

2016 #15

May 6, 2016

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Making Strides in Pre-Hospital Blood Transfusions

A 17-year-old college student in the United Kingdom skidded on this motor scooter as he drove over some ice. He crashed, flew into the air and was dragged for 21 yards by a passing car. As a result, the teen suffered two brain bleeds, 25 fractures, lung injuries and was in dire need of a blood transfusion. Doctors and paramedics intubated the college student within minutes at the roadside and performed a two-unit blood transfusion while en route to the local hospital via an air medical service, reported the U.K. paper *News and Star* on April 5.

The transfusion that may have helped to save this teen's life was a direct result of the 'Blood on Board' initiative in the U.K., launched in January 2015, which equips air medical transports with whole blood units for pre-hospital transfusions.

"It is a service that is desperately needed," he told the paper. "It was something that I didn't really think about before and I will certainly value it more."



Air Methods Kentucky helicopter

Emergency or pre-hospital blood transfusions are not a new concept, having been around for decades in some metropolitan areas within the United States. But these transfusions, given less than 60 minutes after a critical care injury takes place, are starting to gain traction in places like the U.K. and in more rural areas of the U.S.

Centers in more rural parts of the U.S. are also beginning to partner with air medical services for pre-hospital transfusions and those centers with partnerships already in place are looking to expand their scope and offerings.

"We think it's a great partnership," said CEO and President of Kentucky Blood Centers (KBC), Bill Reed about his center's six-week old partnership with Air Methods, a national air medical transportation company based out of Englewood, Colo. "We thought it was the right thing to do and we have to provide the best treatment possible within our service area, so we are happy to do it."

KBC supplies the two O negative and two O positive whole blood units Air Methods requires on-board each helicopter at all times.

(continued on page 3)



OUR SPACE

ABC Chief Medical Officer Louis Katz, MD

All politics Zika is Local

In March, our SMT committee distributed a toolkit encouraging members to start talking to appropriate public health jurisdictions about risks to the blood supply from Zika and discussions of the nitty gritty operational issues that will facilitate or frustrate our responses to that risk and our ability to comply with FDA guidance. We did this, and this is critical, because state and local public health departments are autonomous. They call their own shots. The CDC provides advice and technical assistance but not “regulation” and they are independent of FDA. There is no current authority in HHS to tell the states how/whether to meet our needs. I have had feedback from members across the southern tier of states where the greatest risk for local vector transmission of Zika resides. This is from a working group keeping me informed about reality on the ground (as opposed to my good friends in DC or Atlanta) and conversations with many of you. In Florida especially, where there is long experience with dengue and chikungunya, but also Texas and California, the response from public health has been spectacular and here are some lessons learned to which everyone should be paying close attention.

There is incredible power in reaching out to public health. Many in public health have no idea about our issues and interests with Zika, not to mention the broad topics of emerging infections and the need for an optimal interface between our communities. With a careful briefing, public health really gets the tension between safety of the blood supply and adequacy and can effectively help us by collaborating on things like real-time reporting and a definition of local transmission for purposes of transfusion safety. For blood centers, “getting on the committee” in the right jurisdiction establishes relationships that will work for Zika, but also for the next emerging infection. It can be as simple as being on an e-mail list or conference calls (even if you spend 95% of your time with your mouth shut)—all the “black box” issues about mosquito activity, clinical surveillance capabilities, investigation resources etc. become much less opaque with collaboration.

We will soon have consensus among FDA, CDC and the Council of State and Territorial Epidemiologists on a suggested minimum definition of local Zika transmission for our needs. Web resources to provide “real time” information on where cases and infected donors will come. Those aren’t the most important things. The most important thing is knowing that your state and local public health colleagues will be making the ultimate calls and that you will be lots happier if you were at the table with them and participated in the planning. ♦

lkatz@americasblood.org

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

America’s Blood Centers

President: Susan Rossmann

CEO: Christine S. Zambricki

Editor: Lisa Spinelli

Subscriptions Manager: Leslie Maundy

Annual Subscription Rate: \$390

Send subscription queries to

lmaundy@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.



Pre-hospital blood transfusions (continued from page 1)

Reed noted KBS delivers the units to refrigerators in three locations throughout southern and central Kentucky.

“Most of what we know on this has come right off of the battlefield,” said Linda Hahn, vice president of Clinical Services for the Institute for Transfusion Medicine (ITxM) in Pittsburgh, Pa.



The spotlight on emergency transfusions has been gaining brightness in the last few years as studies linking transfusions after trauma with lower early-mortality rates, lower incidence of shock and less waste of blood components have been published. Most notable has been the military community’s lead in emergency transfusion practices with a mandate to provide optimal trauma care to wounded service personnel within the first 60 minutes of injury by placing blood products on helicopters in Afghanistan.

The military data, gathered from September 2001 to March 2014 and published in JAMA in 2016, showed a much lower mortality rate for those critically injured and in need of a blood transfusion, 6.8 percent from 51 percent before the 2009 mandate went into effect.

