

## ABC Member Centers Keep Blood Supply Flowing in Hurricane Harvey-Affected Areas

By now you have heard and seen the devastation that Hurricane Harvey caused in Houston and neighboring areas. People lost their lives, homes were flooded, hospitals were evacuated, and some ABC member centers were forced to shut down operations for a number of days, with some still sustaining reduced operations. Through all the trauma, the blood community came together to ensure an available blood supply in the affected area.

“Everybody has really stepped up to the plate,” said Bill Block, chief executive officer of Blood Centers of America (BCA). “It was a great example of the industry coming together very quickly to offer support and the blood that everybody needs.”

On Saturday, August 26, Hurricane Harvey made landfall on the Texas Gulf Coast region, causing [37 reported deaths](#) to date and billions of dollars in destruction. The storm then stalled and continued to dump more than 50 inches of rain in areas, causing widespread flooding. By Saturday afternoon, the President and the Department of Health and Human Services (HHS) declared a public health emergency in Texas. On Sunday, the [AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism](#)—of which ABC and BCA are members—activated and distributed a media release urging Americans to donate blood to help keep the blood supply flowing—especially those with type O. Over 30 ABC member blood centers across the country shipped blood products to other Texas blood centers for distribution to Gulf Coast Regional Blood Center (GCRBC) and Coastal Bend Blood Center (Coastal Bend). The outside centers continue to collect blood to support those affected by this historic storm.

“At this time (Thursday, August 31) 39 blood drives have been canceled, from August 24 to September 8,” said Erin Survant, director of Donor Development and Customer Relations at Coastal Bend. “Some that have canceled will have to be canceled through May as they will not be opening again.”



*Hurricane Harvey's aftermath in Houston, Texas. Photo taken by Staff Sgt. Tim Pruitt, Texas National Guard*

While the need for blood has not risen in the area as a result of the disaster, keeping up with the regular demand has remained a challenge, said Joshua Buckley, media relations manager of GCRBC. Mr. Buckley explained a number of GCRBC centers were closed during and after the storm hit and remain closed for a number of reasons—e.g., power, staffing, and flooding.

“We have not collected since Saturday; today (Wednesday) was the first day we’ve been able to start collecting again—and even that is limited,” said Mr. Buckley. “A lot of the problems have

### INSIDE:

#### Our Space:

Every Dark Cloud Has a Silver Lining .....	2
Vote Announced for ABC Bylaws Changes .....	4
Let Your Voice Be Heard	4
ADRP Runs a Social Media Campaign to Promote National Blood Collectors Week.....	5
RESEARCH IN BRIEF....	5
BRIEFLY NOTED .....	7
INFECTIOUS DISEASES	7
REGULATORY NEWS ...	7
STOPLIGHT®: Status of the ABC Blood Supply .	9
MEMBER NEWS .....	9
CALENDAR .....	11
POSITIONS .....	12



## OUR SPACE

Martin Grable, ABC President & CEO of Community Blood Centers of the Carolinas

### Every Dark Cloud Has a Silver Lining

The choice of topic for this “Our Space” was without question. The storm’s impact across the Gulf Coast has been heart-wrenching. The rain has stopped and flood waters are receding, but we don’t yet know what the aftermath of Hurricane Harvey will fully be.

The immediate response—augmenting the supply of blood to Gulf Coast Regional Blood Center and Coastal Bend Blood Center from unaffected centers has been a resounding success. The AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism has done a tremendous job standing up this immediate response. Blood, logistics and humanitarian support from community independents in 20 or more states has been outstanding.

The silver lining? Almost miraculously, Gulf Coast and Coastal Bend have resumed a large portion of their operations and donors have returned to their centers and mobile sites to “Give Blood.” It is a tribute to the goodness and strength of the human spirit alive and well in blood centers and our donors.

Given the scope of the flooding, we must evaluate and plan to continue to augment and support the blood centers in the region, allowing them to assure their hospitals an adequate supply in the weeks and months ahead. Whatever support may be needed, I am certain we will do so.

Beyond the moment however, a more complete solution is required to insure the sustainability of blood operations and reinforce our ability to respond to regional and national crises in the future. Declining utilization, marginal pricing, a declining donor base and strained financials led to concerns about the sustainability of the U.S. blood supply. Calendar year 2016 presented a series of at least four events that stressed supply. This last week we faced these issues in the fourth largest city, and home to the largest concentration of tertiary care hospitals in the U.S. I would fear to predict what might be next and when it might come.

Fortunately, few things are unsolvable. Blood centers are led by and filled with smart, dedicated, mission driven, resourceful people, as we have just seen. I believe we have the support of the Department of Health and Human Services, the Blood, Organ, and Tissue Senior Executive Council, and the *Advisory Committee on Blood and Tissue Safety and Availability* Subcommittee on sustainability and others. But we must bring our experience and resources together to more completely address the sustainability issues our blood supply increasingly faces.

