



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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Please Note: The ABC Newsletter will not be published next Friday, Nov. 28 due to Thanksgiving. Regular publication will resume on Dec. 4. ABC wishes you a happy Thanksgiving!

Blood Centers Describe Programs to Reduce Reactions in Young Donors

It is well known that young blood donors, particularly first-time donors, are at a higher risk for adverse donor reactions. High school donors contribute a significant proportion of blood donations for many centers during the school year, and reducing these reactions is critical to protect their safety and guarantee that these young donors have a positive donation experience leading them to become life-long donors.

“If you lose a young donor, you’ve probably lost him for life,” Thomas Watkins, DO, PhD, of MEDIC Regional Blood Center, said during an AABB Annual Meeting Session on Oct. 26 in Anaheim, Calif. His remarks truly summed up the crux of the session, which focused on better understanding the unique needs of young donors, improving high school donor education, and effective mitigation strategies to reduce reactions and create a positive donation experience.

High School Donors Are Unique. “Young donors are not like adult donors, making education very important among these donors. They are kids going through an adult process,” said Anne Lassinger, MT(ASCP), the director of Clinical Education and Training at the Institute for Transfusion Medicine (ITxM). Young donors often speak using different language than adults and have distinct motivations for donation, such as impressing their parents or peer pressure. Understanding these unique traits is critical to tailoring donor education materials about the donation process and adverse events to young people, explained Ms. Lassinger.

ITxM even created a special video series called “DonorFirst” on the unique attributes of teen donors and reactions, which the blood collection staff watch as part of a “back to school review” training, performed annually before each school year. The fun and informational video, which Ms. Lassinger shared in the session, provided some of the following tips on how to communicate with teens and make them comfortable during their donation experience.

- Teens often have their own language – do not try to use their slang terms.
- Respect teens and make them feel appreciated.

(continued on page 3)



OUR SPACE

ABC President Susan Rossmann, MD, PhD

Expecting the Unexpected

Last week, the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA), which reports to the Undersecretary for Health of the Department of Health and Human Services, met to discuss the sustainability of the U.S. blood supply. Among the concerns was the worry that a shrinking blood inventory and collection system, appropriate to the reduced level of routine red cell blood use, would not be able to provide appropriate surge capacity.

Later that same week, the terrorist attacks in Paris provided all-too-real and graphic examples of why we need a robust blood reserve. As far as I have been able to determine from news reports and the statements of the French blood agency, all the urgent needs were met from current blood inventories.

Almost simultaneously, it seems, many, many people came spontaneously to donate blood at collection centers across France, as shown in this [CNN clip](#). The number of those presenting to donate was estimated at 10,000, and one-fifth were new donors. Fadila Benayache, a young woman who was donating, told CNN, “I was just thinking ... What can I do?”

We have had large-scale public blood collection programs only since WWII, less than 75 years. Yet a substantial number of the public has adopted blood donation as a way to give back. In the face of terrorist attacks, such as those that occurred last week in Paris and in the U.S. on 9/11, donation offers some people a way to feel they are helping in the face of a seemingly helpless situation. The instinct to help others is a very strong one, and we must make sure our programs continue to support that sensibility in ordinary circumstances through ordinary everyday blood donations.

The French collection agencies immediately scheduled collections to later days. Our specialized collection programs based on blood type and specific hospital needs are efficient and successful only as long as we continue to allow that donor to feel the connection between his gift and the recipient. When the potential recipient is bloody and smeared across the TV screen, this connection is not hard to make; in ordinary circumstances the connection may be less clear.

We know that it is the blood already on the shelf, in the hospitals, or even carried on ambulances, that saves lives first, in the most urgent situations. As a country, we need to make sure that we have this reserve always available, and that we also have the capacity to collect and process blood more quickly should the need arise. We can see that our donors will be ready. It is an important part of the work of the ACBTSA subcommittee and all of us to make sure we as blood centers are ready as well.

A handwritten signature in black ink that reads "Susan Rossmann". The signature is written in a cursive, flowing style.

srossman@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.

America's Blood Centers

President: Susan Rossmann
CEO: Christine S. Zambricki
ABC Publications Editor: Betty Klinck
Subscriptions Manager: Leslie Norwood
Annual Subscription Rate: \$390

Send subscription queries to
mnorwood@americasblood.org.

America's Blood Centers

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

Phone: (202) 393-5725

Send news tips to newsletter@americasblood.org.

Protecting Young Donors (continued from page 1)

- Remember, teens are still kids and may be fearful of the needle; we need to assuage those fears.
- Teens want to be acknowledged and recognized on their own terms.

