



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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Preventing Vasovagal Reactions with Donor Specific Data

Issue #29
August 18, 2017

Vasovagal reactions (VVRs) are of current interest to blood centers because of the risks of donor injury and their impact on future willingness to give blood. Preventing VVRs can involve individual demographic characteristics (e.g. age, gender, donation history), environmental factors, and even a donor's personality.

"In the media, when blood donation is depicted, it almost always involves fainting—very dramatic," said Christopher France, PhD, distinguished professor of Clinical Health Psychology at Ohio University at the ABC Summer Meeting. "We need to fight that common misconception...talk about ways to prevent it and that if it does happen, it's not a big deal."

Fainting, though the most common fear amongst donors, said Dr. France, is not as common as potential donors might think. The rate of VVRs is thought to be between 1.4 and 7 percent for a moderate reaction and between 0.1 percent and 0.5 percent for a severe reaction. Some factors like youth, being female, having a lower blood volume, and fear can amplify the rate. Once a donor experiences a VVR, they are less likely to return, including repeat donors, said Dr. France.

VVRs generally occur after a trigger, like the sight of blood or standing up too fast after donating. The donor's heart rate and blood pressure drop, reducing the flow of blood to the brain and causing a spectrum from faintness to loss of consciousness. The effect is transient and generally results in no sequelae; however, some donors injure themselves, usually in a fall. Blood center staff are trained to prevent and deal with VVRs, but as Mary Townsend, MD, senior medical director at Blood Systems, noted, sometimes staff adherence to strategies and even discussion about the strategies can be challenging.

A number of methods have been developed to prevent VVR reactions, including liquid loading before donation, muscle tension during donation, audio/visual distractions, and establishing a lower limit for donors' estimated blood volume.

In a 2010 study (France et al), fluid loading with water pre-donation along with applied muscle tension (AMT) during donation was found to be effective in mitigating VVRs for women over women who were in the placebo group. This contrasts with other, prior studies, that showed water-loading and water-loading with leg exercises were associated with lower reaction rates than the control and placebo groups for both men and women.

A South African study did not show overall benefit with water-loading; however black men in their study were more likely than their white counterparts to benefit from such a strategy (Van den Berg et al).

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OUR SPACE

John Miller, CEO of LIFELINE Blood Services

Who Saved a Life? You Saved a Life!

“If you don’t pat yourself on the back, no one will.” I cannot find a record of whose quote that is, but I think there is definitely validity to this statement. Lately, I have wondered why we as blood bankers have not tooted our own horns. Why have we not congratulated or celebrated the millions of lives we saved last year?

According to Blood Centers of America (BCA), over 11 million units of blood were collected in 2016. Brook Haven National Laboratory (BNL) states that 4.5 million Americans would die each year without lifesaving blood transfusions. **We know that if a blood center had not recruited, collected, processed, tested, and transported those units 4.5 million people would have died last year.** That’s the entire population of Dallas, Phoenix, and San Diego combined. Now imagine if that level of population was lost each year.

I am reminding you of this because we as blood bankers have been overrun with issues surrounding a unit of blood. We have one group telling us not to transfuse the unit, another telling us it’s not profitable to transfuse, another saying lower your price, and yet another assuring us that blood is just another commodity. At the same time, we are worried about reducing overhead, negotiating another contract, being more competitive or fighting Washington. We spend a lot of time discussing overtransfusion, the newest technology, and iron depletion in our donors. These are all important discussions, but there is no mention of the good we are doing. No mention of that latest technology using our units in surgery. No mention that our units saved a nation’s leader the other day.

My fellow blood bankers, today, right now, reflect on the fact you helped save 4.5 million American’s lives last year. Blood from one human was transfused into another. It was a good unit and it was good for the patient. It saved his/her life. The role you have played in our industry made a difference in 4.5 million families’ lives. Someone’s mother, father, son, daughter, significant other is living because **you made transfusion possible.** This is a very good thing. Do not let anyone tell you otherwise. I want to encourage every center to determine how many lives you saved last year. Make sure your staff and your local media are aware of those lives saved.

From me and from the 4.5 million others you saved last year, THANK YOU for doing what you do.

John.Miller@lifelinebloodserv.org 📧

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

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VASOVAGAL REACTIONS (continued from page 1)

Other studies (Vavic et al) showed fruit juice worked minimally with first-time high school donors to reduce VVRs compared to their non-hydrated counterparts, with females benefitting most (2.7 hydrated experiencing VVR vs. 5.06 percent non-hydrated). Fluid-loading had the most significant beneficial effects when done before donating, said Dr. France.

Compared to controls in a study from Morand et al, drinking 500 mL of water or isotonic water significantly reduced the rate of events (odds ratio [OR] 0.74; 95 percent confidence interval [CI], 0.55-0.99) independently of muscle tensing exercise. Isotonic water loading also helped more during and after donation at reducing the risk of VVR than plain water. The VVR rate was the lowest during donation time for those who had drunk isotonic water and applied some form of AMT. Again, females more significantly benefited from the drinks, and especially younger females.