Finally, to all who have provided support and particularly those on the front lines through the storm, your efforts demonstrate the power of action in the interest of the common good. Thank you. ♦

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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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**HURRICANE HARVEY** (continued from page 1)

been around staffing and transporting the blood units down for testing at our center. Some of the staff members lost cars, some of them had their entire houses flooded, and I know one had to evacuate to a shelter.” Mr. Buckley reported that, as collections have resumed, a large amount of people are presenting to donate blood.

Ms. Survant said COASTAL BEND’s mobile drives ceased for three days, Friday through Sunday, and the center was closed for Friday and Saturday. “We lost four days of collections,” she added. But “when the blood center opened on Monday, our staff and community showed up in force to bring our inventories back up.”

Many parts of Houston and the neighboring areas are still underwater and expected to stay that way for weeks. Blood centers across the nation are still collecting extra units to ship to the region, but because of the flood conditions, many logistical and transportation issues remain. Carter BloodCare was serving as the staging area for the blood being sent by other centers to GCRBC; however, transport from Dallas was difficult even with HHS, through the disaster task force, supporting efforts to get blood to the affected area.

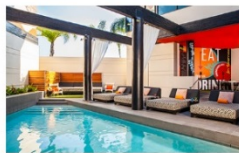
The storm is over in Texas, but there are plenty of obstacles that remain for the blood centers and communities along the coast. Meteorologists are keeping their eyes on the Gulf of Mexico as weather models for next week have been including the possibility of an additional tropical disturbance in the region.

“We have had tremendous support from blood centers across the country whom have called, emailed and sent blood products. We could not have done this without the support of our communities, blood centers, BCA and ABC,” said Ms. Survant.

GCRBC has set up an online donation portal to provide assistance to their employees who have been devastated by the flooding in the Houston area. To make a donation, click [here](#). In the interest of maximizing assistance to centers impacted by Harvey (Gulf Coast, Coastal Bend, and LifeShare), BCA is partnering with Global Blood Fund (GBF) to open up an easy text-to-give donation option. All funds given through the “Text BLOOD to 52000” from now until October 15 will be directed back to BCA for distribution.

ABC would like to thank all our member centers for helping provide what they could to the affected centers and continuing to support the sustainability and safety of the blood supply in the Gulf Coast region. ♦

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\*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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## 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.*

### Vote Announced for ABC Bylaws Changes

A special meeting of the ABC membership has been scheduled for Wednesday, September 13, at 4:30 PM for the purpose of voting on revised ABC Bylaws and approval of Blood Centers of America (BCA) and HemeXcel as Special Members of ABC. The proposed bylaws changes are intended to realign ABC in light of industry changes and consolidation.

The ABC Board of Directors and ABC Bylaws Committee met this week to provide a final review to the proposed ABC bylaws changes and a member conference call was held to solicit member questions and feedback. If you missed the call, another is scheduled for Wednesday, September 6. The proposed Bylaws changes create a seventh class of ABC membership, so called Special Members, for group purchasing organizations that serve active ABC members. The new bylaws also restructure the ABC Board of Directors to include four representatives from BCA and three from HemeXcel.

A member voting representative (MVR) or alternate must be present on September 13 at the special members meeting, or complete a proxy ballot form prior to September 11, to vote on the proposed bylaws. View the MCN to [download](#) your proxy ballot. ABC bylaws require two-thirds of members to be present at the meeting, and a three-fourths affirmative vote is required to amend the bylaws. Read the proposed bylaws [here](#).

Participate in a [conference call](#) to learn more about the bylaws changes, and the rationale behind them, on Wednesday, September 6, at 4:00 p.m. EDT.

### Let Your Voice Be Heard



ABC is pleased to announce our new advocacy site. As ABC Chief Administrative Officer Kate Fry announced [last week](#) in her Our Space column, the new [advocacy site](#) is accessible for everyone through the main [ABC website](#) through the Advocacy tab. The advocacy site allows users to click on the Actions button to view which campaigns ABC is currently involved with; a quick sign-in button for email alerts; and a “find officials” look-up feature by zip code. The three main advocacy actions ABC is currently heavily involved with include:

- [Ensuring the Sustainability of the U.S. Blood Supply](#)
- [Supporting Adequate and Accurate Blood Reimbursement](#)
- [Supporting Funding for a National Blood Data Program](#)

Through this site, ABC has formulated template letters which member centers can use to contact their Senators and Representatives. Members are encouraged to customize the letter to more accurately reflect the value their blood center brings to their communities.

(continued on page 5)

### INSIDE ABC (continued from page 4)

By creating the advocacy site, ABC hopes to ensure that a large volume of voices is being heard by legislators and regulators on these important issues. With this open-access, ABC members can also ensure that key players in their communities are able to customize and sign letters of support for these key issues. We encourage all members to read through the letters, customize them, and send them to their Congressional representatives and regulators.

