

Zika Funding: Where We Stand and Where We're Headed

Issue #34
September 23, 2016

The Zika funding saga has played out like a bad soap opera for the last seven months. And while there is hope that Congress will pass a Zika funding package before the end of the month, there is still no agreement on a final deal. There could be some encouraging language in the latest measure, however, coming from Senate Majority Leader Mitch McConnell (R-Ky.).

Sen. McConnell proposed a continuing resolution to keep the government afloat until December 9—taking the first step towards avoiding a government shutdown if Congress fails to act prior to September 30. The proposed spending measure would provide over \$1 billion in Zika funding, mostly toward developing a vaccine and mosquito population control. The package also included a call for specific coding requirements to be added to the Healthcare Common Procedure Coding System (HCPCS) P-code taxonomy that would adequately reimburse for Zika diagnostic tests recognized by the Food and Drug Administration (FDA). Additionally, the package would include \$400 million in offset funds and would be partly paid for using the State Department's unused money to fight Ebola. Democrats are already saying they will filibuster the bill unless funds are added to address the water system in Flint, Mich.,

Last week, we wrote in the [ABC Newsletter #33](#) about how ABC had filed comments with the Centers for Medicare and Medicaid Services asking for inclusion of such a code within the HCPCS P-codes.

It was February when the World Health Organization declared Zika a public health emergency and said 3 to 4 million people in the Americas would be affected by the virus this year alone. A few weeks later, on February 22, President Obama wrote a letter to the Speaker of the House asking Congress consider an emergency supplemental appropriations to the tune



of \$1.9 billion to help combat and prevent Zika, both domestically and internationally. Following a conference committee, congressional leaders settled on a 1.1 billion Zika-relief measure prior to adjourning for the August recess.

While out on recess, Zika arrived at our doorstep in the foot of Florida and the FDA pushed out their guidance for universal testing of all blood donations at blood banks across the country. Since Congress has come back, we've seen mosquitoes brought to the House floor and the head of the Centers for Disease Control and Prevention (CDC), Thomas Frieden, say his agency is essentially out of money to combat Zika.

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OUR SPACE

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

Zika: A 20,000 Foot View

As Zika funding remains an uphill battle on Capitol Hill, ABC remains steadfast in our advocacy efforts. We continue to work toward an opportunity for a line item funding Zika testing at blood centers, an option that may be the best for long-term sustainability of appropriation.

In hopes for funding within an omnibus bill, ABC has and continues to conduct a series of high-level meetings with House and Senate committees and members of Congress along these talking points:

- Congress and the Administration should recognize the need for full cost recovery under IND associated with universal ID-NAT testing for Zika.
- Congress and the Administration should ensure that implementation of the most recent Food and Drug Administration (FDA) guidance is imposed fairly and consistently among all partners within the blood community; and
- The Administration should examine its risk-based decision making process as it applies to future guidance to ensure the most appropriate standards related to the safety of the nation's blood supply.

Despite significant challenges and obstacles, 84 percent of ABC members report that they will be able to meet all timelines in the FDA guidance for universal Zika testing, according to this month's ABC Zika Implementation Survey. The diligence of ABC members investing in additional training, staff, and instrumentation for laboratories—all without certainty on how these additional costs will be recovered—is a testament to their dedication toward public health and compliance.

ABC has asked for flexibility in implementation from the FDA in regards to universal Zika testing for all blood donations. The FDA has assured us that they will work individually with our members who inform the agency of an inability to comply fully with the donor testing requirements. The FDA remains committed to ID-NAT and has assured ABC that they will not provide special dispensation for any particular collector that they would not for another.

ABC centers that are unable to comply with the August 26th guidance requirements should contact FDA through their Consumer Safety Officer (CSO) to discuss their path to implementation. Your single source for Zika information can be found on our [member site](#). ABC's expert staff is available for consultation at any time.