AMT is intended to redistribute blood volume from the periphery to the central circulation, essentially isometric exercises. Studies have shown conflicting results for reducing VVR. Of those that do show a benefit, AMT showed similar trends of benefitting females more than males, Dr. France said. Fisher et al's large review of VVR studies, looked at eight trials examining AMT and "found no evidence that AMT reduced the risk of VVRs as assessed by the rate of chair recline or reporting of discomfort by the donor, although the actual number of VVRs was not reported in most studies."

Fear is an important predictor of VVR. Holly et al, concluded that "Analysis of the physiological data and self-reported anxiety supports the conclusion that the reduction in vasovagal symptoms was due more to decreased anxiety rather than exercise-related cardiovascular change." To identify which fear the donor has—e.g., needles, fainting, pain—the staff need to ask, which many are hesitant to do.

"Asking someone if they have a fear and what it is, doesn't cause the reaction," noted Dr. France. Some centers' staff are worried if they ask a potential donor about their fears, the person may become more aware of their own fears and therefore more likely to experience a VVR. Dr. France said that this is not the case he found in his reviews of VVR studies. He is planning studies now with ABC centers to isolate fear as a trigger and explore mitigation techniques.

Providing social support and distractions can help with the psychological triggers, but there are no large randomized controlled studies measuring the impact of distraction techniques. Furthermore, distraction techniques may only work if the donor is not a "monitor" phenotype, said Dr. France. The monitor personality is someone who alleviates anxieties by watching what is happening to them. For monitor types, it may be best to let them watch and not have them distracted, said Dr. France. For others, distracting with the latest technology might help alleviate anxieties about fainting or pain.

"Virtual reality doesn't just reduce the negative effect, but also creates a more positive feeling and reduces pain," said Dr. France. "It could be a creative way to distract donors."

While conflicting data exists for every mitigation strategy, there are some data (as shown above) to support the use of fluid loading with AMT, especially for young female donors, to reduce instances of VVR. A major issue with most of the studies has been the inclusion of multiple interventions, making it very difficult to compare the impacts of a single approach, e.g. lower limits of estimated blood volume vs. AMT. As Dr. France said, there is still a lot of research that needs to be done.

Citations: France C.R., Ditto, B., Wissel, M.E. *et al.* Predonation hydration and applied muscle tension combine to reduce presyncopal reactions to blood donation. *Transfusion*, January 22, 2010 online. DOI: 10.1111/j.1537-2995.2009.02574.x.



VASOVAGAL REACTIONS (continued from page 3)

Fisher S.A. Allen D., Dorée C., *et al.* Citations: Interventions to reduce vasovagal reactions in blood donors: a systematic review and meta-analysis. *Transfusion Medicine*. February 2016 DOI: 10.1111/tme.12275.

Vavic N., Pagliariccio A., Bulajic M., *et al.* Giving blood donors something to drink before donation can prevent fainting symptoms: is there a physiological or psychological reason? *Transfusion and Apheresis*. August 2014. DOI: <https://doi.org/10.1016/j.transci.2014.03.010>

Morand C., Coudurier N., Rolland C., *et al.* Prevention of syncopal-type reactions after whole blood donation: a cluster-randomized trial assessing hydration and muscle tension exercise. *Transfusion*. July 24, 2016 online. DOI: 10.1111/trf.13716.

Van den Berg K., Lam J., Bruhn R., *et al.* Water administration and the risk of syncope and presyncope during blood donation: a randomized clinical trial. *Transfusion*. April 4, 2012 online. DOI: 10.1111/j.1537-2995.2012.03631.x. ♦

Learn ♦ Grow ♦ Lead Shed Light on Your Future



This Month's Featured API Resources

1. **Jerry Haarmann Leadership Program**
Six courses on leading teams

"This course gave me many ideas on how to work with the team in my department as well as working with other teams outside my department."

- API pilot participant

2. **Strategic Leadership Program**
Six courses on change management and communication challenges

Effective Leadership: How Do You Rate?

Check your leadership effectiveness by answering yes or no to the following questions:

- Do you know exactly what you want employees to understand, think, and do in response to your communications?
- Are trust and commitment part of your team's DNA?
- Do you know what motivates your employees?



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INSIDE ABC

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

Special ABC Board Meeting Called

The ABC Board of Directors has called a special board meeting for Monday, August 28, at 2:00 p.m. EDT and is inviting all ABC members to listen into the call. The meeting will review and discuss the expected final draft of the proposed ABC bylaws changes, which was briefly discussed in [last week's Newsletter](#). The edits to the bylaws will change the way in which the ABC board is structured and better align the business interests of group purchasing organizations Blood Centers of America and HemeXcel with the mission of ABC. More information on the realignment and details on upcoming member webinars and a planned September Members Meeting will be forthcoming in MCNs. For those who would like to listen to the board meeting, click [here](#) for dial-in information.

Sign Up for the Financial Management & IT Workshops!