## **ADRP Runs a Social Media Campaign to Promote National Blood Collectors Week**

In an effort to drive awareness and celebrate phlebotomists, apheresis operators, and all those who support the blood donation process, ADRP is running a promotional giveaway during National Blood Collectors Week. National Blood Collectors Week runs from September 3 to September 7, 2017.

Blood collectors are a vital part of the blood industry. Their skill and expertise help ensure donors have a pleasant experience and keep returning to give their lifesaving gifts again and again. To celebrate these individuals, ADRP has announced a social media photo contest. Blood centers who receive the most likes for their photos posted during National Blood Collectors Week and tagged with #ADRPCelebrates will win a free registration to the 2018 ADRP Annual Conference in Dallas, Texas, on May 9 to 11. Photos should be centered on the theme of blood collectors and all posts should be made by the end of the week, September 7, 2017.

Find out more about [National Blood Collectors Week](#). ♦

## **RESEARCH IN BRIEF**

**In a large multi-national study, more than 11 percent of group O red blood cell (RBC) units were transfused to non-group O recipients.** In this retrospective study of 38 hospitals in 11 countries (30 of whom provided RBC-type data), during 2013, 11.1 percent (21,235/191,397) of group O units were transfused to non-O recipients; 22.6 percent (8,777/38,911) of group O, RhD negative RBC units were transfused to group O, D positive recipients, and 43.2 percent (16,800/38,911) of group O, D negative RBC units were transfused to recipients that were not group O, D negative. There was considerable variability across hospitals of similar size. Additionally, 74.2 percent reported that group O RBC units are exclusively transfused to all neonates. Limitations of the study include the sample size, retrospective design, and not recording if a patient's blood type was unknown at the time of transfusion (including emergency bleeding situations).

**Citation:** Zeller M.P., Barty R., Aandahl A., *et al.* An international investigation into O red blood cell unit administration in hospitals: the Group O Utilization Patterns (GROUP) study. *Transfusion*. August 2017 online. DOI: 10.1111/trf.14255.

**Combining leukoreduction by filtration (LR) with riboflavin/UV light (Mirasol) treatment (PR) of transfused platelets, an acceptance rate (non-refractoriness) exceeding 90 percent was achieved in a canine model.** Fifty-nine immunocompetent dogs were transfused weekly with platelet preparations from a paired donor mismatched at the DLA-DRB locus. Response, percent recovery and survival, time to refractoriness, alloantibody formation, and induction of tolerance were compared among recipients of platelets prepared with simple or multiple modifications. Successful pre- and post-study infusions of labeled autologous platelets allowed distinction of alloimmunization from other causes of poor response or damaging effects of the preparation methods. Platelets filtered either during the whole blood or PRP stage, with

(continued on page 6)

RESEARCH IN BRIEF (continued from page 5)

subsequent PR to inactivate the residual WBCs, led to successful platelet responses in 31 of 32 dog recipients over an eight-week period. None formed antibodies to dog leukocyte antigens, and one third of responders exhibited tolerance to unmodified platelets subsequently. Although gamma irradiation of LR platelets can enhance refractoriness, adding gamma irradiation to LR and PR treated platelets had no negative effects. Canine models were used to inform the “Trial to Reduce Alloimmunization to Platelets” (TRAP) trial; the authors suggest that these findings can translate to platelet-dependent humans, even those less immunosuppressed, such as aplastic anemia or myelodysplastic patients. Availability of approved PR technology will be key to this application.

**Citations:** Slichter S.J., Pellham E., Bailey S.L., *et al.* Leukofiltration plus pathogen reduction prevents alloimmune platelet refractoriness in a dog transfusion model. *Blood*. July 13, 2017. DOI: 10.1182/blood-2016-07-726901.

The Trial to Reduce Alloimmunization to Platelets Study Group. Leukocyte Reduction and Ultraviolet B Irradiation of Platelets to Prevent Alloimmunization and Refractoriness to Platelet Transfusions. *New England Journal of Medicine*. December 25, 1997. DOI: 10.1056/NEJM199712253372601.

*This article was contributed by Marsha Bertholf, MD, associate vice president of Medical Services at Gulf Coast Regional Blood Center.*

