further information and

to apply online please visit: [www.LStream.org](http://www.LStream.org). Must pass pre-employment background check, drug screen and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V. LifeStream participates in the Federal government E-verify program to determine employment eligibility. Job Number: IN-4224968251

**Vice President of Blood Donor Services.** Unyts, Western New York's only Organ, Tissue, Eye and Community Blood Bank, has an immediate opening for an executive level position in our Blood Donor Services Division. This exciting position will provide leadership and direction to the division, while meeting the blood, plasma and platelet needs of our regional hospitals, as well as direct and oversee donor recruitment and collection operations. Responsibilities will also include strategic planning and development, creation of annual expense and collections budget, and monitoring of annual operating and collection goals against budget. Bachelor degree with seven-10 years of blood banking or blood donor experience required. Master's degree preferred. Demonstrated expertise in leading organizations utilizing combined technical and interpersonal skills required. Ideal candidate will possess superior leadership, supervisory and communication skills with the ability to facilitate change and growth through collaboration and teamwork, while successfully promoting Unyts Mission, Vision and Values. Please apply online at <http://www.unyts.org/about-us/careers>.

**Lab Manager.** The Blood & Tissue Center of Central Texas in Austin is hiring a Lab Manager to supervise staff, day-to-day testing, and overall lab operations. This position will ensure compliance with applicable protocols, policies, and regulations; serve as subject matter expert for the lab; perform supervisory review of all testing records to include donor testing/reference bench, QC, and maintenance documentation; optimize workflow based on daily collection projections and patient testing needs; troubleshoot and solve problems arising from equipment, processes, or workflow as needed. Qualified candidates must have a four-year college degree and certification in a Laboratory Science field, as well as hold an ASCP certification or be eligible to acquire it within six months of hire. A minimum of three years supervisory experience in a medical setting is required, preferably in a blood center. At least three years of experience in a blood bank lab and three years of experience in production and process control in a biologic or GMP environment is a must. Knowledgeable in cGMP, FDA, and AABB regulations needed. Please visit [www.inyourhands.org](http://www.inyourhands.org) to apply.

**Technical Services Liaison – HS003 (San Antonio, TX).** Responsible to assist in building positive and lasting customer relations with hospital customers and collaborating to resolve technical issues. Will audit

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**POSITIONS** (continued from page 14)

hospital customers and ensure compliance with regulations for all blood components returned to South Texas Blood & Tissue Center (STBTC). Associate's degree in Medical Laboratory Technology, or bachelor's degree in Chemical, Physical or Biological Science and/or Medical Laboratory Science required. Blood banking experience required. Five years laboratory experience in a hospital or blood center required with a bachelor's degree or 10 years laboratory experience in a hospital or blood center required with an associate's degree. Five years' experience with hospital Laboratory Information System (LIS). Computer experience required. Must be at least 21 years old with three years driving experience and a good driving record. Certified Medical Laboratory Technologist (MLT) required, Certified Medical Technologist (MT) or Certified Laboratory Scientist (CLS) required. Visit our website at [www.biobridgeglobal.org](http://www.biobridgeglobal.org). E-mail résumé to [hr\\_dept2@biobridgeglobal.org](mailto: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.

**Director of Technical Services.** Blood Bank of Hawaii, a medium-size blood center (50,000 RBC distribution annually), is seeking a strong leader to oversee all technical operations in the component manufacturing, quality control, and immunohematology reference laboratories and the 16-member team. Headquartered in Honolulu, we are the sole provider of blood to the state's hospitals. If you are a CLS and/or SBB with at least five years' technical and management experience in a blood bank setting, come join a dynamic, cohesive team that is effecting positive change. We offer a competitive salary and excellent benefits. Apply online now at <http://www.bbh.org/about-bbh/employment.html>. ♦