The deadline to register for the Financial Management & IT Workshops is approaching! The Workshops will be held at the Hotel Derek in Uptown Houston, Texas, from September 27 to 28. Exciting sessions and discussions on cybersecurity, interfacing with blood establishment computer systems, and contract negotiations will take place. The Workshops will overlap at points for a stimulating blend of conversation and view-points. The Workshops will also have plenty of opportunities for IT and finance professionals to network and exchange ideas. With the Workshops only being about five weeks away, make sure you [reserve your space today!](#)

To read the full agenda, with presentation topics and speakers, please click [here](#).

Bi-Monthly IT Forum Calls Initiated

ABC would like to thank all those who dialed-in to the first IT Forum call on Wednesday, August 16. There were excellent discussions on the topics of cybersecurity, IT training options, resource pools, surveys and workshops. The participants appreciated the new format and found it useful to have open discussions amongst peers. Given the success, the IT committee has decided to offer bi-monthly IT forum calls every third Wednesday of every other month at 2:00 p.m. ET.

Mark your calendars for the next IT Forum call on October 25 at 2:00 p.m. EDT!

(continued on page 6)

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.



INSIDE ABC (continued from page 5)

ADRP Offers Free Subscription



To celebrate Blood Collector's Week and International Donor Recruitment Professionals Day, ADRP is giving away complimentary subscriptions to ADRP services. Sign up now to receive this subscription, regularly \$85, good until the end of calendar year 2017.

Sign up now and you will receive the following benefits:

- Access to ADRP live webinars and library of recorded webinars;
- ADRP's online resources and recruitment materials;
- ADRP Donor Recruitment and ABC Collections & Donor Services Listserv
- NEW ADRP Forums for idea sharing and networking;
- Discounted pricing to ABC's Professional Institute (API) that provides online learning for industry-related subjects.

To join ADRP today, click [here](#). ♦



THE DIFFERENCE OF **SIMPLIFIED FLOW CYTOMETRY**

The new BD FACS Via™ System is an easy-to-use clinical flow cytometry solution designed for simplicity and excellence in residual white blood cell enumeration.

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RESEARCH IN BRIEF

Older, non-leukoreduced (non-LR) red blood cell (RBC) units did not increase risk of postoperative infection. A number of studies on the age of RBC units transfused to cardiac patients found a higher rate of postoperative infections with patients transfused with older RBC units. For non-cardiac surgery patients, conflicting results have been reported in a limited number of studies. In a new prospective, double-blind, randomized study from Italy, researchers found in the intent-to-treat analysis group of 98 patients transfused with “older” non-leukoreduced RBC units (stored for more than 14 days) there was no increase in postoperative infections over the 101 patients who received fresh blood (25 percent vs. 22 percent, respectively; relative risk 1.17, confidence interval 0.71-1.93). However, there was an increased risk of wound infections for patients transfused with older blood (15 percent (old) versus 5 percent (fresh)). In the as-treated group, the numbers were similar for wound infections, but postoperative infections were recorded in 19 percent of the patients who received fresh units versus 29 percent for patients receiving older RBC units. The numbers of RBC units, or other blood components, transfused during surgery were comparable in the two analyses groups. Furthermore, the more units transfused, the worse the outcomes. These results are consistent with randomized control trials in cardiovascular surgery from 20 years ago, raising the question of whether the standard-of-care should specify leukoreduced-RBCs for certain groups of surgical patients, or universal leukoreduced should be the standard, said ABC CMO Louis Katz, MD.

Citation: Spadaro S., Taccone F.S., Fogagnolo A., *et al.* The effects of storage of red blood cells on the development of postoperative infections after noncardiac surgery. *Transfusion*. August 7, 2017. DOI: 10.1111/trf.14249.

Researchers reported inactivation of porcine endogenous retroviruses (PERV) in porcine primary cells using CRISPR-Cas9. PERV is present in most pigs and are one of the major hurdles in pig-to-human xenotransplantation. Xenotransplantation, using an organ from a different species, could help deliver more organs to the more than 100,000 patients on organ waiting lists in the U.S. While no cases of pig-to-human transmission of PERV has been recorded, the risk has been a major factor in the lack of clinical progress in this area. In this study, all copies of PERV were removed using the CRISPR-Cas9, creating PERV-inactivated pig embryos. Researchers were able to implant these embryos in surrogate sows where the piglets develop PERV-free.