**Beating the Bugs: Do additional safeguards improve recipient safety?** Despite the general use of culturing protocols to detect bacterial contamination of platelet units, the frequency of contaminated units passing this screening has been reported to exceed 1:2,000, and septic transfusion reactions have been reported to occur at a rate of up to 1:15,000 transfusions. Pathogen inactivation systems have the capability of preventing bacterial growth and have been implemented in a number of countries. An augmented culturing protocol, using a larger volume taken at a later time, has been implemented in the U.K.’s National Health System Blood and Transplant (NHSBT) (*Transfusion* 2017; 57:1122-31). A group from Cerus Corporation, manufacturer of the INTERCEPT pathogen inactivation systems, and two Swiss institutions reviewed hemovigilance (HV) data from the U.K., France, Belgium, and Switzerland from 2005 to 2016 to assess changes in recipient bacterial contamination risk with implementation of interdiction protocols. Differences in component production and in HV reporting, and data management precluded comparison between countries, but changes before and after interventions to prevent bacterially contaminated units in each country could be assessed. The delayed, large-volume culturing protocol of NHSBT reduced the false-negative rate of the culturing protocol by two-thirds to 1:60,000. The countries using the amotosalen/UVA system, a form of pathogen inactivation, reported no contamination among treated units, a rate at least eight-fold lower than reported from areas not using PR. No post-transfusion septic deaths were recognized with either approach. The study concluded that despite inherent limitations related to incomplete data and clinical under-reporting, both pathogen inactivation and delayed, large-volume culturing protocols effectively reduced or eliminated recipient risk from bacterial contamination.

**Citation:** Benjamin R.J., Braschler T., Weingard T., and Corash L.M. Hemovigilance monitoring of platelet septic reactions with effective bacterial protection systems. *Transfusion*. August 24, 2017 online. DOI: 10.1111/trf.14284.

*This article was contributed by James AuBuchon, MD, , FCAP, FRCP(Edin), president and CEO of Bloodworks Northwest. ♦*



## BRIEFLY NOTED

**Zipline partners with the Tanzania government to deliver blood and medicine via drones.** The California-based startup company began delivering blood in Rwanda via drones in October 2016 and has delivered 2,600 units of blood in more than 1,400 flights. Beginning in the first quarter of 2018, the Tanzanian government will begin using drones to deliver 2,000 units per day, maximum, to over 1,000 health facilities, serving 10 million people across the country. Up to 1.5 kilograms of on-demand red blood cells, plasma and other blood product units, HIV medicines, emergency vaccines, anti-malarials, and other medical supplies like sutures and IV tubes will be delivered by the drones, who will be equipped at four distribution sites across the country. Up to 30 drones will be in the fleet, with a capacity for up to 500 on-demand flights per day, cruising at 110 kilometers an hour, and have a round trip range of 160 kilometers (99 miles). (Source: [Zipline press release](#), August 24, 2017) ♦

## INFECTIOUS DISEASES

**The World Health Organization (WHO) reports four confirmed cases of locally-transmitted chikungunya virus (CHIKV).** The local transmissions via the *Aedes albopictus* mosquito are reported to be in the Provence-Alpes Côte d'Azur region in Eastern France with another one probable case and eight more suspected cases in the area. The 13 patients are all inhabitants of the same district in the commune Cannet des Maures in Var. CHIKV surfaced in Western Europe in 2007 with an outbreak of 205 cases in northeastern Italy. Excessive rainfall could trigger further transmissions, noted the WHO. In 2010, two autochthonous cases recorded of CHIKV in the same French area and in 2014, 11 cases were uncovered in Montpellier. (Source: [WHO press release](#), August 25, 2017)

**Despite a reported high risk for HIV infection among transgender populations, nearly two thirds of transgender women and men reported never being tested for HIV.** Prior research from the Centers for Disease Control and Prevention (CDC) identifies transgender females (males who identify as female) at high risk for HIV infection. A new study from the CDC looked at data from the Behavioral Risk Factor Surveillance System (BRFSS) in 27 states and in Guam, from 2014 to 2015. They examined HIV ever-testing and testing within the last year rates among transgender women, transgender men (females who identify as male), cisgender gay and bisexual men, and cisgender heterosexual men and women. The overall unadjusted prevalence of ever testing for HIV was 37.5 percent among transgender women, 36.6 percent for transgender men, 66.2 percent among cisgender gay and bisexual men, and 35.2 percent among cisgender heterosexual men and women. Black transgender men and women were more likely to be tested than whites as well as transgender women who ever reported depression or a related psychological disorder.

**Citations:** Habarta N., Wang G., Mulatu M.S., *et al.* HIV testing by transgender status at CDC-funded sites in the United States, Puerto Rico, and U.S. Virgin Islands, 2009–2011. *Am Journal of Public Health*. July 16, 2015; DOI: 10.2105/AJPH.2015.302659.

Pitasi M.A., Oraka E., Clark H., *et al.* HIV Testing Among Transgender Women and Men — 27 States and Guam, 2014–2015. *Morbidity and Mortality Weekly Report*. August 25, 2017. DOI: <http://dx.doi.org/10.15585/mmwr.mm6633a3>. ♦

## REGULATORY NEWS

**The Food and Drug Administration (FDA) approved the first autologous chimeric antigen receptor (CAR) T-cell immunotherapy for the U.S.** Novartis will market tisagenlecleucel as Kymriah for the treatment of relapsed and refractory acute lymphoblastic leukemia (ALL) in children and young adults. Kymriah

