



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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INSIDE:

Our Space: Thoughts on This Season2

Global Blood Fund's The Wonder of Blood – Saving Lives in Asia Contest.....4

Blood Centers of the Pacific, BloodSource to Merge; will be Part of Blood Systems6

ABC's 19th Awards of Excellence Deadline Approaching: Dec. 11.....6

A Message from LifeStream Following the San Bernardino Shootings7

RESEARCH IN BRIEF7

RECENT REVIEWS.....9

BRIEFLY NOTED.....10

REGULATORY NEWS..11

INFECTIOUS DISEASE UPDATES11

STOPLIGHT®: Status of the ABC Blood Supply, 2014 vs. 2015.....12

MEMBER NEWS.....12

PEOPLE.....14

COMPANY NEWS15

POSITIONS AVAILABLE15

Blood Systems Part of HIV Research 'Dream Team' Leading \$20 Million Grant Project to Seek AIDS Cure

More than 30 years since the onset of the AIDS epidemic, modern medicine has come a long way in detecting, preventing, and treating the deadly virus –with HIV now considered a treatable chronic disease and deaths from AIDS declining steeply. On Monday, the eve of World AIDS Day, the Foundation for AIDS Research (amfAR) announced a \$20-million grant project awarded to a group of San Francisco-based researchers, referred to as a scientific “dream team,” to bring about a cure for HIV by 2020.

Among this “dream team” is Blood Systems Research Institute (BSRI), a 50-year-old research organization that is part of America’s Blood Centers’ member Blood Systems, Inc. The five-year amfAR grant supports the establishment of a collaborative research enterprise headed out of the University of California San Francisco (UCSF) – bringing together San Francisco-based organizations with a strong history in HIV/AIDS research including, BSRI, UCSF, and the Gladstone Institute of Virology and Immunology, as well as Oregon Health and Science University; University of California, Berkeley; Gilead Sciences; and the Infectious Disease Research Institute in Seattle, Wash.

“We intend to quicken the pace of cure research by supporting a collaborative community of leading HIV researchers in one cohesive enterprise,” amfAR CEO Kevin Robert Frost said in a statement. “The institute will allow them to conduct the science, share ideas, and test and evaluate new technologies and potential therapies in a state-of-the-art environment. And I can think of no better base for such an enterprise than the San Francisco Bay Area, the crucible of technological innovation in America.”

While antiretroviral treatments can help people with HIV to live longer, healthier lives, it cannot eliminate the virus from the body – with an estimated 37 million people remaining infected worldwide. The researcher “dream team” seeks to achieve a functional cure, meaning that people with HIV would no longer require lifelong antiretroviral treatment to keep the virus at bay.

It is widely accepted in the scientific community that the principal barrier to finding a cure is the latent virus reservoirs, or pockets, of the virus that remain in a person’s body after achieving undetectable virus levels through antiretroviral treatment. To build the scientific basis for a cure, the researchers will work toward four key goals: pinpoint the precise locations of the latent reservoirs of

(continued on page 3)



OUR SPACE

ABC CEO Christine S. Zambricki, DNAP, CRNA, FAAN

Thoughts on This Season

This traditional holiday season of peace, love, and joy has been shattered by senseless acts of incomprehensible violence. The mass shootings last week in Colorado Springs, Colo. and San Bernardino, Calif., as well as the earlier horror in Paris, Mali, Turkey and others remind us of the dark side of the human experience. Such aberrant behavior is so repugnant as to defy description. Yet with each horrible event, the positive side of human behavior comes forward. As one of our blood center colleagues Joe Chaffin, MD, at LifeStream in San Bernardino, located a mere half-mile from the scene of the shooting, recently wrote in a communication to ABC members:

“Our location was on police-mandated lockdown for three hours while shooters’ location was unknown, but we were still able to get multiple blood products out quickly to hospitals treating casualties from this horrific event. The staff here performed superbly under exceptionally difficult conditions ... we saw an outpouring of blood donors and have a strong blood inventory at this time ...”

We must mourn tragic events like these, yet at the same time, we must celebrate the good that surfaces in such trying times. The incredible spirit of the blood banking profession is awe-inspiring and the tidal wave of donors suggests that good outnumbers evil at least a million to one.

The blood banking community is dedicated, professional and when needed, courageous. Our donors are selfless and unceasingly altruistic, reflecting the most admirable attributes of humankind. While we are grieving those who were lost and affected by these senseless atrocities, I hope that you can see past the evil and celebrate the good in people, once again making this the season of peace, joy, and happiness. Let us rededicate ourselves to the important humanitarian work we do every day.

Christine S. Zambricki

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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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BSRI Part of HIV Research ‘Dream Team’ (continued from page 1)

virus; determine how reservoirs are formed and persist; quantify the amount of virus in them; and finally, eradicate the reservoirs from the body.

BSRI – the research arm of Blood Systems, Inc., which also operates blood centers, donor testing, and biologicals divisions – will lead the “Recording” module, the portion of the grant project focused on quantifying the amount of virus in the reservoirs. Specifically, researchers led by Satish Pillai, PhD, an associate investigator at BSRI, will develop diagnostic tools that can be used to measure the size of latent HIV reservoirs in infected individuals.