To comply with AABB Standard 5.4.3.1, requiring a program to reduce the risk of reactions in young donors, and to improve the young donor experience, ITxM implemented a cross-departmental High School Reaction Team that includes medical staff, quality directors, the training director, and donor relations. The team reviews reaction data, policies, and processes for young donors and provides quarterly reports to Donor Services, Account Managers, and Marketing.

Among the usual interventions, including a young donor consent form and brochure to help young donors and parents prepare for donation, ITxM provides the school with “Get Ready” materials for collection day. READY is an acronym that ITxM uses to stand for “Rest, Eat, Attire, Drink, Your ID” to remind kids of what they should do to prepare for donating. Other collection day protocols include:

- Providing a hydration station;
- Prohibiting teens from double red cell donations;
- Using mats in the canteen for students to lie down;
- Asking students if they ate breakfast and encouraging them to eat a snack before donation; and
- Having students remain on the cot for a minute or two after donation.

Students who donate blood are given a rubber bracelet, which helps them to feel recognized for donating and aids the school nurse and teachers to watch out for donors who may be having a delayed reaction. ITxM ensures that all donors and parents receive follow-up communication following a reaction. ITxM continues to improve its High School Reaction Team efforts, which for 2016 includes creating a job tool for parental consent, updating volunteer materials, introducing applied muscle tension (AMT) exercises, and updating the donor problem report to ease data collection.

“Young donors bring special circumstances and contact with this age group is critical. This age group is the future of our industry and blood donation. They look to us as healthcare professionals and we need to engage them, explain what is happening, and educate them on the need for blood,” said Lassinger.

What Causes Reactions And How Do We Prevent Them? Blood Systems, Inc. (BSI) has been proactive in understanding the causes of adverse reactions in young donors and taking action to mitigate this problem. Researchers at BSI have found that donors with lower estimated blood volume (EBV), as well as young, first-time, and female donors are at a higher risk for vasovagal reactions, Hany Kamel, MD, of BSI, explained during his AABB presentation.

Armed with this knowledge, United Blood Services (UBS), the blood center division of BSI took two approaches to improve the donation experience of young donors: 1) reduce the reaction rate, and 2) educate schools and parents about reactions, said Dr. Kamel. This initiative began in 2008 to improve relationships and communications with high school blood drive sponsors and to address concerns shared by parents and high school nurses. The interventions to mitigate reactions include:

- Accept only donors with a higher EBV (>3,500 ml) and collect <15 percent of the EBV/donation;
- Provide water bottle and food prior to donation; and
- Encourage AMT exercises.

(continued on page 4)

Protecting Young Donors (continued from page 3)

UBS also improved adverse reaction management by adding a separate reaction area segregated by a screen, implementing a dedicated staff member to handle adverse reactions, and enhancing blood center physician involvement. Increasing communication between UBS, the school, and parents was critical to not only improving the young donor experience, but also to addressing the concerns of high school partners and parents.

UBS notifies the school nurse or designated school contact following parental contact about a student's adverse reaction; provides a discharge sheet to students with post-reaction instructions; makes a UBS physician available to UBS collection staff, the school, and parents; and provides a donor reaction management manual for school nurses. The discharge sheet provides students and parents with important information about the most common types of reactions, what to do if they experience a reaction, and when to seek medical care.

The center's Donor Management Guide for High School Blood Drives provides critical education for UBS staff, school nurses, and other school personnel about the blood donation process, how to manage adverse reactions, and the parental consent form. UBS also improved continuity of care by engaging school nurses, encouraging them to allow UBS staff to handle reactions when possible, but providing them with access to a UBS physician should they have to treat a donor reaction. UBS also designates a "Continuity of Care Provider" to respond to reactions in the absence of UBS staff or the school nurse.

These interventions have been extremely effective – with about a 20 percent decrease in loss of consciousness reactions among whole blood young donors occurring post-intervention. Studying the efficacy of these measures has led BSI to update its standard operating procedures to include specific instructions on AMT and blood volume restoration via sodium replacement (salty snacks) and fluid intake. Dr. Kamel described the Minor Donor Permit, which provides donors and parents with tips on how to prepare for donation and what to expect afterwards, as well as the post-donation thank-you information which provides donors with tips on how to properly recover from donation.

To enable the tracking of adverse events among donors, BSI participates in Donor HART, an AABB web-based hemovigilance application that captures and analyzes donor reaction information from the nation's participating blood collection establishments. While BSI had developed its own hemovigilance software and has been tracking this information for years, using Donor HART allows blood centers across the nation to compare data and ensures uniform definitions when capturing and describing adverse events.