Christine S. Zambricki

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

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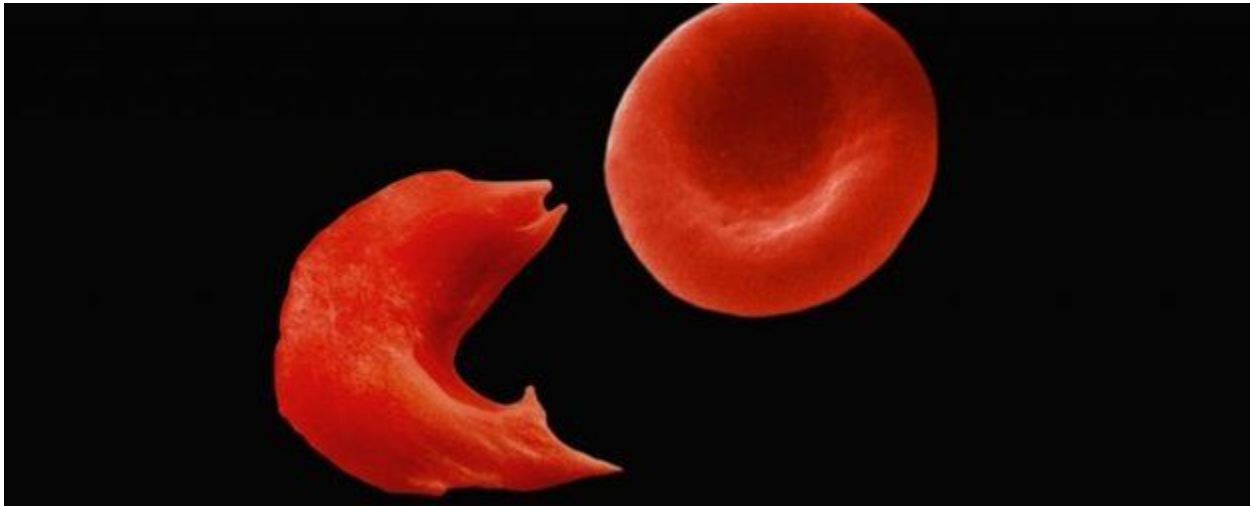


ZIKA FUNDING (continued from page 1)

While Congress may find a resolution to avoid a government shutdown after September 30, the reprieve will likely be short lived. If passed in its current form the Continuing Resolution would expire on December 9, meaning Congress will have to return in a “lame-duck” session to consider a broader, more long-term spending bill.

For more on what ABC is doing for our member centers in terms of Zika funding, see the Our Space column on the next page. ♦

In-Roads Being Made During Sickle Cell Awareness Month



September is National Sickle Cell Awareness Month, as deemed by the federal government since 1983. The Centers for Disease Control and Prevention (CDC) estimates Sickle Cell Disease (SCD) affects approximately 100,000 Americans and is considered the most commonly inherited red blood cell disorder in the U.S. While diagnosis and supportive care for SCD has advanced in the last few decades considerably, there is still no cure for SCD and more could be done in terms of research, wrote the American Society of Hematology (ASH) on their site.

In response to SCD Awareness month, ASH launched a new coalition called the [Sickle Cell Disease Coalition](#) with 20 other organizations, including such for-profit companies as Pfizer and non-profit organizations like the American Academy of Pediatrics. The Coalition was formed to help address several key areas of concern, including: patient access to care, provider training and education, research and clinical trials, and global issues like expanding early intervention.

The Coalition released a report titled, “[State of Sickle Cell Disease: 2016 Report](#),” calling for upgrades in the current treatment and care for SCD patients earlier this month to bring attention to the disease that debilitates so many Americans. In the report, the Coalition stated the current care for such patients as “unacceptable” and demands improvements. The report also highlighted the need for better guidelines regarding red blood cell transfusions, better blood antigen matching for SCD patients with donor-blood, and more long-term studies to determine effectiveness of different treatments for this group.