“The main real world goal is to design diagnostic tools to evaluate the efficacy of curative strategies. The tools designed in this module will allow us to determine whether what we’re doing in the clinic depletes the latently infected cells. We basically want a biomarker that we can use to determine if it’s safe to stop antiretroviral therapy,” said Dr. Pillai. “What we all know is that there’s a population of latently infected cells – however, it’s a nebulous concept and there’s currently no way to measure it.”

Only a handful of prestigious research institutions across the U.S. were invited to apply for the amfAR grant, and the UCSF-led collaborative beat out the competition. For BSRI and their collaborators, this grant project is the culmination of more than 30 years of HIV/AIDS research that began when the first AIDS case was detected in the 1980s, according to Michael Busch, MD, PhD, co-director of BSRI. He added that BSRI has played a role in the full gamut of HIV/AIDS research, from the earliest development of blood screening tests to large pathogenesis studies aimed at better characterizing the virus in infected individuals.

“We work really closely with UCSF HIV community, both the scientific and clinical communities. There has been a long, evolving partnership between UCSF and BSRI over a number of years, and this is just a final gem in the crown of the UCSF community that BSRI has been fortunate enough to partake in over the last 50 years,” said Dr. Busch.

In recent years, BSRI has focused on characterizing the HIV reservoir in infected individuals, collaborating to apply sensitive blood screening assays to measure persisting reservoirs in suppressed patients, as well as the impact of curative efforts, said Dr. Busch. Blood center-affiliated research institutions are perfectly positioned for this type of infectious disease research, because sensitive blood donor screening tests can detect hundreds to thousands of asymptomatic acutely infected individuals who can be studied to better understand the evolution of infection, said Dr. Busch. Further, blood centers operate in a highly regulated environment, optimal for processing cells that could be used in curative research.

“BSRI is a critical component of efforts like this,” said Dr. Pillai. “Ultimately, we need access to well-characterized patient cohorts and we need lots of blood samples to drill down into HIV latency and eradication. In that aspect, there is just no resource like a blood bank because we have beautifully characterized longitudinal samples from the donor population.”

While the researchers realize that eradication of HIV by 2020 is ambitious, they are optimistic about the potential of this top-notch research team, said Dr. Pillai.

“This epidemic has been going on for decades and as recently as ten years ago, whenever you used the word ‘cure’ with reference to HIV, you were laughed at. We’re all very sober and we realize that it’s an extremely lofty goal,” said Dr. Pillai. “But, I do believe that if there is a chance to find a cure for HIV,

(continued on page 4)

BSRI Part of HIV Research ‘Dream Team’ (continued from page 3)

this team is the group that’s going to do it. We have an insane amount of horsepower in the HIV research arena, and given this incredible resource that we’ve been offered through the amfAR grant, I am optimistic that we’ll be able to do something to confer benefit to HIV-infected people.”

More information about this grant project can be found in the [UCSF](#) and [amfAR](#) press releases. (Sources: UCSF press release, 11/30/15; amfAR press release, 11/30/15) ♦

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 Asian Association of Transfusion Medicine 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/past-competitions/>.

Second Place Story: Elixir of Life

By: Sameena Mariam, India

Hope is a four-letter word. Hope is the thread that holds humankind together even when the worst disaster strikes. Hope is the magic that enables people to look into the future and wish for a better tomorrow. Hope is the light that we hold on to when there is darkness all around. With this hope, my young patient Nisha lives on waiting for a tomorrow that will bring her a cure. She is a survivor and she has swum against the tide of the most turbulent waters of life.

I hardly knew anything about her disorder when her father first came to my blood bank in Bangalore, India. The Rotary-TTK Blood Bank [in Bangalore] runs a daycare for transfusion-dependent patients with rare/genetic diseases. We have a mixed group of people with thalassemia, hemophilia, aplastic anemia, and other rare blood disorders. But Nisha was a unique case. I enrolled her into our center after getting my supervisor’s permission. Little did I realize what I was getting into. My heart had gone out to this young, suffering child whose pain I couldn’t fathom though I could empathize. The recollection of her image when I first saw her is still a shock. Nisha had a blood-stained mouth, nasal plugs (to stop nasal bleeds), and was in a sorry state. She has factor VII bleeding disorder which is autosomal recessive (inherited through both parents who are carriers).



I saw her parents helplessly running from pillar to post, caught in the healthcare system trying to find a solution to keep their daughter alive. I was deeply moved and thought that I must do the best I can for this child. She had suffered enough having had three craniotomies to date. She had very poor hygiene, as she could not brush her teeth or scrub her hair and skin vigorously. She was afraid to even rinse her mouth.

(continued on page 5)

The Wonder of Blood – Saving Lives in Asia Contest (continued from page 4)

Her blood stained teeth made people think that she chewed betel leaves. Even in school she didn't have friends, as they were put off by her poor hygiene and blood stains. Not many blood bank staff was willing to handle her because of her sensitive and risky condition. She had hematomas all over her body and it was difficult to find a vein to transfuse.

We put her on plasma transfusions to stop her from bleeding profusely. She also needed frequent blood transfusions as her hemoglobin would go low from the many bleeds. Her blood group was B-ve and it was very hard to find packed cells that she needed. We did our best to get her transfusions on time. During the little time I got with her in the blood bank, I added my healing touch. This little angel who was suffering so much for no fault of hers! I tried to prick her as gently as possible. Let me not add to her existing pains. I felt very pained each time I saw her sufferings. With her, the family also suffered. She studied in the same class as her younger brother who helped her in studies. She often missed school and lost out on classes. Still she hung on with hope that something good will happen. She and her family lived on hope. It was the elixir of life, along with the blood and components.