REGULATORY NEWS (continued from page 7)

was approved after one multicenter clinical trial of 63 pediatric and young adult patients with relapsed or refractory B-cell precursor ALL. The trial was performed to establish efficacy (83 percent overall remission rate within three months of treatment). Some serious side effects of using Kymriah include cytokine release syndrome (CRS), which can cause severe neurological events. The FDA also expanded the approval of Actemra (tocilizumab) to treat CAR-T cell-induced severe or life-threatening CRS in patients 2 years of age or older. In clinical trials in patients treated with CAR-T cells, 69 percent of patients had complete resolution of CRS within two weeks following one or two doses of Actemra. “Not only does Kymriah provide these patients with a new treatment option where very limited options existed, but a treatment option that has shown promising remission and survival rates in clinical trials,” said Peter Marks, MD, PhD, director of the FDA’s Center for Biologics Evaluation and Research. (Source: [FDA press release](#), August 30, 2017)

**The Food and Drug Administration (FDA) approved the first U.S. treatment for Chagas disease.** The FDA granted accelerated approval to benznidazole for use in children ages 2 to 12 years old with Chagas disease (American trypanosomiasis)—the first approved treatment in the U.S. for Chagas. Benznidazole, manufactured by Chemo Research, S. L., was given a priority review and orphan product designation. Chagas disease is a parasitic infection caused by *Trypanosoma cruzi* and can be transmitted through different routes, including contact with the feces of a certain insect, blood transfusions, or from a mother to her child during pregnancy. The FDA noted there may be approximately 300,000 persons in the country infected with Chagas disease. Blood centers may be interested in this approval given the need to counsel seropositive donors. (Source: [FDA press release](#), August 29, 2017)

**The Food and Drug Administration (FDA) warned stem cell clinics they are increasing their enforcement activities.** FDA Commissioner Scott Gottlieb, MD, issued a statement this week notifying physicians and clinics that the FDA will be taking additional actions to increase their oversight and enforcement in the coming months and targeting those who are creating stem-cell products that are inadequately tested for efficacy or safety. Commissioner Gottlieb noted that while his agency will focus on those who are clearly putting patients at risk, the FDA will also accommodate those “good actors working on genuine science.” The statement follows [another FDA press release](#) on the same day announcing a warning letter to a stem cell clinic in Florida that was not following current good manufacturing practice requirements and injecting patients with a manufactured, unapproved, stem cell therapy for back disorders. (Source: [FDA press release](#), August 28, 2017) ♦

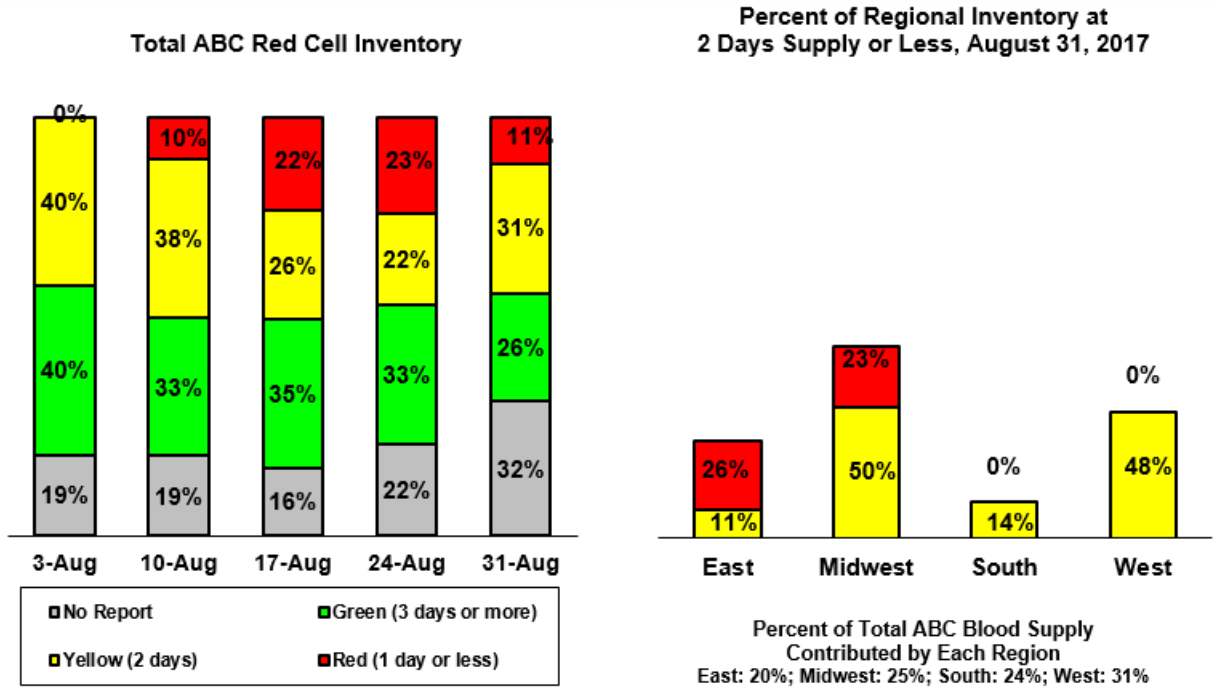
### We Welcome Your Articles

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





**STOPLIGHT®: Status of the ABC Blood Supply**



Daily updates are available at:  
[www.AmericasBlood.org](http://www.AmericasBlood.org)