"The main value in Donor HART is that it provides one classification system – one set of definitions. We're not comparing apples to oranges," said Dr. Kamel.

This data can provide insight into the success of the donor adverse reaction mitigation strategies discussed throughout the session and enable continuous improvement. 💧

We Welcome Your Letters

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



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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 Discuss Public Health Screening Initiatives for Donors

As part of the 2015 America's Blood Centers Professional Institute (API) Webinar offerings, ABC will host a webinar on public health screening initiatives for donors on Dec. 2 at 3 p.m. ET. This webinar will discuss all of the considerations involved in public health programs at blood centers including the impact on both testing and collections personnel, the costs and how they are funded, and how it affects donor behavior.

Two blood center speakers will share their experiences with donor health screening programs including funding, the types of testing they offer, HIPAA compliance, how they handle elevated/abnormal results, and how their programs have changed donor behaviors.

Check your e-mail in the coming weeks for registration details from ABC! Contact Ruth Sylvester (rsylvester@americasblood.org) with questions.

Learn About Business Decisions in Quality Through ABC Webinar

As part of the 2015 America's Blood Centers Professional (API) Webinar offerings, the ABC QA Education Committee will host a webinar on "Business Decisions in Quality" on Dec. 15 at 3 p.m. ET.

During this especially challenging time in the blood industry, the role of quality in blood centers remains key and essential for success. Changes in the business environment are causing quality departments to change their models to provide value beyond compliance to its blood centers. In this webinar, Matthew Audette of LifeSouth Community Blood Centers and Galen Kline of Heartland Blood Centers will discuss their blood centers' incorporation of business principles into the quality departments and the gains from these initiatives

ABC members can find more information and registration details in MCN 15-091. Contact Toni Mattoch (tmattoch@americasblood.org) with questions. ♦

ABC's 19th Awards of Excellence Deadline Extended to Dec. 11

America's Blood Centers has extended its deadline to submit nominations for the 19th Annual Awards of Excellence and the 2015 FABC Awards to **Friday, Dec. 11**. ABC members can offer national recognition to local individuals, civic groups, media, and corporations for their commitment to community blood programs. Submit your nominations by **Friday, Dec. 11**. ABC members can find more information and nomination instructions in [MCN 15-088](#). Questions may be directed to Jodi Zand (jzand@americasblood.org).

RESEARCH IN BRIEF

A study by Héma-Québec researchers suggests that about 15 percent of their donors have blood lead levels (BLL) that could be harmful to certain high-risk blood recipients. Previous studies have suggested that 0.15 $\mu\text{mol/L}$ (3 $\mu\text{g/dL}$) is the maximum level of lead in a blood donation that could safely be given to patients. Lead toxicity is especially detrimental to infants and children, as it has been associated with negative effects in neurobehavioral development. Gilles Delage, MD, MSc, and colleagues of Héma-Québec, conducted a study of 3,490 donors who gave blood between 2006-2007 to determine the BLLs in a representative sample of blood donors and to identify risk factors associated with BLLs of $\geq 0.15 \mu\text{mol/L}$. The geometric mean BLL in the cohort was 0.082 $\mu\text{mol/L}$. BLLs of more than 0.15 $\mu\text{mol/L}$ were found in 15.5 percent of participants. The researchers' analysis showed that BLLs were mainly associated with age and sex. Other factors associated with BLLs were region of residence, education level, dwelling age, occupational and leisure activities at high risk for lead exposure, smoking, and alcohol intake. "This is, to our knowledge, the first study examining lead levels in a representative sample of a blood donor population," wrote the authors. Because children are particularly vulnerable to lead poisoning, the authors suggest considering whether a policy is needed to ensure neonates and young children receive blood with only low lead levels, although that remains controversial. "Implementing such a policy necessarily involves consultation with physicians transfusing vulnerable patient populations, due consideration for the logistics involved and the impact of such a policy on product availability, and a study of the distribution of lead levels in the donor population if the policy decision is to supply 'low-risk' units based on epidemiologic characteristics of the donor," conclude the authors.

Citations: Delage G, *et al.* A population-based study on blood lead levels in blood donors. *Transfusion*. 2015 Nov;55(11):2633-40.

Newman N, Carey PM. Donor blood lead level and transfusion safety in a vulnerable population. *Transfusion*. 2015 Nov;55(11):2544-6.