Nisha's life took a turn for the positive after we put her on prophylactic transfusions. This treatment changed her life totally. She became better with fewer bleeds. Her health improved and she started going to school regularly. She made friends, played, and did well in studies. She was able to maintain better hygiene with simple tips. Her parents were relieved and they could focus on other aspects of life apart from running around to hospitals! At least some semblance of normal lives in their family. This treatment really set them on a positive track and they became hopeful of better times to come.

Today, Nisha leads a somewhat normal life as any other school kid. She studies, plays, and has fun. She lives in hope that someday she may be cured. She may be like other kids. She has big dreams that she will study and research into this disease and maybe bring out a cure. She dreams of a world free of such disorders that take away childhoods and rob a child of fun and play. We take a leaf of hope from her life. All her pain she conceals with smiles and courage. She wants to live and she wants to live well and do everything that any other child can do.

I am thankful that I took on the task of her transfusion support and care and helped her in her journey. I look back at the day I first saw her with her nose and teeth stained and crusted with blood. I look at her today and feel hopeful that she will do well in life. She will go forward positively and it is this hope that propels all of us to move ahead in life no matter how hard it knocks us down. Nisha to me is a symbol of living hope. I hope for a better and painless future for her and all kids like her.

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. 💧

Blood Centers of the Pacific, BloodSource to Merge; will be Part of Blood Systems

Blood Centers of the Pacific, San Francisco, and BloodSource, Sacramento, Calif. announced on Thursday that they will merge, with an expected effective date of Jan. 1, 2016, pending all necessary approvals. The newly combined organization will be part of Blood Systems, headquartered in Scottsdale, Ariz., according to a Blood Systems press release. Blood Centers of the Pacific is a longtime affiliate of Blood Systems, the national office for seven other regional blood centers, together serving more than 700 hospitals across the nation.

Both BloodSource and Blood Centers of the Pacific will retain their names and continue to serve their respective communities. The two organizations will consolidate managerial and administrative resources under the leadership of BloodSource CEO Rob Van Tuyle. Blood Centers of the Pacific President and CEO Nora Hirschler, MD, will retire, as she planned, in the spring of 2016.

“BloodSource and Blood Centers of the Pacific have been neighbors and colleagues for some 70 years,” said Dr. Hirschler. “We have much in common, including a history of excellence, dedication to donors and patients, shared missions, and compatible cultures.”

As one organization, BloodSource and Blood Centers of the Pacific will share resources and gain efficiencies to help control healthcare costs. Both organizations offer transfusion medicine expertise and blood management resources. Together, they provide approximately 250,000 red cells each year to more than 90 hospitals in northern California and the adjacent Central Valley.

“As all community blood service providers know, hospitals continue to form regional, state, and national systems and group purchasing organizations. These large organizations often seek one blood service provider to serve their members. BloodSource and Blood Centers of the Pacific, as one organization supported by the national resources of Blood Systems, will be well-equipped to respond to the requirements of such hospital groups,” said Mr. Van Tuyle.

“I’m pleased to welcome BloodSource to Blood Systems,” said Blood Systems President and CEO Dan Connor. “We’ve been welcoming community blood centers as affiliates and members for nearly 20 years, including five organizations in the past two years. The structure of this relationship is innovative and significant. It elevates services to donors and patients, strengthens both BloodSource and Blood Centers of the Pacific, and creates a valuable blueprint for Blood Systems as we expand our support of community blood service across the country.” (Source: Blood Systems press release, 12/3/15)

ABC’s 19th Awards of Excellence Deadline Approaching: Dec. 11

The time has come for you to submit your nominations for America’s Blood Centers 19th Annual *Awards of Excellence* and the 2015 FABC Awards! The deadline has been extended 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).

A Message from LifeStream Following the San Bernardino Shootings

By: Rick Axelrod, MD, president and CEO; and Joe Chaffin, MD vice president and chief medical officer, LifeStream

Many thanks to all of the members of America's Blood Centers and the transfusion community who have reached out by e-mail and telephone to check on LifeStream, San Bernardino, Calif. The shootings that occurred Wednesday, Dec. 2 hit home in more ways than one since the Inland Resource Center is less than one mile away from our San Bernardino headquarters and main donor center. This location was on police-mandated lockdown for more than three hours while the shooters' location was unknown, but we were still able to immediately deliver blood products to the two main local hospitals treating casualties from this horrific event.

LifeStream staff performed superbly under exceptionally difficult conditions. A special thanks to the United Blood Services centers of Blood Systems Inc. and the American Red Cross, Los Angeles Region for providing additional blood product support needed on the day of the tragedy. As you would expect, the following day, our blood collections were very strong as our San Bernardino community mobilized their efforts for blood donation. We have a strong inventory and are not in need of blood product resource sharing support.