(continued on page 4)

“In the late 1700s, Polynesian navigators voyaged thousands of miles of open ocean and discovered Hawaii.

Using modern day wayfinding techniques, together we will explore ways to navigate the challenging times ahead facing the blood banking industry. Let the island host culture inspire us with its Aloha Spirit, high energy of world-famous Waikiki, natural beauty, entrancing hula and the thrill of fire knife dancing. Discover our paradise this summer.”

– Kim-Anh Nguyen, MD, PhD, president and CEO, Blood Bank of Hawaii



Honolulu International Airport (HNL) is served by most major airlines. Visit <http://www.honoluluairport.org>.

August 1-4, 2016 – Honolulu, HI
Hilton Waikiki Beach on Kuhio
special room rate: \$240 + tax

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 Summer Meeting. Details available upon registration.

Registration Fees

ABC Summer Meeting: \$760
Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for invitation and registration fees and information.

Meeting Schedule

- Monday August 1:**
Links for Life Golf Tournament
Links for Life Golf Reception
- Tuesday, August 2:**
Medical Directors Workshop
Hospitality/Networking
- Wednesday, August 3:**
SMT Forum
Blood Center Leadership Forum
Host Event by Blood Bank of Hawaii
Hospitality/Networking
- Thursday, August 4:**
ABC Members Meeting

For sponsorship opportunities contact Jodi Zand at jzand@americasblood.org.

Pre-hospital blood transfusions (continued from page 3)

ABC members ITxM and Gulf Coast Regional Blood Center (GCRBC) have had partnerships to supply red blood cell (RBC) units for these kinds of transfusions for years. Ms. Hahn stated her organization has been working with Life Flight helicopters for somewhere between 10 and 20 years supplying RBC units for emergency transfusions; however, they are only recently expanding their services to include providing plasma to the air medical group as “balanced transfusion” is becoming the standard of care in many trauma programs.

“We are now providing one plasma for every one red blood cell unit,” said Hahn.

The move toward offering plasma and whole blood components in lieu of packed RBC units comes after reviews like Martin Zielinski’s “[Back to the future: The renaissance of whole-blood transfusions for massively hemorrhaging patients](#),” in 2014, which synthesized data that suggested whole blood component transfusions may be associated with better outcomes for critically injured patients.

GCRBC is also looking to take their pre-hospital transfusion services to the next level. Just this last year, the centers started looking into providing plasma and RBC units to critical care locations and ambulances and is now providing a fire station in their area with blood components.

Four of the critical care centers associated with GCRBC’s Memorial Hermann Healthcare System have recently started keeping blood components on hand for patients and are using, on average, about 22 blood components per week. The center is also providing one fire station in its region with approximately 18 components a week, noted Annetta Morris, Director of the Commit for Life Program at GCRBC.

Ambulatory transfusions pose a host of inventory and process issues to contend with, but the impetus to deliver safe transfusions to critically injured patients pre-hospital is becoming more commonplace and widespread. (Sources: *News and Star*, [Air medics saved my life says Cumbrian teenager who suffered 25 fractures in crash](#); *Gazette Live*, [Man underwent roadside blood transfusion after crash which closed the A171](#); *Commonwealth Journal*, [Air Methods helicopters now carrying units of blood](#).)

Citations: Kotwal R., Howard R. *et al.* The Effect of a Golden Hour Policy on the Morbidity and Mortality of Combat Casualties. *JAMA, Surg.* 2016;151(1):15-24. DOI: 10.1001/jamasurg.2015.3104.

Holcomb J., Donathan D. *et al.* Prehospital Transfusion Of Plasma And Red Blood Cells In Trauma Patients. *Prehospital Emergency Care.* 2014. PMID: 24932734.

Brown J., Sperry J. *et al.* Pre-Trauma Center Red Blood Cell Transfusion Is Associated with Improved Early Outcomes in Air Medical Trauma Patients. *Journal of American College of Surgeons.* 2015. DOI: 10.1016/j.jamcollsurg.2015.01.006.

Zielinski M., *et al.* [Back to the future: The renaissance of whole-blood transfusions for massively hemorrhaging patients](#). *Surgery Journal.* 2014. DOI: <http://dx.doi.org/10.1016/j.surg.2014.01.017>. ♦



America's Blood Centers®
It's About *Life.*

INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified.

ABC Holds Human Resources and Employee/Training Development Workshop

America's Blood Centers and South Texas Blood & Tissue Center hosted 52 attendees for the joint three-day Human Resources and Employee Training & Development (HR/TD) Workshop at the Marriott Plaza Hotel in San Antonio, Texas last week. Attendees were actively participating with engaging speakers who presented best practices on topics, such as recruitment and talent acquisition, identifying high potential employees, developing emerging leaders, and strategies to improve trainer performance.