Research published in *The New England Journal of Medicine* suggests that andexanet can successfully reverse the anticoagulant activity of factor Xa inhibitors apixaban and rivaroxaban. Factor Xa inhibitors – apixaban, rivaroxaban, and edoxaban – are used in the prevention and treatment of thromboembolism. Despite their efficacy and practical advantages over vitamin K antagonists, like warfarin, lack of a specific antidote to reverse the anticoagulant effects in the case of hemorrhage, emergency surgery, or injury has limited enthusiasm for their use. Deborah M. Siegal, MD, of the Population Health Research Institute, Ontario, Canada, and colleagues, investigated whether andexanet, a small molecule factor Xa fragment, can reverse the effects of apixaban and rivaroxaban in healthy older volunteers. Among the apixaban-treated participants, anti-factor Xa activity was reduced by 94 percent among those who received an andexanet bolus, as compared to 21 percent who received the placebo. Among the rivaroxaban-treated participants, anti-factor Xa activity was reduced by 92 percent among those who received an andexanet bolus, as compared with 18 percent among those who received the placebo. These effects were sustained when andexanet was administered as a bolus plus an infusion. "Andexanet reversed the anticoagulant activity of apixaban and rivaroxaban in older healthy participants within minutes after administration and for the duration of infusion, without evidence of clinical toxic effects," concluded the authors.

Citation: Siegal DM, *et al.* Andexanet alfa for the reversal of factor Xa inhibitor activity. *N Engl J Med*. 2015 Nov 11. [Epub ahead of print].

RESEARCH IN BRIEF (continued on page 7)

RESEARCH IN BRIEF (continued from page 6)

Recent results from Carter BloodCare's Get Healthy Wellness Program were presented at the American Heart Association Scientific Sessions 2015 in Orlando, Fla. The presentation, "Screening for Metabolic Risk in Adolescent Blood Donors," highlighted research by Carter BloodCare's Steve Eason, Merlyn Sayers, MBBCh, PhD, Shankar Goudar, and Jeff Centilli, along with collaborators from The University of Texas Southwestern Medical Center. The investigators reported on blood pressure, total cholesterol, and hemoglobin A1C screening of more than 35,000 16- to 19-year-old blood donors. These data indicate that more than 40 percent of the youngsters have at least one abnormal health metric and nearly 20 percent have two of the metrics that indicate early risk for cardiovascular disease and diabetes. The results confirm a role for the community blood program in making significant contributions to primary disease prevention, according to the researchers. (Source: Carter BloodCare, 11/12/15) ♦

THE WORD IN WASHINGTON

The Department of Labor (DOL) indicated in a recent panel discussion that a final rule on overtime eligibility would likely not appear before late 2016. America's Blood Centers' CEO Christine Zambricki, DNAP, CRNA, FAAN, submitted [comments](#) in September to the DOL on behalf of ABC members regarding the proposed rule that would change the Fair Labor Standards Act (FLSA) regulations defining who is eligible for overtime pay. While ABC supports the fair compensation of all employees, these regulations more than double the minimum salary threshold at which employees must be paid overtime for working more than 40 hours a week, which could have implications for ABC's member blood centers. Under the current DOL regulations, last updated in 2004, employers are required to pay all exempt and non-exempt employees time-and-a-half for any hours they work in excess of 40 hours per week if they make less than \$23,660 annually, regardless of the employee's job responsibilities. The proposed rule would require overtime eligibility for anyone earning up to \$50,440 per year. In her comments, Dr. Zambricki described the financial pressure that may be added by this across-the-country increase in the minimum salary at which employees qualify for overtime. Solicitor of Labor Patricia Smith said at a recent panel discussion that the final rule, however, is not likely to appear before late 2016, reported [The Wall Street Journal](#) on Nov. 11. According to Ms. Smith, the agency received comments from about 270,000 people and organizations on this rule, more than three times the number received when it was last changed in 2004. This influx of comments will require an extended review period, according to Ms. Smith. ABC will continue to update the membership regarding any movement on this rule. (Source: The Wall Street Journal, 11/6/15) ♦

GLOBAL NEWS

Global Healing, an international non-profit dedicated to improving health systems in resource-constrained parts of the world, announced that it is pursuing a new blood program in the Philippines. Ormoc City, the largest city by area of the island of Leyte, was one of the areas in the Philippines hit by typhoon Haiyan (also called Yolanda) in 2013. The typhoon caused massive destruction to the city's infrastructure, placing strain on its hospitals and medical services. While many of the hospitals have since recovered, the typhoon posed a major setback in their development. With a population of roughly 200,000 and a primarily agricultural economy, there remains an unmet need for blood to manage renal failure, maternal hemorrhage, and dengue on the island. In August, a delegation of Global Healing staff and volunteers traveled to Ormoc City to learn more about the challenges faced by local blood banks and determine the feasibility and scope of a new blood safety program there. Volunteers from the University of California, San Francisco, met with local stakeholders to learn more about the