**MEMBER NEWS**

**National Institutes of Health (NIH) awards Bloodworks Research Institute a \$12M grant.** The National Heart, Lung and Blood Institute, part of the NIH, awarded a \$12 million grant to Bloodworks Research Institute. The grant will go to Chief Scientific Officer James C. Zimring, MD, PhD, Krystalyn Hudson, PhD, and their team who are advancing research investigations into “the biology of immune system’s responses to transfusion and approaches that will improve transfusion safety and efficacy.” The grant supports a five-year collaboration between Bloodworks, Yale University, University of Virginia and Emory University in a concentrated effort to unravel different mechanisms of immune system response to blood transfusions. In exploring different immune system mechanisms, the collaborative studies will focus on the most promising new and innovative therapies to mitigate or prevent immune responses—especially for those patients frequently-transfused—that adversely impact transfusions. (Source: Bloodworks Northwest press office email, August 29, 2017)

(continued on page 10)

**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](mailto: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.



MEMBER NEWS (continued from page 9)



**The Mississippi Valley Regional Blood Center (MVRBC) launched its first smartphone app, named IMPACT.** A HemaTerra product, the app was launched as part of the center's recent conversion to the HemaConnect customer relationship management system. The app is available on both iPhone's App Store and on Google Play and allows donors to keep track of their donation history and wellness information (heart rate and blood pressure readings), as well as gain access to donation schedules at different donor centers and mobile blood drives. Since launching the app on July 18, MVRBC has had 216 downloads via Apple's App Store and 156 via Google Play. This has been a "soft launch" with no full-scale marketing at the outset to ensure the app is working properly. The center plans to do a full campaign later this year. (Source: OurQuadCities.com, [New app designed to help increase blood donations](#), August 4, 2017)

**MVRBC also celebrated Terry Calhoun's 100<sup>th</sup> gallon donation on August 17, 2017.** MVRBC decorated their Moline, Ill., location with banners and a cake for the donor who has made approximately 800 donations to the center. Mr. Calhoun, turning 80 this year, is planning a blood drive at his church to celebrate his milestone birthday and hitting the 100-gallon mark. (Source: WQAD.com, [Quad City man donates 100th gallon of blood](#), August 17, 2017)

**BloodCenter of Wisconsin, part of Versiti, (BCW) launched a new leukemia test.** BCW's Diagnostic Laboratories collaborated with Abbott Molecular to offer testing with Abbott's RealTime IDH2 assay. The assay identifies specific gene mutations in patients with acute myeloid leukemia (AML). According to the National Cancer Institute, more than 21,000 people will be diagnosed with AML this year and more than 10,000 patients will die due to the disease. Between 8 and 19 percent of AML patients have IDH2 mutations. BCW's offering, which follows Abbott's recent approval from the Food and Drug Administration (FDA) for the assay, helps to deliver more sensitive detection of the IDH2 genetic mutation found in patients' blood and bone marrow samples. The method detects single nucleotide variants coding nine IDH2 R140 and R172 mutations in patients' DNA. With a five-day turnaround time, this test helps identify AML patients that could benefit from AML therapies like Celgene's drug IDHIFA. "This new test is an exciting addition to BCW's molecular oncology diagnostics portfolio. Through our collaboration with Abbott, we can continue to help provide better treatment options and outcomes for AML patients," said Matthew Anderson, MD, PhD, vice president and medical director of the Diagnostic Laboratories at BCW. (Source: BCW [press release](#), August 29, 2017)



**BCW is also partnering with Green Bay Packers running back Ty Montgomery to raise awareness about sickle cell disease (SCD) during National Sickle Cell Awareness Month.** September is National Sickle Cell Awareness Month. SCD affects nearly 100,000 people in the U.S., predominantly those of African-American descent. Mr. Montgomery is working with BCW to build awareness about SCD and increase blood donations for SCD patients. Mr. Montgomery was born with sickle cell trait. People with sickle cell trait sometimes feel symptoms of SCD and can pass on the disease to their children. "With the right care, my life is normal on and off the football field. But many patients facing challenges rely on blood donors to receive transfusions to live a happy, healthy life," said Mr. Montgomery. The campaign will include a radio announcement recorded by Mr. Montgomery and social media messaging, as well as a personal appearance by Montgomery at a Milwaukee high school to raise awareness about SCD and encourage blood donations to help patients in need. (Source: BCW press office) 📌

## 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 3<sup>rd</sup> 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](mailto:meetings@americasblood.org).