"The ABC HR/TD Workshop was a huge success this year. It was a great gathering of industry HR and TD professionals. I, and my other colleagues, enjoyed re-connecting with peers, meeting new people and discussing the pertinent business issues we face every day in our centers. The roundtable discussions were a huge hit, allowing us to discuss best practices and brainstorm about issues. Dr. Susan Rossmann's industry presentation provided an overview of the industry and was filled with humor. We had so many excellent presentations, it was an amazing time" said Lisa Clawson, director of Human Resources and Training & Development at BloodSource and chair of ABC's Human Resources Committee.



Laura Eickhoff and Bo Carrington

After Monday evening's welcome reception, sessions were quickly underway on Tuesday morning. Laura Eickhoff, director of Learning and Total Compensation at BioBridge Global, and Bo Carrington, principal/president of Bo Carrington & Associates, Inc., provided insightful presentations on the performance management cycle and strategies on how to apply the process effectively across an organization.

Delise Crimmins, vice president of PeopleInk, followed with a well-received talk on engaging employees to build an organization's brand.

She emphasized the importance of integrating values and behaviors into an organization and their role in strengthening employee engagement.

Tuesday morning concluded with an employment law update by Dennis A. Clifford of Seyfarth Shaw LLP. Many attendees took advantage of his expertise, asking questions after his session.

To start the afternoon sessions, Philip Toner, director of Compensation/HRIS/Payroll, at the Institute for Transfusion Medicine, presented the topic "HR Organization Maturity" which focused on formulating plans to improve the HR maturity level of organizations.

The day wrapped up with very informative roundtable discussions of best practices in employee engagement/recognition at blood centers, talent acquisition, performance management, and change historic performance management, and change management for employees.



Roundtable discussion



ABC Holds HR/TD Workshop (continued from page 5)

Wednesday marked the joint workshop day and began with an eye-opening update on the state of the blood industry by Dr. Susan Rossmann, president of America's Blood Centers and chief medical officer of Gulf Coast Regional Blood Center.

Dr. Rossmann analyzed medical and economic forces contributing to significant changes at ABC member blood centers. The session "Future Blood Center Employee Competencies" followed with presentations by Diane Merkt, chief administration and compliance officer for the Institute for Transfusion Medicine, and Rebecca Madere, vice president of Human Resources & Learning at BioBridge Global. The talks focused on competencies centers need now, and in the future, to thrive as well as techniques on how to coach and train current employees for career growth. A panel with the presenters followed and allowed attendees to share and discuss their challenges and concerns in identifying the best suited candidates for open blood center positions.

The presentation "Selling Ideas to C-Suite/Management" by Gus Cortes, IS applications manager from Carter BloodCare, followed and gave attendees strategies about creating organizational values through proposals, developing tools and techniques for business case justifications, and selling ideas to executive teams.

The Wednesday afternoon sessions started with a very lively presentation by Trinn Speicher, senior training specialist at Gulf Coast Regional Blood Center, on coaching and how it improves team productivity. She provided several coaching tools used to improve communication and trust within a team and ways to navigate around the obstacles faced by an internal coach. Cheri Najor-Young of the Center for Peak Performance followed with a talk on emotional intelligence and how to lead millennials for improved performance.

Workshop participants ended the day with an insightful tour of the South Texas Blood & Tissue Center and a reception hosted by the facility.

The employee training and development sessions began on Thursday morning with an in-depth session on e-learning from Tom Kuhlmann and David Anderson of Articulate. The attendees enjoyed exploring techniques to make e-learning courses and videos more interactive and visually appealing. Jessica Ewoldt, manager of Training at Mississippi Valley Regional Blood Center, and AJ Bembry, assistant director of Training at Blood Assurance, then shared their experiences with a session on evaluating and painlessly picking an e-learning authoring tool.

Roxanne Tata, vice president and chief quality officer for the Institute for Transfusion Medicine, started the final afternoon of the workshop with "Leveraging Your Error Management System to Support a Metric Based Training Program and Retraining." Ms. Tata shared how her blood center utilizes its error management system to ensure effective training and to determine annual competency directions.

(continued on page 7)

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 Lisa Spinelli 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.



ABC Holds HR/TD Workshop (continued from page 6)




Customer Service Training: A Tale of Two Journeys

The workshop wrapped up with two very informative presentations on customer service training, a topic identified as one of the greatest blood center training interests. Ms. Eickhoff first discussed her blood center's journey from needs analysis to planned implementation. Laurie McGraw, director of education and training at Gulf Coast Regional Blood Center, then shared her center's story, which focused on reducing adverse reactions and a new customer service program that emphasizes the organization's service expectations.

"I was pleased to see all the hard work of so many people come together for this event," said Ms. McGraw, chair of ABC's Employee Training/Development Committee. "It was a great opportunity to learn from one another and make new connections through this ABC workshop."

ABC would also like to recognize the scholarship winners for the 2016 HR/TD Workshop: Randell Douglas from Mississippi Blood Services, Tracie Kingsland from Blood Bank of Alaska, Cam Mahon from BloodSource, Deana Fatovic from Community Blood Services, Jennifer Martinez from Coastal Bend Blood Center, and Roberta Pope from Miller-Keystone Blood Center.