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GLOBAL HEALING (continued from page 7)

situation and determine where Global Healing could be of assistance. Two main areas were identified – expanded donor recruitment and training for physicians in the clinical uses of blood. Global Healing hopes to launch a program in Ormoc City in early 2016. More information can be found in [Global Healing's Fall newsletter](#). (Source: Global Healing Fall newsletter, 10/30/15)

The Irish Blood Transfusion Service (IBTS) [announced](#) Monday that it has suspended taking blood donations from women who have given blood in the last 18 months, until the IBTS has checked a blood sample from each donor for hemoglobin. This decision comes as a result of a new non-invasive point-of-care hemoglobin monitoring device that the service implemented in 2014, which has been discovered to give inaccurate results in some individuals with anemia who have a hemoglobin down to and below 8.4 g/dL. As a result of the issue, some women and a small number of men, could now be iron deficient and anemic due to blood donation in the past 18 months, William Murphy, MD, IBTS medical and scientific director, said in a [statement](#). “From last week, we decided to introduce a full blood count on all female donors – this process is being extended to all male donors this week. Approximately 20 donors with anemia who were not detected by the new device, prior to a unit of blood being taken last week, have all been contacted. In addition, from today and for the time being we are suspending taking blood donations from women who have already donated in the last 18 months. We will replace the current version of the device with an alternative as soon as possible. We have contacted the Health Products Regularity Authority in relation to this. This device is also in use in Austria and some blood donation clinics in Germany, said Dr. Murphy on Nov. 16. The blood service will implement a new software over the coming weeks to reanalyze hemoglobin results and discrepant results will lead to donor notification. In the meantime, IBTS asks concerned donors to see their physician. As a temporary measure until the issue is resolved, IBTS asks male donors to make an extra effort to donate blood. (Source: IBTS press release, 11/16/15) ♦

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Joe McCormick
President and CEO
Coffee Memorial Blood Center





Implementation at Coffee Memorial Blood Center

Global Blood Fund's The Wonder of Blood – Saving Lives in Asia Contest



This article is one of a three-part series contributed by Global Blood Fund (GBF) as part of the Wonder of Blood – Saving Lives in Asia Contest. GBF and the Asia Society for Blood Transfusion solicited stories from blood services, hospitals, and patients in Asia about the power of blood, offering 1st, 2nd, and 3rd-place cash prizes, as well as the opportunity to raise awareness about the need to improve blood safety and sufficiency in Asia. Stay tuned to see a new winning story each week – with the 1st place story to be published Dec. 11. Winning entries will be made available at <http://yourbloodstory.org/passed-competitions/>.

Third Place Story: Donate to Save Lives

By: Dr. Muneeba Azmat, Pakistan

“Of all the things, hematology? That’s like a subspecialty! Why aren’t you going for something for surgery or gynecology?” Ever since I have cleared MBBS (Bachelor of Medicine and Bachelor of Surgery) and told people in Pakistan about my future aspirations to choose a blood related field, this has been the unequivocal response. How did I ever get here?

Second Year MBBS Student. Aug. 6, 2011: We had little patient interaction back then, learning mostly from books. We organized blood cancer awareness day; I was in charge of the patient psychotherapy stall where young leukemic patients were taken care of and were busy playing games. That’s where I met Hassan, a child of 4 years suffering from acute lymphoblastic leukemia (ALL), a type of cancer that destroys blood cells.



Hassan, a young Pakistani boy who died from lack of blood, sitting on his father's lap.

His father told me about the troubles they had to go through to arrange blood for Hassan, as he needs transfusion every week. As fate would have it, Hassan started bleeding from his nose and mouth. His platelets had dropped precariously low. He was rushed to the hospital where he was stabilized for some time. The disappointment I felt when I rallied for collecting donations was immense; people were reluctant to donate blood. Hassan would receive blood at times and at other times he’d go back without getting transfused. This continued for a few weeks. Hassan died one month after I met him, on the 6th of September. While he was being rushed from his village to the hospital, he slowly bled to death.