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

Sept. 28. **36<sup>th</sup> 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. 25-28. **National Sickle Cell Disease Association Convention, Atlanta, Ga.** Register [here](#).

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

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. **10<sup>th</sup> 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: [lsinelli@americasblood.org](mailto:lsinelli@americasblood.org).

## POSITIONS

Positions also available on our [website](#)

**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 the 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](http://www.bloodcenter.org/apply).

**Assistant Shift Coordinator.** Gulf Coast Regional Blood Center in Houston, Texas is seeking an Assistant Shift Coordinator in Component Production. This position assists in the supervision of production of various blood product types; provides staff training; assists with competency assessments; and acts as coach and mentor to staff to maximize staff's professional development. The ideal candidate would be familiar with blood manufacturing, has experience in a lead/supervisory position or training role, is computer literate (must be comfortable running reports) and can delegate, make decisions and problem solve. Click [here](#) to apply.

**Administrator.** The Northern California Community Blood Bank in Eureka, Calif., is a successful not-for-profit blood center located on the far north coast of California. Our Administrator will be retiring in 2018 and the Board of Directors has begun the search for his replacement. The blood bank serves five hospitals in the two county service area and has a robust resource sharing program. The Administrator provides overall leadership, direction and general management to the operations and reports directly to the Board of Directors. The primary responsibility/mission is to provide a safe and adequate blood supply in a fiscally sound manner. Requirements for the position are 8 to 10 years senior management experience in health care with blood banking experience preferred. Four-year college degree required and master's degree in business, health care management or related field preferred. Equivalent experience will be considered. Leadership skills, knowledge of quality assurance, knowledge of scope and requirements of blood banking industry, effective communicator internally and externally, knowledge of FDA/AABB regulations and standards are required. If interested, please send resume or CV to: Terry Raymer, MD, Board Chairman. Northern California Community Blood Bank. 2524 Harrison Avenue, Eureka, California 95501.

**Associate Medical Director, Department of Laboratory Medicine, & Medical Director, Transfusion Service.** MedStar Georgetown University Hospital is a 605-bed teaching hospital in the nation's capital. We seek candidates for the position of Associate Director, Department of Laboratory Medicine who will continue in that position and, also, become the Medical Director, Transfusion Service on July 1, 2019 when the incumbent retires. Responsibilities include: The Associate Medical Director of the Department of Laboratory Medicine in conjunction with the current Medical director will be responsible for medical and technical oversight of the chemistry, hematology, microbiology, receiving and accessioning (STAT lab and referrals) and point of care; provide consultation regarding the appropriateness of testing and interpretation of test results; and serve as the lead teacher for residents rotating for training in the clinical laboratories. The Medical Director, Transfusion Service, provides medical and technical oversight of the Transfusion Service and trains residents rotating in the Transfusion Service. The ideal candidate must be eligible for license to practice medicine in the District of Columbia and state of Maryland. He/she should have completed a fellowship in transfusion medicine/blood banking, be board certified in Clinical

(continued on page 13)

POSITIONS (continued from page 12)

Pathology and in transfusion medicine/blood banking, and have several years of full-time experience in the Transfusion Service division of a large health care facility. The applicant should have academic credentials to qualify for an appointment as an associate professor or professor in the Department of Pathology and Laboratory Medicine. To apply, email your resume and cover letter [Ian Noga](#).

**Assistant Director of Donor Recruitment & Marketing.** The Central California Blood Center (CCBC) seeks qualified candidates for the position of assistant director of Donor Recruitment and Marketing. Reporting to the director of Donor Recruitment and Marketing. This position will be responsible to champion the CCBC strategic and marketing plans to achieve annual blood collection goals in both fixed site/automated collection locations as well as mobile/field drives. Requires an effective leader with the ability to adapt to change. Accomplished in sales/territory management, staff development, and team building, with excellent verbal and written communication and public speaking skills and computer literacy required. In addition to the oversight of all mobile/fixed site marketing and recruitment, the scope of responsibilities will require a best fit candidate to possess the ability to assist the director to oversee the implementation of a branding campaign, and work with media and other community stakeholders to advance the reputation of CCBC in the community. Advancement opportunity. Bachelor's degree or higher in communications, marketing, public relations, business administration, health care administration, political science, marketing, or related field and 10 years progressive management experience in blood banking or a health-related field is preferred. Competitive salary and benefit package offered. EOE/M/F/Vet/Disability. Apply online at <http://www.donateblood.org/careers/available-positions>