“Not only are individuals with SCD burdened by the pain and disability that comes with a chronic condition,

(continued on page 4)



IN-ROADS BEING MADE DURING SCD AWARENESS (continued from page 3)

but they also have very few accessible treatment options due to our fragmented health care system,” said ASH President Charles S. Abrams, MD, in a press statement. “This status quo is unacceptable, and we are setting out to change it. ASH is proud to make a difference for people battling this disease worldwide by teaming up with partners from around the globe to launch the Sickle Cell Disease Coalition.”


The latest review of the [Cochrane Cystic Fibrosis and Genetic Disorders Group’s Haemoglobinopathies Trials Register](#) highlights this lack of well-reported trials and data. Iranian researchers wanted to assess the effectiveness of blood transfusions for treating acute chest syndrome (ACS)—the main killer of children with SCD, by comparing data on outcomes of patients who received transfusions versus those SCD patients who received no transfusions. Searching the register—which contains information from journals, clinical trials and other sources—the authors found only one randomized controlled trial on transfused versus not transfused SCD patients suffering from ACS. From that one study, only four participants were reported to have received red blood cells and none of those four developed ACS. Naturally, the lack of data was not enough to make any reliable conclusion.

Another example making it hard to collect data on which to base research comes even in death. According to a [March report by the CDC](#) and the National Institutes of Health (NIH) [errors on death certificates](#) inaccurately reflected the cause of death for half of the 615 people who died from SCD in California and Georgia just between the years 2004 and 2008. These two lapses in well-reported SCD figures are just a couple examples of how it could be tough to fully understand and move ahead with SCD research when there is a fault with data collection and statistics.

The new coalition does recognize 36 clinical trials are underway testing new approaches toward an SCD cure and treatments, some using bone marrow transplantations and gene therapy; but also notes the trials are years away from completion and would produce very expensive, and therefore limiting, cures and treatments with high risks associated with them.

Some help could potentially come from the U.S. House of Representatives soon with bill HR 1807, “The Sickle Cell Research Surveillance, Prevention and Treatment Act of 2015,” that would require the Department of Health and Human Services to establish grants aiding in SCD data collection, improve access to care for SCD patients, and identify strategies toward preventing and treating complications associated with the disease. The Energy and Commerce’s (E&C) sub-committee on health had a hearing on September 8 which heard testimony from the president of the Sickle Cell Disease Association of America, Sonja Banks. The bill should now go for a markup in the subcommittee and then be sent to the E&C for a final vote.

With gene and stem cell replacement therapy and advances in medicine happening at a staggering rate in the last few years—coupled with the potential for government funding—more research and treatment opportunities could be on the horizon for sickle cell disease patients. (Source: The [Energy and Commerce Committee website](#))

Citation: Dastgiri S., Dolatkah R. Blood transfusions for treating acute chest syndrome in people with sickle cell disease. Cochrane Database of Systematic Reviews 2016. DOI: 10.1002/14651858.CD007843.pub3. 



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INSIDE ABC

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

ABC's 2016 IT Workshop: A Melding of IT Minds

The 2016 ABC IT Workshop, sponsored by BBCS, HealthCare-D, and MAK-System, was held in Minneapolis, Minn. last week. Graciously hosted by Innovative Blood Resources, the meeting brought IT professionals together from across the nation to learn, discuss, and most importantly network with their peers. The first half-morning session explored the impact of mergers and acquisitions on IT infrastructure and strategy. It began with Dave Green, president, Blood Centers Division at Blood Systems, Inc. providing an intriguing environmental assessment of the industry and challenging the attendees to “think as a business person, not an IT person ... don't talk about all the lingo.” The key to success, Mr. Green noted, is to align IT and business strategies by helping senior leadership understand the challenges and how to overcome them. With that approach, IT then becomes a trusted partner, earning a seat at the table.