We think that we discovered clearly in our post disaster debriefing that while we have an emergency management plan, and have tested that plan, we have an opportunity for improvement. We learned some very valuable lessons that we will implement. We hope that all of you learn from our experience and consider the following – look very closely at your plan, make sure it is simple and repeatable, drill it regularly, and vary it dramatically in ways that seem unimaginable. (For example, the disaster happens right around the corner from you, or most of your executive management is offsite, or there is an active shooter in your neighborhood. All were true for us that day!) We hope that you will learn from our experience and increase your disaster drills to a higher and more useful level. We promise you, the scenario we experienced in which multiple individuals entered a local non-profit organization and shot scores of people less than one mile away from our facility never occurred to us.” ♦

RESEARCH IN BRIEF

Research in *Transfusion* suggests that preoperative platelet transfusion in thrombocytopenic patients does not reduce red blood cell (RBC) requirements during non-cardiac surgery, and may actually be associated with worse outcomes. Perioperative hemorrhage (bleeding during surgery) can lead to increased RBC use, and thus increased costs, and potentially with adverse patient outcomes. Preoperative platelet count and coagulation tests have long been used to identify patients at increased risk of surgical bleeding, despite prior studies showing that these tests do not reliably predict surgical bleeding outcomes. Further, clinicians often use preoperative platelet transfusions in these patients trying to mitigate perioperative bleeding complications and reduce RBC transfusions, but there is little evidence supporting this practice. Daryl J. Kor, MD, and colleagues of the Mayo Clinic, Rochester, Minn. conducted a retrospective cohort study to investigate the relationship between preoperative platelet transfusion and perioperative bleeding complications in patients with thrombocytopenia undergoing non-cardiac surgery in a large, tertiary care center. They also evaluated the relationship between preoperative thrombocytopenia and perioperative bleeding. Both factors were assessed by measuring perioperative RBC transfusion. Of 13,978 participants included, 860 had a platelet count of $\leq 100 \times 10^9/L$ with 71 (8.3 percent) receiving preoperative platelet transfusions. While perioperative thrombocytopenia was associated with

(continued on page 8)

RESEARCH IN BRIEF (continued from page 7)

increased perioperative bleeding, preoperative platelet transfusion did not reduce these risks. Platelet transfusion was associated with higher risks of perioperative RBC transfusion, but in a propensity adjusted analysis, there was no significant difference in outcomes between the groups receiving and not receiving platelet transfusion. “In light of these findings, more conservative management of preoperative thrombocytopenia may be warranted,” conclude the authors. Like all retrospective, observational studies, these results may be affected by unmeasured confounding.

Citation: Warner MA, *et al.* Preoperative platelet transfusions and perioperative red blood cell requirements in patients with thrombocytopenia undergoing non-cardiac surgery. *Transfusion*. 2015 Nov 11. [Epub ahead of print]

A recent study by the College of American Pathologists (CAP) assesses the frequency of mislabeling blood specimens and “wrong-blood-in-tube”. Rates have declined only modestly since a 2007 study, reported [CAP Today](#). This study was undertaken by CAP’s Q-Probes program, which are short-term studies that provide a one-time comprehensive assessment of a key process to aid in quality improvement efforts in labs. The 2015 “Blood Bank Safety Practices” Q-Probes study reviewed 41,333 specimens and found that 306 (0.74 percent) were mislabeled. The 2007 study examined 112,112 specimens, of which 1,258 (1.1 percent) were mislabeled. “That’s a little unfortunate,” study coauthor Glenn E. Ramsey, MD, medical director of the blood banks at Northwestern Memorial Hospital and Lurie Children’s Hospital in Chicago, told *CAP Today*. “We’d like to see a greater improvement in the error rate.” The study outlines the importance of several factors, including using the correct first name, last name, unique identifier, and date of birth as labeling elements, and the role of dedicated phlebotomists in collecting the samples. Adverse influences included the prevalence of specimen relabeling, reuse of labels, and incorrect patient registration. Dr. Ramsey notes that there is an opportunity to improve blood collection practices. For example, the 2015 Q-Probes wrong-blood-in-tube rate of 0.043 percent is nearly identical to the 2007 study’s rate of 0.04 percent. While these instances are uncommon, Dr. Ramsey said he would have liked to see a greater decrease. Paul F. Lindholm, MD, of Northwestern University’s Feinberg School of Medicine, lead author of the latest study, told *CAP Today*, “These seem like very small numbers, but they represent very undesirable outcomes. Wrong blood in tube has been a problem for many years, and it’s vexing to figure out how to get past this .04 percent number. How can we get to no wrong blood in tube? That’s what we’d like to achieve.” The study, however, did provide some useful insights. It suggested using the date of birth on specimen labels may be associated with lower mislabeling rates. Further, the percentage of labs using barcode readers to identify patients by their armband during specimen collection has increased from 8.1 percent in 2007 to 37.9 percent in 2015. To reduce mislabeling errors, the authors suggest that institutions should prohibit the practice of producing and saving specimen labels for future use. Another suboptimal practice that continues is the collection and labeling of blood bank specimens by non-laboratory personnel. The data show that specimens collected by a non-lab person is far more likely to be unsuitable, mislabeled, or both, according to Dr. Lindholm. Mislabeled specimens are still an important issue. There are some things laboratories can do, but it’s also important to work with our clinical partners in the hospital. This is something that all transfusion services should be examining,” concluded Dr. Ramsey. (Source: CAP Today, 11/1/15) 💧



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2016 Annual Meeting Schedule

- Saturday, March 12:** Business Forum
- Sunday, March 13:** ABC Members Meeting
SMT Forum
Host Event by OneBlood
(*off-site event*)
- Monday, March 14:** Blood Center Leadership Forum
19th Annual Awards of Excellence
& Casino Night

“The Annual Meeting provides a chance for us to learn, discuss and decide important issues for ABC, as well as meet old and new friends. In this time of rapid change in our arena, it is particularly important for us to stay in touch with what is going on in the field, and to keep ABC responsive to the needs of our members.”