Citation: Niu D., Wei H.J., Lin L., *et al.* Inactivation of porcine endogenous retrovirus in pigs using CRISPR-Cas9. *Science*. August 10, 2017. DOI: 10.1126/science.aan4187. ♦

BRIEFLY NOTED

The Food and Drug Administration (FDA) is limiting the number of foreign scientists being allowed to apply for employment. In a recent article in *STAT* news, hiring managers at the FDA were said to have been given direction not to extend employment offers, including fellowships and contractor positions, to any person who has not been living for at least three of the last five years in the country. A statement from a Department of Homeland Security (DHS) said “the agency is committed to accurately reflect the DHS policy and will continue to evaluate its implementation plans, and make adjustments as appropriate.” It is unclear whether other agencies will follow suit. (Source: *STAT News*, [FDA Puts New Restrictions on Hiring Foreign Scientists](#). August 14, 2017)

Articles in *JAMA* highlight defects in the accelerated drug and medical device approval processes of the Food and Drug Administration (FDA). While a newfound focus of the FDA is speeding up the approval process for certain drugs and devices to accelerate access by patients with serious and life threatening conditions, some scientists are criticizing the systems as too passive and lacking accountability for post-

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**BRIEFLY NOTED** (continued from page 7)

marketing study characteristics. One study from Naci et al found that of the 22 drugs granted accelerated approval by the FDA from 2009 to 2013, post-market approval trials were often poorly designed for the confirmation of appropriate risk vs. benefit. In another study that looked at high-risk medical devices, published this week, those authors found only half of the 83 studies they examined were randomized, blinded, or controlled—leaving the quality of the studies for high-risk medical device modifications under question.

An accompanying editorial by former FDA Commissioner Robert Califf (now at Duke University) described the approval systems with great clarity and concluded that a sweeping overhaul of the entire system is needed and, luckily, underway.

Citations: Naci H., Smalley K.R., and Kesselheim A.S. Characteristics of Preapproval and Postapproval Studies for Drugs Granted Accelerated Approval by the US Food and Drug Administration. *JAMA*. August 15, 2017. DOI: 10.1001/jama.2017.9415.

Zheng S.Y., Dhruva S.S. and Redberg R.F. Characteristics of Clinical Studies Used for US Food and Drug Administration Approval of High-Risk Medical Device Supplements. *JAMA*. August 15, 2017. doi:10.1001/jama.2017.9414.

Califf R.M. Balancing the Need for Access With the Imperative for Empirical Evidence of Benefit and Risk. *JAMA*. August 15, 2017. DOI: 10.1001/jama.2017.9412.

Demographic information left out of a third of device studies submitted in support of pre-market approval (PMA). An analysis of device PMAs approved in 2015 by the Food and Drug Administration (FDA) found that one-third of them lacked the age and gender of the patients, and half did not report race and/or ethnicity. A device's risks and benefits can vary greatly depending on such demographic information. An FDA Action Plan written in 2014 aimed to improve the quality, frequency, and availability of demographic data (among other priorities). Of the 82 approvals reviewed in this analysis, 53 studies reported age, 42 reported race, 27 reported ethnicity and 77 included gender. Discrepancies were found in reporting the number of people enrolled and the numbers for the subgroup of demographics. The authors called on Congress to take the opportunity with the reauthorization of the Medical Device User Fee Amendment (MDUFA), due by September 30, 2017, to mandate appropriate demographic representation and reporting in these studies.

Citation: Dhruva S.S., Mazure C.M., Ross J.S., *et al.* Inclusion of Demographic Specific Information in Studies Supporting US Food and Drug Administration Approval of High-Risk Medical Devices. *JAMA Internal Medicine*. July 24, 2017. DOI: 10.1001/jamainternmed.2017.3148.

The 2016 AABB Blood Survey is out and ABC members are encouraged to participate. This survey is shortened from recent iterations to collect only key data points and avoid duplication with the Center for Disease Control and Prevention's National Blood Collection and Utilization Survey. AABB would like to encourage all institutional members, even those outside the U.S. to participate. The results will be shared with AABB membership and the public. ABC will notify our membership of the results in the *Newsletter* once they are made public. (Source: AABB Weekly Report, August 4, 2017) 📌

ABC Summer Meeting Presentations

ABC is excited to announce the 2017 Summer Meeting Presentations in Providence, R.I., are now available for members to download and view. Please note, not every presentation from the meeting is available for download, but most are. Members can access the [Member File Center](#) to download the zip files.



INFECTIOUS DISEASES UPDATES

Wide spectrum of neurologic injury in Zika emerges. In a one-year prospective, single-site, observational study in Rio de Janeiro, Brazil, researchers found 93 percent of the patients with Guillain-Barré syndrome (GBS), 71 percent of the patients with encephalitis, 67 percent of the patients with transverse myelitis, and the single patient with chronic inflammatory demyelinating polyneuropathy had evidence of recent Zika virus infection. In addition, the frequency of admissions during this time period compared to before the Zika outbreak (December 2013 to May 2014) with GBS increased nearly six-fold and encephalitis admissions increased three-and-a-half-fold (transverse myelitis admissions rates were unchanged). Of the 35 patients with reactive Zika serology, two with GBS died—one of whom was diagnosed with primary central nervous system lymphoma via brain biopsy. The authors noted that serologic and molecular testing using blood and cerebrospinal fluid samples was more accurate and affordable than plaque reduction neutralization antibody testing. The prevalence of dengue IgG was not reported, weakening the study, as cross reactive flavivirus antibody responses are an issue in diagnosis, noted an accompanying commentary.