ABC's next Human Resources and Employee Training & Development Workshop will be in 2018. Please contact Leslie Maundy at lmaundy@americasblood.org if you are interested in hosting this important event. 

ABC would like to thank our host, South Texas Blood & Tissue Center, and sponsor, Healthcare-ID for supporting the Human Resources and Employee Training & Development Workshop.





RESEARCH IN BRIEF

Liberal transfusion after traumatic brain injury (TBI) may be associated with worse outcomes. Impaired oxygen delivery after severe TBI due to abnormal regulation of cerebral blood flow and anemia has suggested that higher hemoglobin targets than recommended in general populations might be appropriate in these patients. In a randomized trial of the effects of erythropoietin and transfusion in TBI patients, there was no benefit from liberal transfusion, and subsequent analysis showed an increase in delayed mortality in the liberally transfused group. Now a *post hoc* analysis of data from the trial associates a liberal (10 gram/dL) transfusion trigger with a 2.3 fold increase in severe progressive hemorrhagic injury compared to a 7 gram/dL trigger. The authors speculate the mechanisms of these outcomes may be related to the impact of aged red blood cells on the cerebral microcirculation or activation of inflammatory responses by stored blood. “These results indicate the potential adverse effect of using a higher transfusion threshold after severe TBI,” conclude the authors from Baylor College of Medicine in Houston and the University of Texas, School of Public Health in El Paso, Texas.

Citation: Vedantam A, Yamal J, Rubin ML *et al.* Progressive hemorrhagic injury after severe traumatic brain injury: effect of hemoglobin transfusion thresholds. *Journal of Neurosurgery*. 2016. Early Online. 10.3171/2015.11.JNS151515.

Intra-articular autologous conditioned plasma injections provided safe and efficacious treatment for knee osteoarthritis (OA). OA is one of the most common adult joint diseases worldwide, with estimates showing 10 percent of men and 13 percent of women over the age of 60 affected. Recently, platelet-rich plasma (PRP) injections have become an intriguing treatment option for knee OA. This single-center, randomized, double-blind study characterized the safety and efficacy of autologous conditioned plasma (ACP) in 30 patients with primary knee OA (19 women and 11 men) through a feasibility trial regulated by the Food and Drug Administration (FDA) using three injections of either leukocyte-poor LP-PRP ACP or placebo (normal saline) at one-week intervals. ACP injection was 3 to 8 mL using the lateral parapatellar approach. No adverse events were reported for ACP administration and after one year, Western Ontario and McMaster Universities Osteoarthritis Index scores for the ACP subjects had improved by 78 percent from their baseline scores, whereas scores for the placebo control group had improved by only 7 percent. The authors concluded that ACP was safe and provided quantifiable benefits for pain relief and functional improvement with regard to knee OA.

Citation: Smith PA. An FDA-Sanctioned, Randomized, Double-blind, Placebo-Controlled Clinical Trial. *American Journal of Sports Medicine*. 2016; 44: 884-91.

Contributed by Richard Gammon, MD, Medical Director of One Blood and current Chair of the ABC Journal Club.

(continued on page 9)

ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!



RESEARCH IN BRIEF (continued from page 8)

***Aedes albopictus* vector competence for Zika virus.** An important question regarding the potential for establishing and sustaining Zika virus infection in the United States is the ability of *Aedes albopictus* (the Asian tiger mosquito) to support its replication and transmission. This potential vector is substantially more widespread in the U.S. than *Aedes aegypti*, the primary vector in the unfolding pandemic. Italian scientists report on this in this week's *Eurosurveillance*. As some previous work has suggested, the mosquito is susceptible to infection, but this work suggests that its competence is significantly less than *Ae. aegypti*. Experimental infections were established in *Ae. aegypti* and Italian *Ae. albopictus* strains in 43 versus 10 percent, dissemination in 73 vs. 29 percent, transmission by 60 vs. 29 percent and population transmission in 26 vs. 3 percent respectively. The authors suggest this data, the long extrinsic incubation period, and the short persistence of the virus in the mosquito's saliva indicate a low transmission efficiency, and their results are similar to studies using *Aedes sp.* from the Americas.

Citations: DiLuca M, Severini F, Toma L *et al.* [Experimental studies of susceptibility of Italian *Aedes albopictus* to Zika virus.](#) *Eurosurveillance*. 2016. 21(18):pii=30223.

Chouin-Carneiro T, Vega-Rua A, Vazeille M *et al.* Differential Susceptibilities of *Aedes aegypti* and *Aedes albopictus* from the Americas to Zika Virus. *PLoS Negl Trop Dis*. 10(3): e0004543. DOI:10.1371/journal.pntd.0004543. ♦

BRIEFLY NOTED

Medical errors third leading cause of death in United States. Medical errors are the third leading cause of death in the U.S., only after heart disease and cancer, according to a study in the *British Medical Journal* published on May 3. The researchers examined four studies with data ranging from 2000 to 2013, including hospital admission rates from 2013, to extrapolate that out of 35,416,020 hospitalizations, 251,454 deaths stemmed from a medical error. The authors suggested changes like making errors more visible so their effects can be understood and changing death certificates to include not just the cause of death, but an extra field asking whether a preventable complication stemming from the patient's care contributed to the death. Standardized data collection and reporting are also needed, according to the authors, to build an accurate national picture of the problem.