Susan Rossmann, M.D., Ph.D.
ABC President

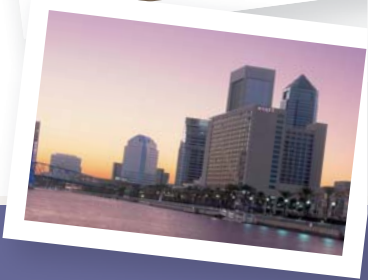
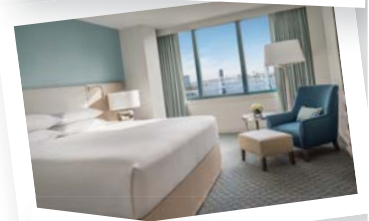
Future Leader Scholarship Program

Supported by the FABC, these scholarships offer non-C-suite blood center executives the opportunity to advance professionally by attending the ABC Annual Meeting. Details available upon registration.

Registration Fees

ABC Annual Meeting: \$725
Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for invitation, registration fees and additional information.

Sponsorship opportunities available.
Contact Jodi Zand at jzand@americasblood.org for details.



Jacksonville International Airport (JAX) is served by most major airlines. Visit www.flyjax.com.

RECENT REVIEWS

A systematic review and meta-analysis published in *Blood*, examining prophylactic transfusion for pregnant women with sickle cell disease (SCD) suggests that prophylactic transfusions reduce the likelihood of adverse maternal and neonatal outcomes. Prophylactic red blood cell (RBC) transfusions have been proposed to reduce complications in pregnant women with SCD by correcting severe anemia and the extent of sickling in both the maternal and placental circulations, thereby improving blood flow. However, studies in this area have produced inconsistent outcomes. Ann Kinga Malinowski, MD, of Mount Sinai Hospital, Toronto, Canada, and colleagues conducted a systematic review of the literature to assess the effect of prophylactic, compared with on-demand RBC transfusions on maternal and neonatal outcomes in women with SCD. Twelve studies involving 1,291 patients were included in the analysis, which demonstrated that prophylactic transfusion was associated with a reduction in a range of adverse outcomes including, maternal mortality, vaso-occlusive pain episodes, pulmonary complications, pulmonary embolism, pyelonephritis, perinatal mortality, neonatal death, and pre-term birth. “In conclusion, this systematic review advances the possibility that prophylactic transfusion might benefit pregnant women with SCD, leading to a decrease in maternal and neonatal morbidity and mortality. However, the review is limited by the quality and paucity of available research and the lack of studies addressing the impact of transfusion complications on maternal and fetal outcomes. This underscores the need to conduct a rigorously designed, multicenter randomized controlled trial to conclusively settle this important concern,” wrote the authors.

Citation: Malinowski AK, *et al.* Prophylactic transfusion for pregnant women with sickle cell disease: a systematic review and meta-analysis. *Blood*. 2015 Nov. 19;126(21):2424-35. 💧

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BRIEFLY NOTED

The Armed Services Blood Program (ASBP) published [online](#) a summary of the ASBP workshop during the 2015 AABB Annual Meeting in Anaheim, Calif. Oct. 24. “From injury to recovery” and “from vein to vein” were the common themes of the afternoon session at which military blood program leadership, military blood bankers, foreign military blood bank partners, and representatives from civilian blood collection agencies gathered together to discuss recent and ongoing wartime and humanitarian blood program support, according to the ASBP article. To begin, Navy Capt. Roland Fahie, ASBP director, addressed the crowd of more than 150 attendees and outlined the agenda for the session. He welcomed the keynote speaker, U.S. Army Brig. Gen. R. Scott Dingle, the Service Blood Program officers and the joint blood program officers for the combatant commands, NATO partners, and the ASBP’s civilian partners. In his opening remarks, Capt. Fahie highlighted the military blood program’s new strategic plans and how they were aligned with the goals of Health Affairs and the Office of the Surgeon General. He also discussed the strengths of the ASBP, current blood program developments and initiatives, and where the military blood program is heading in the future. Gen. Dingle spoke in his keynote address of the ASBP’s contributions and how they affect ill or injured service members, veterans, and their families worldwide. He also discussed the impact of the ASBP and its importance in the integration of every stage of the full spectrum of care from the point of injury to the recovery back home. Other speakers discussed ongoing developments and advances in the ASBP and updates from the Services Blood Programs Offices. To learn more about the ASBP’s AABB workshop, visit the [summary online](#). (Source: ASBP press release, 11/20/15) 💧