Fourth Year MBBS Student. Bijloo was with a child. It was a complicated pregnancy and a C-section was indicated. However, it was still pending since Bijloo’s hemoglobin was 6 g/dL and operating under such conditions could take a toll on her heart and cause her death. She was from Kabul and couldn’t understand a word we said when we tried to convey she has to arrange blood [for transfusion]. Ultimately, we contacted her husband and told him an operation would be impossible without the arrangement of blood. The husband looked at us calmly and said, “Our men do not bleed for women. Donate blood yourself if you want to save her. I leave her in Allah’s hands.” Bijloo was saved by donations from medical students. But in a tertiary care hospital with daily influx of hundreds of patients, relying on students alone is inadequate. When the gynecology and obstetrical ward made it compulsory for patients to submit

(continued on page 10)

Global Blood Fund Contest (continued from page 9)

one bag of blood in order to admit the patients to avoid cases like Bijloo, they were called butchers and sadist by the patients' attendants.

Final Year MBBS Student. Dec. 16, 2014: A group of terrorists attacked Peshawar in an army school to seek revenge. More than 250 school-going, unarmed kids were held hostage and then butchered. Those who survived saw lines upon lines of volunteers teemed outside Peshawar hospital to donate blood. People collected blood from other cities and transported blood bags to Peshawar. There had been no audit on the donated blood and the optimist would say that the excess blood was stored in the hospital for future use. However, the number of donations far exceeded the hospital storage capacity. Some speculate that the blood was wasted; others maintain that any disastrous situation that calls for donation camps is misused by private, unregulated blood banks, which store the blood and later sell the blood to patients.



Dr. Muneeba Azmat, 3rd place runner-up in The Wonder of Blood – Saving Lives in Asia Contest.

The above stories are just a glimpse of how distorted the Blood Transfusion Services are in Pakistan. The concept of voluntary blood donation is absent, [and] the patients are supposed to arrange blood for themselves, usually asking help from family and friends. In case of a mass disaster, when people do come to donate blood, the collection and transport is highly unregulated. I am already a part of Safe Blood Transfusion Program aimed at straightening the highly kinked and complex transfusion system of Pakistan. Let's see how far it goes.

If you have existing stories from blood donors, transfusion recipients, or family members that you would like to offer GBF to share more widely, please email info@globalbloodfund.org.

If you do not have these stories but can see their potential value in communicating the donation narrative in your own community, GBF can tailor its portal to your blood center's brand for your own use. With a link from your center's website, you can offer your stakeholders a turnkey way to tell others how blood has had an impact on their lives. This approach could also be used to further engage community partners and the local media. Contact info@globalbloodfund.org for more details. ♦

We Welcome Your Articles

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



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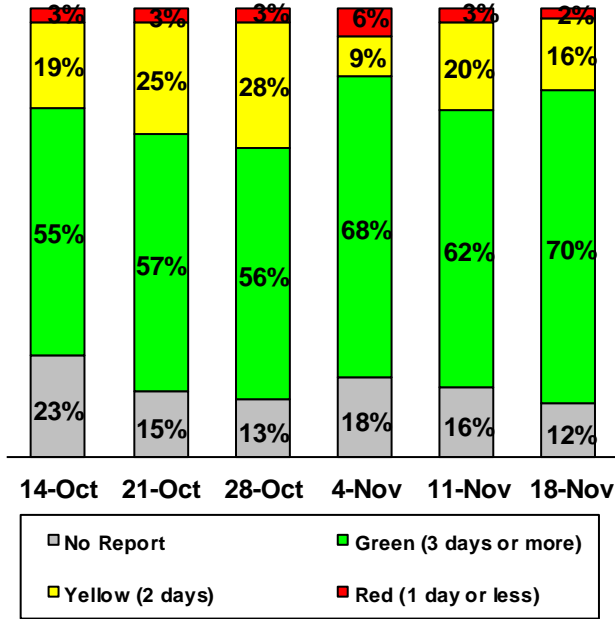
The [State of Hawaii, Department of Health](#) has confirmed at least 79 cases of dengue virus, a mosquito-borne tropical virus. Cases have been identified in towns across Hawaii Island (the Big Island). Health officials warned that mosquitos could spread dengue more widely across the entire state. The current cluster of cases is the first time that Hawaii has seen an outbreak of locally acquired dengue since 2011. Blood Bank of Hawaii has posted signs throughout the blood center urging donors to report any illness within two weeks of donating to the blood center and informing them that dengue virus is transmissible through blood transfusions, said Kim-Anh Nguyen, MD, PhD, Blood Bank of Hawaii's president and CEO. Further, the center distributed internal talking points for the staff so they are prepared for any questions from donors or the general public about dengue virus, she added. The blood center continues monitoring the situation. (Source: Hawaii Department of Communicable Diseases, 11/20/15.)