Citation: da Silva I.R.F., Frontera J.A., de Filippis A.M.B., *et al.* Neurologic Complications Associated With the Zika Virus in Brazilian Adults. *JAMA Neurology*. August 14, 2017. DOI: 10.1001/jamaneurol.2017.1703.

Tyler K.L. and Roos K.L. The Expanding Spectrum of Zika Virus Infections of the Nervous System. *JAMA Neurology*. August 14, 2017. DOI:10.1001/jamaneurol.2017.1471.

The yellow fever outbreak in Brazil is winding down. Yellow fever is spread from the bite of a mosquito and is a flavivirus, in the same category as Zika, dengue, and chikungunya. No new cases were reported last month. Concerns rose earlier this year when 712 suspected cases of yellow fever were reported, nearly five-fold Brazil's normal rates, with 40 deaths. The state health authorities declared a state of emergency and 200 million vaccines were distributed. Brazil commonly sees yellow fever outbreaks in the more rural parts of their country, but this year the spread of the virus was becoming threateningly close to overpopulated city limits with fears it could rapidly overtake the cities' populations. (Source: *New York Times*, [Yellow Fever Outbreak That Threatened Brazil's Megacities Ends](#). August 4, 2017) ♦

REGULATORY NEWS

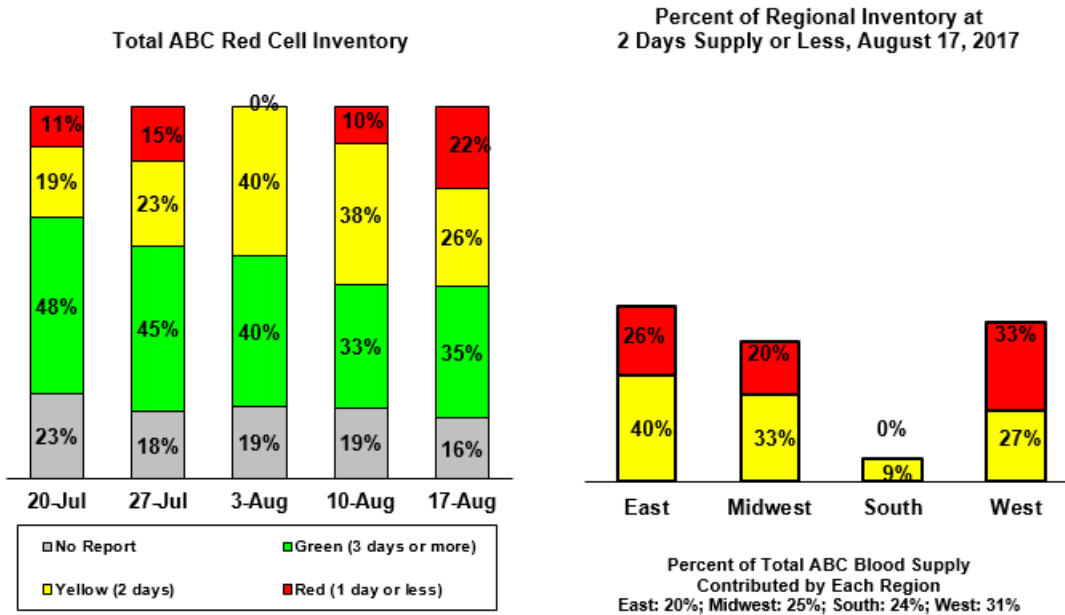
ISBT is calling for public comments to the proposed Standard Terminology for Reproductive Cells and Tissues. The American Society for Reproductive Medicine (ASRM), American Association of Tissue Banks-Reproductive Council, the European Society of Human Reproduction and Embryology, and ICCBBA established the International Technical Advisory Group to advise on matters dealing with the coding and labeling of reproductive cells and tissues. The group developed a standard set of terminology for these cells and tissues and is now calling for public comments. The comments are due by September 15, 2017. The proposed standard terminology document can be accessed [here](#). (Source: ICCBBA email, August 10, 2017) ♦

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!



STOPLIGHT®: Status of the ABC Blood Supply



Daily updates are available at:
www.AmericasBlood.org

AMERICA'S BLOOD CENTERS

FINANCIAL MANAGEMENT & IT WORKSHOPS

Houston, Texas
 September 27-28, 2017

Registration Information
http://bit.ly/abc_fmit17

Sponsorship Opportunities
 Contact: LMaundy@americasblood.org

Hotel Information:
 Hotel Derek
 Hotel room rate: \$169/night + tax
http://bit.ly/abc17_derek

*Book room(s) by September 1st for discounted rate

Gulf Coast Regional Blood Center is pleased to host these workshops in Houston. Attendees will benefit from the shared knowledge of fellow finance and IT professionals with lively discussions on cyber security, financial and operational metrics, and the blood banking industry. This will be an excellent opportunity to network with your peers and share your expertise on good financial and data management practices and similar topics. We look forward to seeing you!