REGULATORY NEWS

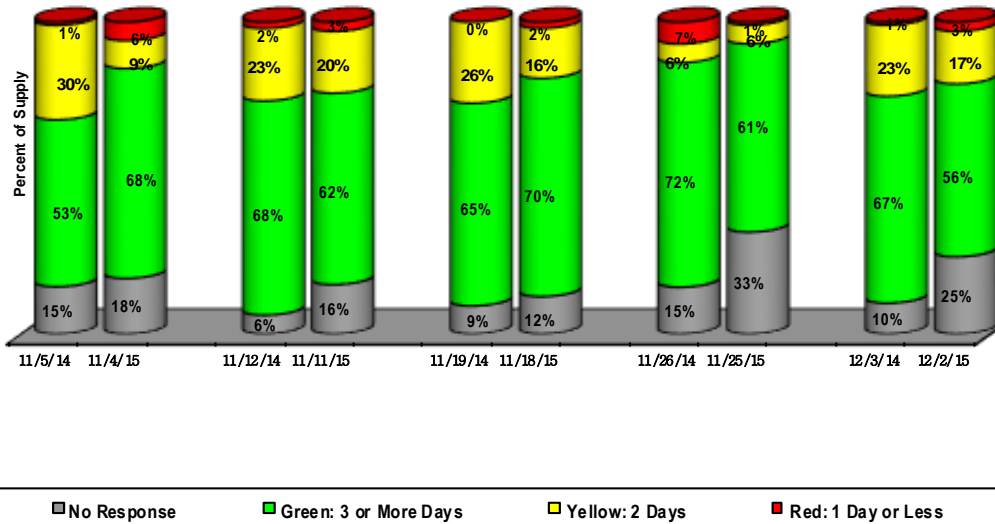
The Food and Drug Administration published this week a [Draft Guidance for Industry](#) titled “Recommendations for Assessment of Blood Donor Suitability, Donor Deferral and Blood Product Management in Response to Ebola Virus.” The recommendations are intended to assist blood establishments that collect blood and blood components for transfusion or further manufacture, including source plasma, in the case of an outbreak of Ebola virus disease with widespread transmission in at least one country. Comments must be submitted by March 2 via <http://www.regulations.gov>. See the [Federal Register notice](#) for more details regarding comment submission. America’s Blood Centers is reviewing the draft guidance and will submit comments to FDA. ABC members may contact Ruth Sylvester (rsylvester@americasblood.org) and Louis Katz, MD, (lkatz@americasblood.org) to express their opinions on the draft guidance. (Source: Federal Register, 12/3/15) ♦

INFECTIOUS DISEASE UPDATES

ZIKA VIRUS

A [notice issued by the European Center for Disease Prevention and Control \(ECDC\)](#) on Nov. 24 reports that an apparent increase in a neurodevelopmental abnormality called microcephaly in Brazil may be linked to the Zika virus (ZIKV) epidemic. ZIKV, a mosquito-borne viral disease similar to dengue virus, has been described as being theoretically capable of transfusion-transmission. The ECDC reports that the apparent increase of microcephaly a few months after the introduction of ZIKV to the country raises questions about its possible role in the defect. The report highlights a tenfold increase in the reported incidence of microcephaly among newborns in the north-eastern Brazilian states of Pernambuco, Rio Grande do Norte, and Sergipe – a region most heavily impacted by the ZIKV outbreak. For example, as of Nov. 9, there have been 141 cases of microcephaly reported in newborns in the Pernambuco state in 2015, compared with an average of 10 cases per year from 2010-2014. Further, the Ministry of Health Brazil reported on Nov. 17 the confirmation of ZIKV RNA in the amniotic fluid samples collected from two pregnant women with fetal microcephaly from the state of Paraíba. Supporting the association observed in Brazil, the health authorities of French Polynesia reported an unusual increase of at least 17 cases of central nervous system malformations in fetuses and infants during 2014-2015, coinciding with ZIKV outbreaks. “In conclusion, a causative association between microcephaly in newborns and ZIKV infection during pregnancy is plausible, but not enough evidence is available yet to confirm or refute it,” states the ECDC. “Further investigations and studies will contribute to a better characterization of the association, and provide a better understanding of the role of other prenatal infections, genetic risk factors, environmental exposures to chemicals or consumption of teratogenic drugs. In light of this potential relationship, the Ministry of Health Brazil made specific recommendations for pregnant women about protection from mosquito bites, such as keeping doors and windows closed or screened, wearing trousers and long-sleeved shirts, and using repellents authorized during pregnancy. ECDC also made recommendations for mitigation risks to travelers to and from Brazil. For more information see the [ECDC report here](#). The Pan American Health Organization and World Health Organization also issued an alert on this subject [available here](#). The AABB Transfusion Transmitted Diseases Committee (TTD) is staying abreast of this issue and will discuss Zika at its Dec. 17 meeting. (Source: ECDC Rapid Risk Assessment, 12/1/15). ♦

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

Carter BloodCare, Bedford, Texas, recently hosted visitors from Panama seeking to learn about the U.S. blood system. Marcella Vallarino and Nataly Salazar arrived in North Texas from Panama this month with a daunting agenda: learn how to set up and operate a blood program the U.S. way. The two had previously attended America’s Blood Centers’ summer meeting, seeking advice from members, which is when Carter BloodCare offered to help. The Carter BloodCare Foundation assisted in making Ms. Vallarino’s and Ms. Salazar’s two-day trip possible. Ms. Salazar is a consultant whose goal is to assemble a proposal to start a national blood service which she will present to the Panamanian government in January 2016. Ms. Vallarino is employed by the Felipe Motta Foundation, which funded the launch of the Blood Bank of the National Cancer Institute. This program’s early success led to the idea of establishing a national blood program. Ms. Vallarino’s and Ms. Salazar’s visit to Carter BloodCare included discussions and observations with personnel from donor centers, mobile collections, mobile staging, marketing and donor communications (Telerecruitment). In addition, they attended a Hospital Forum luncheon – the quarterly “lunch and learn” event hosted by the hospital relations department for laboratory personnel in the blood center’s service area. There are currently 31 independent hospital blood banks in Panama. The blood banks rely on 85 percent replacement (compulsory) donations, another nine percent paid (illegally) by a person to replace blood needed for transfusion of loved one, and a small six percent who are truly volunteer donors. If successful, Ms. Vallarino and Ms. Salazar will be partially responsible for laying the ground work for a safer and more sufficient blood supply in Panama. (Source: Carter BloodCare press release, 11/18/15) ♦



From left to right: Nataly Salazar, Marcella Vallarino, and Frances Carson (Carter BloodCare) discuss equipment and protocol for the apheresis donation in a Carter BloodCare donor center.