Correction

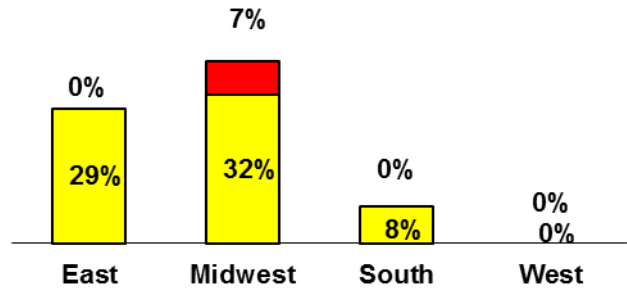
Last week's *ABC Newsletter* (Nov. 13) included a Recent Reviews article on page 6, which described a Cochrane Review of studies examining different doses of platelet transfusion for preventing bleeding in people with hematological disorders. In this article, we incorrectly stated, "There was **no** clear increase in the number of platelet transfusion episodes in the low-dose group, compared with the standard-dose and high-dose groups." This sentence should have read, "There was **a** clear increase ..." We apologize for this typo and thank our readers who bring such errors to our attention.

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, Nov. 18 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

PEOPLE

Wendy Trivisonno was recently appointed vice president of Business Development by the [National Blood Collaborative](#) (NBC), according to a Nov. 17 press release. NBC is a national network of seven blood centers, founded in 2012, which includes San Diego Blood Bank, LifeServe Blood Center, Innovative Blood Resources, LifeSouth Community Blood Centers, Blood Bank of Delmarva, Kentucky Blood Center, and Community Blood Centers of the Carolinas. She brings more than 28 years of experience in blood banking to NBC, most recently as vice president of Biologic Sourcing and Business Development from Blood Centers of America (BCA). Ms. Trivisonno’s extensive background includes sales and marketing, project management, and systems implementation experience. She will assume immediate responsibility for setting the strategic direction and heading the tactical business development efforts for NBC. She will report directly to the organization’s board. She will begin her new position in January. (Source: NBC press release, 11/17/15)



(continues on page 13)

PEOPLE (continued on page 12)

Linda Rapp, who has 36 years of experience in the blood banking industry, has been named executive director of the South Texas Blood & Tissue Center (STBTC), announced the blood center in a press release. The appointment to the newly created position was announced by Elizabeth Waltman, chief operating officer of STBTC. “Linda has a passion for our work and she is very excited about being in a blood center again, especially ours,” said Ms. Waltman. “The STBTC management team played a key role in the selection of Linda for this very important position.” Ms. Rapp has worked for the American Red Cross her entire career, starting as a tech in a center in Mobile, Ala. She held 14 positions with the organization, including CEO of the center in Mobile. For the last 12 years, she was director of customer operations for the Red Cross national testing laboratories, working in St. Louis. She is a graduate of the University of Missouri. “Elizabeth did a great job of convincing me to come here,” said Ms. Rapp, who never has lived in Texas. “This is a tremendous opportunity, and everyone I’ve met here at STBTC has been so passionate about our mission. “I’m looking forward to working with every one of them.” Ms. Waltman will be moving day-to-day operations of the STBTC to Ms. Rapp within the next 30 to 60 days, allowing Ms. Waltman to focus on development of the organization’s strategic planning.



Christine Zambricki, DNAP, CRNA, FAAN, was recently recognized as one of Virginia Commonwealth University’s (VCU) 2015 [Alumni Stars](#). Through this program, VCU Alumni recognizes 16 alumni for their career and humanitarian achievements and for the “infinite possibilities they bring to the future,” according to VCU. Dr. Zambricki and her fellow awardees were recognized during an awards dinner on Nov. 6. Dr. Zambricki has served as ABC’s CEO since 2013, bringing with her 30 years of experience in healthcare advocacy, association, and hospital leadership. Before joining ABC, Dr. Zambricki served as senior director of federal affairs strategies with the 47,000-member American Association of Nurse Anesthetists. She also served in numerous hospital leadership roles, including serving as chief operating officer and chief nursing officer of the Henry Ford Health System in Detroit. As a scholar, she has written more than 40 papers and articles focused on education, advocacy, and safety in the healthcare profession. Michael D. Fallacaro, DNS, CRNA, FAAN, the Herbert T. Watson Endowed professor and chair of VCU’s Department of Nurse Anesthesia, describes Dr. Zambricki as “a highly respected nursing scholar, a consummate professional in research, publication, professional association, community affairs, and government relations.” The awards event [program](#) lauds Dr. Zambricki’s dedication to advancing clinical safety. ABC congratulates Dr. Zambricki on her achievement! (Source: VCU 2015 Alumni Stars program, 10/16/15) ♦