A commercial test for Zika virus (ZIKV) from Quest Diagnostic has received Emergency Use Authorization (EUA) from the Food and Drug Administration (FDA), according to a press release from the laboratory company on April 28. The proprietary molecular test is intended for the qualitative detection of ribonucleic acid from the ZIKV in human serum specimens. This is the first EUA test for a commercial laboratory provider to test patients for ZIKV. Last week, we reported on the Gulf Coast Regional Blood Center providing the first ZIKV testing to stateside patients at a blood center within the continental United States, under an investigational new drug protocol. Quest's ZIKV test is slated to be available to all physicians for direct patient testing as early as this week. To date, there have been 426 travel-related cases within the United States, but no locally acquired cases, according to the Center for Disease Control's website. (Source: Quest Diagnostics Press release, [Zika Test from Quest Diagnostics Authorized by the FDA for Emergency Use.](#)) ♦



RECENT REVIEWS

Authors from the University of Minnesota reviewed 256 cases of donors positive for *Babesia microti* from whom 165 cases of transfusion-transmitted *Babesia microti* (TTB) resulted. Included in the authors' objectives was a better understanding of the risk profile for recipients of infected units. These data were presented to the Food and Drug Administration during discussions of donor babesiosis testing strategies. Conventional wisdom has identified extremes of age and functional or anatomic asplenia as risk factors for severe TTB. The review went further to demonstrate severe infection and mortality occurred across the age spectrum and among patients with a wide variety of medical conditions. This suggests that selective *Babesia* testing, as is done for cytomegalovirus, will not be an effective mitigation strategy.

Citation: Fang DC, McCullough J. Transfusion-transmitted *Babesia microti*. *Transfusion Medicine Reviews*. 2016. DOI: 10.1016/j.tmr.2016.04.002. ♦

GLOBAL NEWS

Two new blood centers, with a third coming in June, have opened their doors in Cambodia, thanks in part to the help of the Armed Services Blood Program (ASBP). Kampong Cham Provincial Blood Transfusion Center opened its doors in February; Siem Reap Provincial Blood Transfusion Center in March; and Phnom Penh National Blood Transfusion Center will open in June. The military blood program helped design the new buildings with cooperation from the World Health Organization, the Australian Red Cross and the U.S. Army Corps of Engineers. The ASBP also helped train doctors, nurses and laboratory technicians on proper blood safety techniques and principles. According to Army Lt. Col. Teresa Terry, regional blood manager and the officer in charge of the Tripler Army Medical Center Transfusion Medicine Services in Hawaii, the use of a whole government approach has assisted with opened communication and standardization of blood safety policies between military and 26 provincial civilian transfusion services in Cambodia. In the next five years, the Blood Safety Program will help Cambodia open two other centers. "Partnerships like this are a vital part of the military blood program's global health engagement mission," said Navy Capt. Roland Fahie, ASBP director, in the March edition of the ASBP newsletter. "The work done in Cambodia will help ensure the country is producing a safe, potent and quality blood supply, as well as enhance U.S. partnerships in that region." ♦

INFECTIOUS DISEASE UPDATES

Flare-ups of the Ebola virus in Liberia, a country initially declared free of Ebola virus disease, have left some scientists wondering if there was a re-introduction of the virus. A study published in the journal *Science Advances* on April 29 showed samples taken from Liberian patients in June 2015 proved to be strikingly similar in their genetic makeup to other Ebola virus sequences from Western Africa. The genomic analysis and the epidemiological investigation indicate that the March and June 2015 flare-ups were re-emergences of a Liberian transmission chain originating from a persistently infected source and not a new re-introduction of the virus. While the March flare-up was traced to sexual contact, no definitive link has been found for the June event. The Ebola outbreak, that began in West Africa in March 2014 and which the World Health Organization only just recently terminated the Public Health Emergency status for in March 2016, afflicted an estimated number of 28,652 and killed 11,325, according to the Center for Disease Control and Prevention. (Source: CDC website, [2014 Ebola Outbreak in West Africa](#).)