- Brian G. Gannon, President & CEO
 Gulf Coast Regional Blood Center

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MEMBER NEWS



Oklahoma-Based Global Blood Fund Receives \$380,000 Grant to Fight Bleeding Deaths. Global Blood Fund (GBF), an Oklahoma City-based charity founded in 2008 with support from Oklahoma Blood Institute (OBI), received a \$383,125 grant from the Commonwealth Transfusion Foundation in Richmond, Va., to improve blood transfusions in developing nations. The funds will be used to educate blood donors, drive sponsors, and blood bankers across the U.S. about the need for better transfusion care in the developing world and to engage their support to improve the situation.

Approximately 300,000 people die globally each year due to inaccessibility to blood transfusions. Most victims are women during childbirth and children under five years old. GBF offers a wide range of assistance programs to blood collection agencies in these resource-poor locations. These programs include supplying new and used equipment and providing blood donor recruitment training materials and tools. GBF's projects have impacted 57 countries and its work has inspired more than 50,000 "Blood Institute" donors.

"Blood donors and other generous folks jump right in to help as soon as they realize the terrible scale and cost of the current transfusion crisis," said John Armitage, MD, CEO of Oklahoma Blood Institute and Chair of GBF. "The Commonwealth Transfusion Foundation's generosity will empower progress by Blood Institute's donors, staff, and supporters to strengthen distant communities by building a culture of and infrastructure for voluntary blood donation." (Source: OBI press release (emailed), August 7, 2017)



Gulf Coast Regional Blood Center is joining forces with the Deer Park Police Department to host a barbecue fundraiser and blood drive for Peyton Williams, a two-year-old sickle cell disease (SCD) patient. The little girl is also the daughter of Brandon Williams, a Deer Park police officer. She has SS SCD, which means she inherited the gene from each parent. She has already visited the emergency room nine times and been hospitalized three times because of her SCD. The blood drive/fundraiser will be held on August 18 and benefits from the fundraiser will help the family offset costs of medical bills for Peyton's ongoing treatment. (Source: *Houston Chronicle*, [Deer Park police rally around 'little warrior' battling sickle cell disease](#). August 11, 2017)

Community Blood Center (CBC) in Dayton, Ohio, gave Eastman Kodak the Platinum Award for their blood drive success in 2016.

Eastman Kodak is a member of the CBC LifeSaving Ambassador's Club, a recognition program for high-performing blood drive sponsors. The company received the club's highest honor last week—the Platinum Award, which signifies 100 percent of the sponsor's blood drive goal was met. The award was presented during another Eastman Kodak-sponsored blood drive which met 114 percent of its goal with 28 donors, including five first-time donors and 25 donations. Platinum Awards are given out throughout the following year due to the sheer number of them—213 for 2016, said Mark Pompilio, public relations and marketing associate for CBC. (Source: CBC press office email) ♦



CBC phlebotomist Belinda Freeman-Anderson did the honors of presenting the award to coordinator Shannon Green of Eastman Kodak.



GLOBAL NEWS

France is moving towards 100 percent adoption of Cerus' INTERCEPT Blood System for platelets. The French Ministry of Health adopted a policy for universal pathogen reduction technology for platelets in January. Contracts were signed between Cerus and the French National Blood Service, the Établissement Français du Sang (EFS) for resources needed to support the complete roll-out of PRT for approximately 330,000 units of platelets annually. The INTERCEPT Blood System for platelets is currently used in the Alsace region, as well as throughout overseas French territories including the islands of La Reunion, Guadeloupe, and Martinique, that were initially affected by the chikungunya pandemic. (Source: [Cerus press release](#), August 1, 2017)

The Missing Type campaign kicked off again in Ireland. Missing Type was started as a social media campaign in 2015 by the NHS Blood and Transplant (NHSBT) in the U.K. The NHSBT started the campaign which drew attention to the need for more blood donors during the summer months when blood donations typically decrease around the world. This year, NHSBT took a break from the campaign, however, Ireland Blood Transfusion Service (IBTS) launched the campaign with numerous organizations taking part across the country and dropping the A, B, and Os from their logos. (Source: [IBTS press release](#), August 14, 2017) ♦

CALENDAR

2017

Sept. 8. **Public Workshop- Pediatric Trial Design and Modeling: Moving into the Next Decade, Silver Spring, Md.** For more information, click [here](#).

Sept. 8-9. **American Society of Hematology Meeting on Hematologic Malignancies, Chicago, Ill.** Register [here](#).

Sept. 11-12. **IPFA/BCA 3rd Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.** [Registration is open.](#)

Sept. 18-19. **Public Workshop- Advancing the Development of Pediatric Therapeutics (ADEPT): Application of "Big Data" to Pediatric Safety Studies, Silver Spring, Md.** For more information, click [here](#).

Sept. 27-28. **Financial Management & IT Workshops, America's Blood Centers, Houston, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 27. **7th Annual Symposium Red Cell Genotyping 2017: Patient Safety, Bethesda, Md.** The Department of Transfusion Medicine, NIH Clinical Center, National Institutes of Health, and the Blood Center of Wisconsin are co-hosting this symposium on the NIH campus. For information, registration fee and advance registration contact [Phyllis Kirchner](#).