We Welcome Meeting Notices

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

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

Recruitment (Sales) Manager. Community Blood Center, Inc., a provider of high quality blood products and services, is searching for a Recruitment (Sales) Manager to provide leadership, focus to planning activities and vision for our Donor Recruitment Team. As an experienced sales leader, you will provide strategic direction to the Donor Recruitment Team responsible for managing blood drives and building relationships with area businesses, schools and communities. A proven track record in sales leadership, field sales, call center, and customer service is essential. Education: Bachelor's degree required with an emphasis in business/marketing preferred. Experience: Minimum five years sales management experience including experience in developing sales territories. Must have knowledge and supervisory, operations management, marketing and customer service experience. Additional Skills: Strong creative, strategic, analytical, organizational and personal sales skills. Ability to visualize opportunities in the short and long-term future. Computer literacy in word processing, database management and page layout. Commitment to working with shared leadership and in cross-functional teams. Strong oral and written communication skills. Ability to manage multiple projects at one time. Volunteer leadership experience preferred. To join our team, submit your resume to: <https://home.eease.adp.com/recruit/?id=6779911>. Community Blood Center, Inc. is an Equal Opportunity Employer M/F/Disability/Veteran.

Field Representatives. We are looking for Field Reps! This position educates and motivates new and existing donor groups, chairpersons and committees to meet Indiana Blood Center (IBC) blood needs through sponsorship of successful blood drives. Responsible for the achievement of monthly/annual field recruitment collection goals in whole blood and other product lines. Ensures the adequacy of drive sites through the site

inspection procedure. Complies with current donor incentive procedure and ensures all coordinators are trained and documentation is captured in Hemasphere. Plans/implements donor recognition and promotional activities as applicable. Builds relationships with coordinators/account leaders. Conducts strategy meetings with donor groups. Recruits donors at on-site drives as needed. Conducts training and promotes the use of DonorPoint and online schedules to maximize donor potential. Conducts cold calls on inactive/new territories and performs territory blitzes. Performs account sweeps and resolves internal coordination issues. Performs account assessments to help identify territory strategies. Positions are located in Muncie, Northern Indiana and Southeastern Indiana. BS/BA degree; three to five years sales experience required, with proven success in business to business sales preferred. Must have a valid driver's license, acceptable driving record and reliable transportation to reach communities in assigned territory. Must be proficient in all Microsoft Office products as related to the position. Please apply at www.indianablood.org. EEO Employer/Vet/Disabled

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>. ♦

CALENDAR

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

2015

Nov. 30. **IPFA Public Workshop: Access to Plasma Products, Cape Town, South Africa.** More information can be found [here](#). Contact: info@ipfa.nl.

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

Dec. 6-9. **2015 National HIV Prevention Conference (NHPC), Atlanta, Ga.** More information and registration details can be found [here](#).

2016

Feb. 13-14. **SBB Last Chance Review by Webinar.** Sponsored by Gulf Coast Regional Blood Center in Houston, this intensive, two-day annual blood banking review is designed to benefit individuals preparing to take the ASCP SBB/BB Board of Certification examination, physicians preparing for the Board examination in Blood Banking, as well as individuals seeking a refresher course in blood banking. This program provides 13 P.A.C.E., California and Florida continuing education hours. Included in the registration are handouts with case studies and practice questions. Details and registration at <http://www.giveblood.org/education/sbb-last-chance-review-via-webinar/>. Contact Clare Wong at (713) 791-6201, cwong@giveblood.org.

March 8-9. **IPFA Asia Pacific 2016 Workshop on Plasma Quality and Supply, Taipei, Taiwan.** More information is available at www.ipfa.nl.

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

March 14-16. **12th Annual FDA and the Changing Paradigm for HCT/P Regulations, Bethesda, Md.** More information and registration details can be found [here](#). Register by Oct. 30 for a \$200 discount.

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

June 2-5. **2016 SCABB Annual Meeting & Exhibit Show, Houston, Texas.** Contact: scabb@scabb.org. More information available [here](#).

June 5-6. **South Central Association of Blood Banks Advanced Immunohematology & Molecular Symposium (AIMS), Houston, Texas.** Contact: scabb@scabb.org. More information available [here](#).

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

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

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