(continued on page 11)

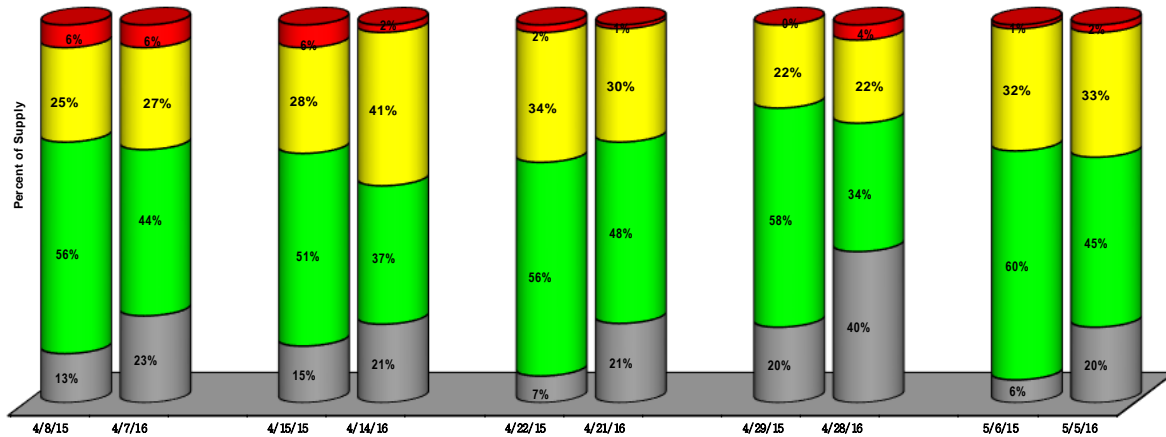
INFECTIOUS DISEASE UPDATES (continued from page 10)

Citation: Blackley D, Wiley M, *et al.* Reduced evolutionary rate in reemerged Ebola virus transmission chains. *Science Advances*. 29 Apr 2016. Vol. 2, no. 4, e1600378. DOI: 10.1126/sciadv.1600378.

A recent report in *Nature* shows injections of low-dose human immunodeficiency virus type 1 (HIV-1) into monkeys could have a preventative effect for up to 23 weeks for the primates. Despite advances in anti-retroviral drugs in controlling HIV-1 infections, little progress has been made in generating an effective HIV-1 vaccine. Using data from hepatitis A immune globulin, the researchers created a single injection of four powerful anti-HIV-1-neutralizing monoclonal antibodies (VRC01, VRC01-LS, 3BNC117, and 10-1074) and administered it to six Rhesus macaque monkeys. The monkeys were exposed to weekly low doses of a primate version of the HIV virus and, on average, were protected for 12 to 14 weeks. In some animals, the antibodies fought off the virus for 23 weeks. More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 are unaware of their infection, according to the Center for Disease Control and Prevention.

Citation: Gautam R, Nishimura Y, *et al.* A single injection of anti-HIV-1 antibodies protects against repeated SHIV challenges. *Nature*. April 2016. DOI: 10.1038/nature17677. 📌

STOPLIGHT®: Status of the ABC Blood Supply, 2015 vs. 2016



No Response
 Green: 3 or More Days
 Yellow: 2 Days
 Red: 1 Day or Less

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



MEMBER NEWS



Blood donors at Timberline High School in Lacey, Wash.

Bloodworks Northwest has come up with an innovative way to get high school students interested in becoming blood donors—through a [film competition](#). The less-than five minute videos will include a description of the donation process, two separate messages asking people to donate, and the contact information for Bloodworks Northwest. A \$1,500 award will be announced on June 6 to the winning school, group or club. ♦

PEOPLE

Health and Human Services Secretary Sylvia Burwell named [Andrew Bindman](#), M.D., as the new Director of the Agency for Healthcare Research and Quality, effective Monday, May 2. A primary care physician who practiced, taught, and conducted research at San Francisco General Hospital, Dr. Bindman recently served as a professor of medicine, epidemiology and biostatistics and affiliated faculty member for the Philip R. Lee Institute for Health Policy Studies at the University of California, San Francisco. “As AHRQ Director, Dr. Bindman will drive the Agency’s three core missions of producing research and evidence to improve the quality and safety of health care and the functioning of the health care system, producing tools and training materials to make sure that evidence is understood and used, and investing in data and measures used by providers, patients and policy makers,” Burwell said. ♦



MEETINGS

May 10 - 11

ABC Board Meeting

The ABC Board Meeting will take place May 10 to 11 in Rosemont, Ill. Contact - [Lori Beaston](#) for more information.

June 9 - 11

14th International Cord Blood Symposium, San Francisco, Calif.

AABB, with support from the Cord Blood Association, will host the 14th International Cord Blood Symposium from June 9 to 11 in San Francisco, Calif. The scientific program brings all of the umbilical cord blood related fields of hematopoietic stem cell transplantation, banking, and potential in regenerative medicine together in one interactive three-day conference. The [program](#), registration details, and other information can be found [here](#).

MEETINGS (continued from page 12)

August 1 - 4

ABC 55th Summer Meeting, Honolulu, Hawaii

Registration has begun for the ABC 55th Summer Meeting in Honolulu, Hawaii, hosted by Blood Bank of Hawaii, to take place August 1 to 4 at the Hilton Waikiki Beach on Kuhio Ave. It will feature the ABC Medical Directors Workshop and the Foundation for America's Blood Centers Links for Life Golf Tournament. Contact [Lori Beaston](#) for more information.