Sept. 28. **36th Annual Immunohematology and Blood Transfusion Symposium, Bethesda, Md.** No registration fee. Advance registration is encouraged. Contact [Karen Byrne](#) or visit the [website](#).

Oct. 7-10. **AABB Annual Conference, San Diego, Calif.** More information and registration [here](#).

Oct. 19-20. **Austrian Red Cross Content Marketing Workshop, Vienna, Austria.** [Email](#) for more information.

Oct. 25-26. **National Sickle Cell Disease Association Convention, Atlanta, Ga.** Register [here](#).

Oct. 25-26. **MedTech Coverage, Coding, & Reimbursement 201 Workshop, San Diego, Calif.** Find out more [here](#).



CALENDAR (continued from page 12)

Nov. 2. **AdvaMed Cybersecurity Summit**, Washington, D.C. For more information and to register, click [here](#).

Nov. 7-8. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), Jacksonville, Fla.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

Nov. 8-10. **10th World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [here](#).

Dec. 9-12. **American Society of Hematology Annual Meeting & Expo., Atlanta, Ga.** Register [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 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 Lisa Spinelli at the ABC office. Phone: (202) 654-2982; fax: (202) 393-1282; e-mail: lspinelli@americasblood.org.

POSITIONS

Positions also available on our [website](#)

Component Manufacturing Manager: MEDIC Regional Blood Center is looking for a Component Manufacturing Manager with demonstrated ability to lead others and prior supervisory experience. The Component Manufacturing Manager is responsible for supervision of employees and blood production within component manufacturing to ensure the well-being of our community by providing a safe, adequate and economical supply of blood products. The Manager will ensure inventory and production levels are maintained in coordination with Hospital Services and Distribution Manager. Responsible for staff schedules, daily work flow, inventory levels and supply/equipment maintenance. Excellent verbal and written communication and organizational skills. Basic computer experience, familiar with Microsoft office suite. Prefer health care and/ or blood banking experience MEDIC offers a competitive compensation and benefits package including medical/dental coverage, company-matched 401(k), and PTO (Paid Time Off). To apply, please go to <http://medicblood.org> and select the Jobs tab.

Vice President of Medical Affairs/Medical Director. Mississippi Blood Services (MBS) is seeking the right candidate to assume the role of Vice President of Medical Affairs/Medical Director. From this highly visible position, you'll provide medical guidance to the organization, and continuing education to hospital customer transfusion services encompassing immunohematology, therapeutic apheresis, cellular therapy, and other activities. In this position you'll have the ability to impact the health of MBS blood donors and

hospital patients. MBS is the only blood service headquartered in Mississippi and currently serves nearly 50 hospitals across Mississippi, Tennessee, Arkansas and Louisiana. The right candidate should be a board certified/board eligible physician with three to five years of experience, preferably in hematology, transfusion medicine, cellular therapy, clinical pathology or related fields; comfortable communicating in a manner that will motivate and persuade others, while being aware of their needs and concerns; strategic, big-picture thinking backed by an added focus on the tactical aspects of the work; cooperative and comfortable working as a member of a team, building appropriate relationships with donors, MBS associates, the Mississippi medical community, and medical directors across the country. To apply: Submit a letter of interest with a CV to Human Resources, attention K. Lee, 115 Tree Street, Flowood, MS 39232, email klee@msblood.com, or upload [here](#).

Reference Laboratory Manager. Kentucky Blood Center, located in Lexington, Ky., is seeking a proactive professional responsible for the oversight and management of the reference laboratory (AABB IRL). Responsibilities will include the development of short- and long-term plans; budget preparation and monitoring; oversight of compliance with staff training, processes, and procedures; workload of reference laboratory including staff supervision, employee evaluation, and other standard management functions. Qualified applicants must have a four-year degree, MT(ASCP)SBB, with a minimum of three years

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POSITIONS (continued from page 13)

management experience preferred. Proof of education/certifications required during the interview process. Must have a working knowledge of industry regulations including the Food and Drug Administration, AABB Standards for Immunohematology Reference Laboratories and AABB Standards for Blood Banks and Transfusion Services. Must be proficient with MS Office products; have proven data analysis skills; be highly organized, reliable, and have outstanding interpersonal skills. Strong written and oral communication skills, a do-what-it-takes work ethic, and a team player attitude are required. Competitive salary, comprehensive benefits including health, dental, vision, life, STD, LTD, paid time off/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org. Drug-free and EOE/AAP.