Gulf Coast Regional Blood Center hosted Mary Moody, the legislative aide to U.S. Rep. Brian Babin (R-TX-36), at the blood center's Baytown Neighborhood Donor Center during the Thanksgiving recess. Ms. Moody sought to learn more with Gulf Coast Regional Blood Center and how it serves the community. Rep. Babin supported Gulf Coast Regional Blood Center and the blood community in advocacy efforts urging the Centers for Medicare and Medicaid Services (CMS) to revisit the proposed Medicare reimbursement rates for blood products in the proposed 2016 Outpatient Prospective Payment System rule. America's Blood Centers led an advocacy campaign in collaboration with others in the blood community. The grassroots component of the campaign asked ABC member blood centers to send letters to their members of Congress and to CMS to oppose the severe and unsubstantiated cuts to Medicare reimbursement. Thanks to support from ABC's member blood centers, colleagues in the blood community, and members of Congress like Rep. Babin, CMS recognized and corrected an error in calculating the proposed blood product reimbursement rates, which was reflected in its final rule (see [ABC Newsletter, 11/6/15](#)). ABC thanks Gulf Coast Regional Blood Center and all of its ABC members for participating in this valuable grassroots advocacy campaign. If your blood center has hosted members of Congress or Congressional staffers, please let us know by contacting Betty Klinck at bklinck@americasblood.org. 💧



Pictured (left to right) are Leslie Ruiz, Baytown Center manager; Mary Moody, legislative aide to Rep. Brian Babin; Lizbeth Bolanos, Baytown Center assistant manager; Melissa Fisher, chief financial officer; and Ryan Nobles, neighborhood donor centers' operations manager.

BloodCenter of Wisconsin (BCW) Senior Investigator Bonnie Dittel, PhD, has received a \$700,000 grant from the National Multiple Sclerosis Society as part of a comprehensive research strategy aimed to find new treatments for the disease. The award will advance Dr. Dittel's work at BCW's Blood Research Institute into how certain cells in the body can fight off the debilitating effects of multiple sclerosis. Multiple sclerosis (MS) is an auto-immune disease of the central nervous system that interrupts the flow of information between the brain and body. The immune system turns against the body, damaging tissues in the brain and spinal cord and causing inflammation. However, "B cells," the body's defense mechanism against inflammation, could be the key to stopping MS symptoms. "Discovering new information is what research is all about," said Dr. Dittel, who also serves as an adjunct professor at the Medical College of Wisconsin. "This is the next step in better understanding MS and finding treatments to help people with this disease." MS is typically diagnosed between the ages of 20 and 50, and is at least two to three times more prevalent in women than men. Symptoms range from numbness and tingling to cognitive challenges, blindness and paralysis. MS affects more than 11,000 people in Wisconsin, which is one of the higher rates in the nation. "These new research investments are intended to answer questions that address the unmet needs of people with MS," said Colleen G. Kalt, president and CEO of the Wisconsin Chapter of the Multiple Sclerosis Society. "We are funding scientific breakthroughs that will propel the knowledge we need to end MS and identify everyday solutions that change the lives of people with all forms of the disease." (Source: BloodCenter of Wisconsin, 11/20/15)



MEMBER NEWS (continued from page 13)

Innovation in the blood banking industry reached new heights on Dec. 1 as the Blood Bank of Delmarva (BBD) began processing donor blood samples on a new high-speed automated track, the blood center announced in a press release. It is a first in the country for use of this technology in a blood bank testing environment. BBD began the process of evaluating and implementing an automated track in March 2014 to substantially enhance its infectious disease testing operations. The benefits of the automated track go far beyond the capacity to expand BBD's testing services. The automated track will optimize the testing laboratory's process controls and reduce turnaround time for providing testing results. Additionally, by eliminating manual processes and reducing paper documentation, BBD will gain greater efficiencies leading to additional cost savings. The modular nature of the track system also provides flexibility in adding other instrumentation in the future to further expand testing capabilities and efficiency. "With the implementation of the Abbott ACCELERATOR a3600 automation track, BBD is better able to deliver testing results more efficiently, timely, and cost-competitively as we grow our testing laboratory," Chris Nare, lead executive of Laboratory and Hospital Services at BBD, said in the press release. "Scalability and efficiency as our business continues to grow were primary concerns in evaluating and ultimately deciding to install the track system. We have the capability to quickly accommodate new customers (small and large), and to better serve our current customers. These are important attributes that support our overall growth strategy," BBD President and CEO Roy Roper said in the statement. (Source: BBD press release, 12/1/15) ♦