September 8

FDA Public Workshop on Development of HCT/Ps, Silver Spring, Md.

This free, first-come, first-serve, public workshop titled [Scientific Evidence in the Development of Human Cells, Tissues, and Cellular and Tissue-Based Products Subject to Premarket Approval](#) was organized to identify and discuss scientific considerations and challenges to help inform the development of human cells, tissues, and cellular and tissue-based products (HCT/Ps) subject to premarket approval, including stem cell-based products. The workshop will take place at the FDA's White Oak Campus, 10903 New Hampshire Ave., Building 31 Conference Center, Great Room in Silver Spring, Md.

September 12 - 13

FDA Public Hearing on HCT/Ps, Bethesda, Md.

Early registration for this public hearing to collect comments on the draft guidances relating to the regulation of human cells, tissues or cellular or tissue-based products will last until June 1. The hearing will take place at the Masur Auditorium, Building 10, 9000 Rockville Pike, in Bethesda. More information can be found [here](#). 

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 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 Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: lmaundy@americasblood.org.

POSITIONS AVAILABLE

Performance Improvement Specialist. The Stanford Blood Center is seeking a Performance Improvement Specialist. Under the direction of the Process Improvement Director, the Performance Improvement Specialist will develop, implement and manage approaches leading to continuous improvement of processes for the testing laboratories, blood manufacturing and operational departments. This includes driving change on process innovation projects across multiple departments, vendors or clients. Use business intelligence to help end-users analyze current and alternative processes that could lead to improved performance and goal-reaching. Work with key leaders to develop metrics to ensure

operations are meeting outcomes, service and quality objectives. Qualifications: Four (4) year college degree in medical technology, biology, life science or work-related field/discipline required. Three (3) years of relevant experience in a blood center, clinical laboratory, process/quality improvement, project management or relevant work-related field/discipline required. Certifications & Licenses: None required, however the following licenses or certifications are preferred: MT, CLS, or SBB; Lean Six Sigma certification; Project Management certification; Business Intelligence soft

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POSITIONS (continued from page 13)

ware certification (i.e., Tableau, SQL, Crystal). We are not able to provide relocation or sponsorship for this position. For a complete job description & to apply online go to:

<http://www.stanfordhealthcarecareers.com/Job#36590>.

Thank you for your interest!

Quality & Regulatory Affairs Specialist. Stanford Blood Center is seeking a Quality & Regulatory Affairs Specialist. Under the supervision of the director of Quality and Regulatory Affairs, this position will perform the quality and regulatory affairs duties and responsibilities with special emphasis on safety by reviewing department procedures, training documents, product and equipment quality control (QC), change control processes and validations, and assist with development. Develop, perform and report departmental, system audits, and safety inspections. Perform Good Manufacturing Practice (GMP) and safety training, trend analysis of events and quality indicators, root cause analysis, and process improvement; maintains compliance by enforcing applicable regulations and standards set by regulatory agencies and reporting. Qualifications include: Four year college degree and at least three years of blood banking and/or product/device manufacturing experience with solid familiarity of GMP, safety in a manufacturing setup, CAL-OSHA regulations. Exceptional attention to detail, organization skills, flexibility, prioritize tasks; effective communication skills verbal and written, collaborative interpersonal skills, problem solving, analyze/evaluate complex situations; work independently, initiate improvement ideas to enhance quality and safety programs; develop and train staff. Safety Management, Environmental Health & Safety Training, and/or Disaster Management Certification are highly desirable. For a complete job description & to apply online go to: <http://www.stanfordhealthcarecareers.com/Job#36898>.

Medical Director (16000321). Blood Systems is seeking a full-time, clinically-focused Transfusion Medicine physician to join its Medical Affairs team. The Medical Director is responsible for coordinating communications between the blood center leadership in Denver, the local medical community, and Corporate Medical Affairs in Scottsdale, AZ. Responsibilities include consultation and visits with hospital staff and clinicians, patient blood management oversight, CLIA laboratory directorship, and medical direction to collections, manufacturing, research/specialized donations, NMDP and reference laboratory functions. Qualifications include an MD or DO, board certification in CP with board eligibility / certification in Transfusion Medicine (within two years of hire) or certification in IM or Pediatrics with Hematology certification. Fellowship training in Blood Banking / Transfusion Medicine or Hematology, or three years' experience at a blood center or

hospital blood bank is required. Previous research experience is preferred. Current or prompt licensure will be required within Colorado and neighboring states. Relocation assistance will be considered. **For immediate consideration, please apply on our website www.bloodsystems.org no later Tuesday, May 31, 2016 – req. # 16000321.** Blood Systems Inc. is an equal opportunity employer. EEO/Minorities/Females/Disabled/Veterans

Medical Technologist or Medical Laboratory Technician, PT. Blood Bank of Hawaii is seeking a state licensed MT or MLT. Performs ABO/CMV testing, all general lab procedures including work in components, blood inventory and the blood releasing section of the Laboratory. Must possess an understanding and working comprehension of the scientific, technical and procedural aspects laboratory testing, general comprehension of immunologic and genetic factors that affect health and disease. Must have a practical understanding of quality control and be able to perform simple instrument maintenance. Must be able to report test results, quote ranges and specimen requirements. All tests and procedures are performed with the highest standard of professional performance and in accordance with established standards of ethic and medical technology. Has an appreciation of the roles of paramedical and other health related fields, keeping the benefit of the donor, patient, physician and community in mind. Apply online at www.BBH.org.