**Manager Quality Control Laboratory.** The San Diego Blood Bank (SDBB) is looking for a Manager of their QC laboratory who will manage and coordinate functions and activities in the laboratory as well as participate on the Lab Management Team and support SDBB safety, good manufacturing practice, and quality plan. Essential duties include: maintaining department records, reports and statistical data as required; developing laboratory goals and objectives in conjunction with the director; assisting with the development and management of the department budget; establishing and maintaining laboratory policies and procedures; participating in laboratory quality and variance programs and process improvement programs; facilitating department staff meetings and attends

other meetings as assigned; enhancing professional growth and development for self and staff; and performing other duties as assigned or requested. The right applicant will have a bachelor's degree, have an advanced understanding of immunohematology and blood banking concepts with five or more years in the blood banking or a related field (with laboratory, supervisory and regulatory experience). Candidates should also have an advanced knowledge of application of AABB Standards, Food and Drug Administration, Clinical Laboratory Improvement Amendments, and other regulations that apply to blood banking and cell engineering. Must be a detailed-oriented, well organized, self-motivated employee capable of working independently. California Clinical Laboratory Scientist License is required. To apply, click [here](#). EOE/Minority/Female/Disability/Vets

**Immunohematology Reference Laboratory (IRL) Medical Technologists.** The San Diego Blood Bank (SDBB) is looking for IRL medical technologists for the evening and night shifts. The IRL performs essential job duties while providing guidance and expertise for the laboratory to meet the needs of SDBB customers, in accordance with accepted standards and regulations. Essential duties include: participates in the Reference Lab on call rotation; performs red cell blood grouping and antibody identification on donor and referred patient blood samples; determines suitability for transfusion of donor units with discrepant ABO or Rh groups and unexpected red cell antibodies; performs molecular procedures and platelet compatibility work; provides verbal and written reports, technical assistance and consultation to customers; assist in maintaining rare donor files; investigate and review non-conformances through quality incident reporting; perform supervisory reviews and tasks as needed; perform validations and new process development; perform controlled document writing and revisions; assists with staff training and competency when applicable. The applicant must have a California Clinical Laboratory Scientist License (CLS) or Calif. Clinical Immunohematologist Scientist License (CIS); specialist in Blood Banking (SBB) or equivalent education/experience. The evening shift is from 2:30 p.m. to 11:00 p.m. (hours may vary). EOE/Minority/Female/Disability/Vets. To apply, click [here](#).

**VP, Medical Affairs/Medical Director.** Mississippi Blood Services (MBS) has a career opportunity for a board certified/board eligible physician with 3 to 5 years of experience, preferably in transfusion medicine, hematology, cellular therapy, clinical pathology or related fields. The successful candidate will direct

POSITIONS (continued from page 13)

and control personnel and relevant procedures related donor eligibility determination; and all processes related to collection of blood and blood components, including investigations/reporting of donor-related reactions and events, post donation reports, and associated product disposition decisions. Candidate will also assist with the medical and technical review of SOP's, validations and variances as needed. In addition to technical knowledge, the successful candidate needs to be comfortable communicating with others so as to building appropriate relationships with donors, MBS associates, the Mississippi medical community and blood center Medical Directors across the country. We offer a competitive salary and benefit plan. If you are interested in discussing the opportunity further, please send your resume or CV and cover letter to [klee@msblood.com](mailto:klee@msblood.com), or visit <https://msblood.applicantpro.com/jobs/>. EOE

**Director of Quality Assurance.** LifeSouth Community Blood Centers is currently seeking an individual for the director of Quality Assurance position in Gainesville, Fla. This position is responsible for ensuring organizational compliance with applicable regulatory requirements, accreditation standards (AABB Standards, Food and Drug Administration, Clinical Laboratory Improvement Amendments, and other, state and international regulations), and industry practice. Bachelor's degree in medical technology, management or science related field required. Valid driver's license required. Must also meet and maintain LifeSouth driver's eligibility requirements. Must be willing and able to travel. The ideal candidate will possess a Medical Technologist (MT) license, ASQ certifications and experience in the quality operations

of a blood bank, plasma center or biotechnology related organization. This is a full-time position. Starting salary range is \$90,000 to \$99,000 annually. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Follow [this link](#) to apply.

**Director, Donor Recruitment.** LifeStream (San Bernardino, Calif.) located 60 miles east of Los Angeles and 50 miles west of Palm Springs, seeks qualified applicants for its Director, Donor Recruitment position. This position is responsible for developing and directing the blood center's donor recruitment department/plans to achieve collection goals. Scope of responsibilities includes oversight of all mobile and fixed site recruitment. Requires the ability to oversee the daily operations, as well as strategically work toward the long term goals. Must be able to facilitate all operational activities related to recruitment of donors and management of recruitment staff within the expected budget guidelines. Must be an effective leader and have the ability to adapt to change. Excellent salary (with bonus program) and benefits including relocation package. Bachelor's degree required. Demonstrated experience in sales/territory management skills, strong leadership and team building skills, excellent verbal and written communication and public speaking skills and computer literacy. Prior blood center experience preferred. Minimum three years management experience. Successful candidate must demonstrate ability to work closely with Marketing and Collections Managers/Directors to facilitate efficient and effective blood drives. This position reports to the vice president of Operations. LifeStream is an Equal Opportunity Employer, M/F/D/V. Apply online at <https://www.lstream.org/open-positions/>. ♦