PEOPLE

Evelyn Adair became only the second female donor at LifeStream, Bernardino, Calif., and seventh overall, to reach 100 gallons in blood donations when she donated platelets at LifeStream's San Bernardino Donor Center on Monday, Nov. 23. Ms. Adair, 86, was accompanied by her daughters Shelly (a member of LifeStream's 10-Gallon Donor Club) and Robin. The landmark donation was the culmination of nearly 70 years of blood donation, as Ms. Adair shared that she first gave blood when she was 17 years old. She was quick to give her daughters credit for their roles in continuing to be able to donate, as they alternate as "chauffeurs" for their mother so she can concentrate on the job at hand. They also periodically purchase five, one-pound bags of liver from the local supermarket, all for mom, with the intent of keeping Ms. Adair's iron level up. "They know us at the market," said Robin with a smile. "After all, not every customer asks for that." During presentations by Rick Axelrod, MD, LifeStream's president, CEO and medical director, as well as Joe Chaffin, MD, LifeStream's vice president and chief medical officer, Ms. Adair good-naturedly defended her dietary choice. "I add a couple things to it, but I like liver," she told donors and LifeStream staff that surrounded her chair. A Fontana, Calif., resident for more than 60 years, Ms. Adair retired in her late 60s after working 29 years for the Fontana Unified School District as an aide to special education students. (Source: LifeStream press release, 11/23/15) ♦



Evelyn Adair (left) with daughters Robin (center) and Shelly (right) during Ms. Adair's milestone blood donation Monday, Nov. 23 at LifeStream, San Bernardino, Calif.

COMPANY NEWS

Ortho Clinical Diagnostics announced on Nov. 12 that Terre Haute Regional Hospital is the first U.S. medical center to install the ORTHO VISION Analyzer, an interactive, fully automated analyzer for transfusion medicine labs. Terre Haute Regional Hospital, based in Terre Haute, Ind., is in the process of becoming a Level II Trauma Center, allowing patients with acute emergency needs to be treated within their community rather than traveling much farther away. “Speed and precision are essential elements of our transition to becoming a Level II Trauma Center,” Christine Toevs, MD, trauma medical director at Terre Haute Regional Hospital, said in the statement. “With surgeons waiting to operate at a moment’s notice, the ORTHO VISION Analyzer will enable our blood bank to work more quickly and efficiently, providing the people of our region the best care available. We won’t waste precious time – sometimes those minutes are the difference between life and death – flying patients over our hospital to a different city.” Designed with secure monitoring technologies for safety checks and balances, the ORTHO VISION Analyzer gives transfusion medicine professionals the ability to track steps in the immunohematology testing process. More information about this platform can be found in the [press release online](#). (Source: Ortho Clinical Diagnostics, 11/12/15) ♦

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: mnorwood@americasblood.org.

POSITIONS AVAILABLE

Vice President National Blood Contracting (Blood Centers of America). Reporting directly to the CEO responsible for developing the strategy and sales plan for a national blood contracting portfolio serving over 50 member centers. Other responsibilities include managing the blood resource sharing program and serving on the AABB Inter-organizational Task Force on Disaster Planning and Acts of Terrorism. The vice president is responsible for the management of hospital RFP process and supports the entire RFP and sales process including assessment of potential customers, implementation for new customers, and post-implementation reviews. The vice president ensures customer requirements for products and service are met and are consistent with company policies and procedures. We seek an individual with five to ten years’ experience in healthcare or hospital business development with demonstrable success in execution of strategic sales plans focused in the area of blood or blood products and contract negotiation with large integrated delivery networks. Interested candidates should forward letter of interest and resume to jilvento@bca.coop.

Director of IT. Blood Bank of Hawaii (BBH) is seeking a dynamic and strategic leader as its director of IT. This position oversees the Information Technology department in which the primary areas include enter-

prise system, infrastructure, network administration, and project management. The director of IT is responsible for overall leadership, vision, strategic planning and management of the IT department and will serve on the senior management team. This role will help establish department standards and maintain a high level of timely execution. The director of IT will foster a quality and responsive technology environment that is based on planning, collaboration, transparency, and effective partnerships with the organization’s leadership and staff. Experienced in the delivery of technology solutions and deep understanding of business requirements. Ability to analyze and take action on key performance indicators (KPIs). Prior success building collaborative business partner relationships. Program and project management experience. Demonstrated influencing and negotiation abilities. Experience working in a regulated environment preferred. Bachelor’s degree in Computer Science or related field. Ten (10) plus years of experience within Information Technology. Five (5) plus year’s relevant experience in supervising or managing a team of IT professionals. Please visit our website at www.BBH.org to complete an online application.

(continued on page 16)

POSITIONS (continued from page 15)

Lab Supervisor -- \$1,000 sign-on bonus. Are you a Lab Supervisor interested in performing advanced techniques in blood banking and being at the forefront of transfusion medicine for an accredited immunohematology reference laboratory? Come lead our dynamic team in assisting area hospitals in saving lives by performing routine transfusion service testing, complex antibody identification and molecular genotyping. Position requires intermediate to advance immunohematology knowledge and experience of resolving discrepant serologic patient results, SBB certification and a LA MT CLS license. The Blood Center pays a competitive starting wage and full benefits package including paid holidays and health, dental, and life insurance on date of hire, vacation after one year, and an employer contributed retirement plan. If you meet the above qualifications and would like to work for an organization that cares about its employees and the community please apply for the Reference Lab Supervisor position online at www.thebloodcenter.org.

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 ♠