Quality Manager (BSRI-Denver) (16000299). Blood Systems is searching for a Quality Manager to support its research division at its newest location in Denver, CO! Under minimal supervision, this position is responsible for assisting in managing the review of quality systems and compliance in all areas of technical and clinical operations. This position serves as a resource to operations on quality issues. Participates in performance improvement initiatives through data and process analysis. Requirements: Bachelor's degree; four years of related experience in a regulated industry to include two years in quality, regulatory, and/or auditing environment. Certification as a Medical Technologist or Specialist in Blood Banking (SBB) by a recognized certifying agency or RN licensure; six months supervisory experience preferred. For immediate consideration, please apply on our website www.bloodsystems.org no later than Friday, May 13, 2016 – req. # 16000299. Blood Systems offers a competitive benefits package such as: affordable medical, vision, and dental coverage, matched 401(k), education assistance and much more! Pre-employment background check and drug screen is required. Visit our website at: www.bloodsystems.org. Blood Systems Inc. is an equal opportunity employer. EEO/Minorities/Females/Disabled/Veterans

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POSITIONS (continued from page 14)

Medical Director. The Plasma Protein Therapeutics Association (PPTA) is seeking a Medical Director to serve as the primary source of medical/clinical expertise for the association, its member companies and other industry stakeholders. Excellent opportunity for an M.D. with five plus years' clinical experience and research or pharmaceutical industry experience to make an impact. PPTA places key emphasis on protecting the health and safety of donors and patients, increasing global access to plasma protein therapies, therapeutic efficacy, and development of industry standards. Successful candidate will advise PPTA staff and member company representatives on clinical implications of industry activities; collaborate with association staff on communications and initiatives; participate in industry and regulatory meetings; track research and publish in peer reviewed journals; assist in the development of policy and industry standards; present to industry and regulatory groups. Medical training should include specialization in internal medicine, hematology, pathology, infectious diseases, immunology, or related. Position based fulltime in Annapolis, MD. Please visit <http://jdgsearch.com/active-searches> for full position announcement or contact Julie Goodyear at (301) 340-2210. Interested candidates please send CV and letter of interest to goodyear@jdgsearch.com. Applications received by May 13 will receive priority consideration.

Director of Donor Recruitment. Blood Assurance, a regional blood services provider based in Chattanooga, TN, is seeking a director of Donor Recruitment to lead a team of donor recruiters who cover multi-state territories. Minimum qualifications for success in this new role will include a bachelor's degree with at least five to 10 years prior related experience managing a recruitment team in the blood banking industry. Other job requirements are advanced skills in influence and negotiation, communications, interpersonal relations with the public, creative problem solving, analytics and reporting, customer service, multi-task prioritizing, organizing and public speaking. This is a management-level posi-

tion that reports to an Operations Executive and requires multi-state travel up to 70 percent of the time. Primary job responsibilities will involve building new and existing business relationships, developing team goals and holding staff accountable for meeting the blood collection goals set for multiple mobile and facility locations. Additional responsibilities include expanding business opportunities, executing the company's strategic business initiatives and developing staff skills in influence/negotiation, customer service and managing relationships. Key success factors will be executing with responsive leadership, effective internal partnerships and the ability to consistently set and attain collection goals that meet operational needs. For consideration, please submit a resume and salary expectations to: bbankdirector@yahoo.com.

AP/CP or CP Trained Pathologist. The Department of Pathology is seeking an AP/CP or CP trained pathologist (board certified), with subspecialty training in Transfusion Medicine (board certified or eligible). The candidate will share responsibility with one other medical director for supporting the Transfusion Service at the University of Utah Hospital, the Huntsman Cancer Institute and Primary Children's Hospital. The position will also support the Associated Regional and University Pathologists (ARUP) Blood Donor Center and Immunohematology Reference Laboratory. The successful candidate will be expected to support laboratory and hospital quality improvement, compliance, and accreditation initiatives, and to provide consultation to clinicians. Participation in teaching of medical students, pathology residents, and hematology fellows is also expected. Research in the area of applied transfusion medicine is encouraged. Academic rank and salary will be commensurate with experience. Applicants should submit electronically a curriculum vitae, a brief cover letter, and the names and addresses of three references [here](#). The University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, national origin, color, religion, sex, age, sexual orientation, gender identity/expression, status as a person with a disability, genetic information, or Protected Veteran status. 📌