Clinical Laboratory Scientist, Technical Services Processing Lab. The Stanford Blood Center is seeking a Clinical Laboratory Scientist in the Technical Services Processing Lab to independently perform complex clinical testing, including both machine and manual assays, of bodily fluids for patient care purposes. Clinical test results are used directly to inform patient care decisions, with errors potentially leading to adverse events. This position is a full-time, benefited, evening shift 6:00pm to 2:30am, Monday through Friday with rotating weekends and holidays. Qualifications include: a four year college degree in medical technology or a life science, and one year relevant experience in a blood center or clinical laboratory setting required. 12 month internship in medical technology or certification as technologist. Current California clinical laboratory technologist license (MTA/MTR) required. For more information and to apply, please go to: <http://www.stanfordhealthcarecareers.com/search-jobs> and search for job # 42443.

Clinical Laboratory Scientists, SBC Histocompatibility Lab. Stanford's Histocompatibility Lab seeks HLA technologists to perform histocompatibility testing for transplantation. You will perform high complexity HLA testing including determination of antibody specificity, crossmatching, and DNA-based typing, and produce clinical reports. Come work with Director Marcelo Fernández-Viña in beautiful Palo Alto! Join an outstanding team of technologists in an exciting and innovative environment. Prior experience in HLA is a plus, but we will train. Qualifications include: a BA/BS degree in medical technology or related life science. Must hold or qualify for California Clinical Laboratory Technologist or Clinical Histocompatibility Specialist license. OUT OF STATE: You qualify for a license if you are ABHI CHT or CHS

certified, or you are a board certified medical technologist. More information about licensure can be found at <https://www.cdph.ca.gov/programs/lfs/Pages/ClinicalLaboratoryPersonnel.aspx>. We are increasing our staffing, and several shift options are available: days, evenings, and nights. All are regular, full-time positions with full benefits. Apply at <http://www.stanfordhealthcarecareers.com/search-jobs> and search for job # 41845, 41994, 41995, and 41996.

Medical Laboratory Scientist. ARUP laboratories is looking for a Medical Laboratory Scientist with transfusion medicine experience to join our AABB accredited Immunohematology Reference Laboratory (IRL). Technologists in the ARUP IRL perform testing that spans from routine type and screens to complex antibody identifications. The employees have the opportunity to see some of the rarest antibodies currently known in the area of immunohematology. Due to the complexity of testing, candidate should have five (5) years of experience in a Transfusion Service, ASCP MT/MLS certification is required, and SBB is preferred, but not required. Candidate must be willing to participate in on-call rotation of approximately 1/6 weeks and act as backup call 1/6 weeks. Candidate will receive at least six (6) months of training working Monday - Friday 8:00 AM - 4:30 PM and then move to an evening shift. Preferred hours would be 11:00 AM - 7:00 PM, but some flexibility is available. Email HR@aruplab.com to apply.

Immunohematology Reference Laboratory Specialist. The Central California Blood Center, located in Fresno, is seeking an Immunohematology Reference Laboratory Clinical Laboratory expert. Full-time, Monday-Friday, day-shift and on call. This job includes but not limited to providing exceptional customer service to our hospitals by resolving intermediate to complex red cell antibody problems, finding compatible blood through local donor screening or networking with other blood centers IRBs and training and assessing other CLS to perform IRL testing. Additionally this job requires performance of other donor laboratory and component manufacturing tasks. The ideal candidate shall possess advanced IRL experience, great written and verbal communication skills, work expeditiously and utilize resources optimally to solve the complex patient cases. Strong working knowledge of pertinent safety, FDA regulations, and AABB standards is desired to insure regulatory compliance at all times. Qualified bachelor's degree and licensed in the state of California as a Clinical Lab Scientist, an SBB a plus. Competitive pay and Benefit package. EOE/M/F/VET/Disability. Please click [here](#) to apply

POSITIONS (continued from page 14)

Associate Director (AD), Inventory Management Department (IMD). Mississippi Valley Regional Blood Center (MVRBC) is looking for a progressive and experienced leader to become an integral part of our team. This full-time opportunity is available at our corporate headquarters in Davenport, Iowa. The Inventory Management and Distribution Department provides direct customer service to our hospital clients maintaining blood product inventory levels and fulfilling orders. The AD's role is responsible for development, implementation, and execution of strategic initiatives in the department, along with resource sharing and will provide leadership to the department. The AD shall ensure all processes are executed according to established protocols to deliver excellent client satisfaction. As a part of the management team, the AD will demonstrate effective and consistent leadership qualities in pursuit of excellence. This position will also collaborate with internal departments and leaders to achieve goals and implement

strategic initiatives. Ideal candidate will have a bachelor's degree in a related field, strong demonstrated history of progressive management/supervisory experience in a sales, customer service, and/or logistics field. Strong problem-solving and critical-thinking skills regarding client product delivery, a strong understanding of standard operating procedures (SOP's) and following guidelines is expected. Experience in a medical or regulated field or experience with routine inspections from regulated agencies is preferred. The candidate should have previous sales/marketing experience or demonstrative customer service interactions. Schedule is generally Monday-Friday days, with possible weekends and on-call hours. Candidates must be able to lift up to 60 lbs, have a valid driver's license, and be insurable by MVRBC insurance carrier. Pre-employment drug screen and background check required. EOE. To apply visit the website: www.bloodcenter.org/apply. ♦