Following Mr. Green, three IT executives discussed their individual organizations' approaches to mergers which represented three different sizes of operations: Bob Eluskie, director of Information Technology at Versiti; Bob Hartmann, vice president and chief information officer for Blood Systems, Inc.; and Pearse Ward, director of information systems from Memorial Blood Centers. When asked how many in the audience had been part of a merger or an acquisition, nearly 50 percent of the attendees raised their hands. Then when asked who believed their organizations would be part of a merger in the future, another 50 to 60 percent raised their hands—a very telling display.



Mr. Green presenting at the ABC IT Workshop.

Mergers are complex and the complexity only increases with more mergers. Those being acquired feel threatened and there is a general fear and resistance to change coupled with the lack of control in their own fate. A general consensus of all the speakers is that communication is key. Open communication builds trust and moves everyone beyond the “mine versus yours” mentality to one of “ours.” While it is easy to think the largest challenge is the fusion of two separate Blood Establishment Computer systems (BECS), during a merger, there are other systems to consider, including quality, finance, risk management, supply chain, and the hundreds of applications that support them all—and don't forget the networks they all reside on. The challenge is daunting. It is not just integrating the technology, it's the processes and cultures. The take away message is integrating the technology is easy, but integrating the processes and cultures can be tricky. A clear plan of action and open communication will see organizations through this rough patch and onto to smoother roads.

Gus Cortes was the first speaker after lunch and spoke about how to sell to executives, weaving together blood banking industry trends, organizational culture and processes, and compliance issues. The presentations ended with Mr. Eluskie coming back on stage to discuss weaknesses, customer-facing components like the Help Desk and customer satisfaction levels, and Service Desk operations.



INSIDE ABC: IT WORKSHOP (continued from page 5)



The evening closed with a well-attended and enjoyed reception where the attendees got to know their colleagues from other organizations. The highlight of the workshop was the round table discussions of network infrastructure and tools, staffing and security. These topics were facilitator-led open discussions of the issues and challenges faced by blood center IT departments. Each table discussed all three topics, followed by the facilitators summarizing the topics overall for the group collectively. Overwhelmingly, it was the open discussion that the attendees

indicated they valued the most. ABC would like to thank all those who participated and we hope to see you all again at another ABC workshop or meeting soon! ♦

RESEARCH IN BRIEF

Australian researchers may have found a way to improve stem cell mobilization for transplantation purposes. Mobilized peripheral blood hematopoietic stem cell (HSC) transplants for patients with hematologic diseases has greatly reduced the use of traditional bone marrow transplants, but the process of mobilizing those stem cells from donors requires expensive granulocyte colony-stimulating factor (G-CSF). In a study of both mice and humanized mice, these researchers found that the combination of a small molecule N-(benzenesulfonyl)-L-prolyl-L-O-(1-pyrrolidinylcarbonyl) tyrosine²² (BOP), and AMD3100—both of which bind to certain proteins in the bone marrow cells—greatly improved HSC mobilization with fewer side effects.

Citation: Cao B., Zhang Z., Grassinger J., *et al.* Therapeutic targeting and rapid mobilization of endosteal HSC using a small molecule integrin antagonist. *Nature Communications*. March 15, 2016. DOI: 10.1038/ncomms11007.

Danish scientists discovered no transfusion-transmitted hepatitis E virus (HEV) in a recent study. After testing 25,637 donor samples for HEV RNA for five weeks in 2015, Danish scientists found 11 donations were HEV RNA that were considered positive (0.04 percent; 95 percent confidence interval [CI], 0.02 - 0.07 percent). Fifteen recipients were identified, seven of whom had died before the “look-back” study could be done (none with illness suggesting viral hepatitis). Of the remaining recipients, six received red blood cell units containing ca. 10 mL of plasma and one patient received pooled cryoprecipitate containing 30 mL of single-donation plasma. All these recipients were negative for HEV RNA and anti-HEV IgM tests one to four months after their transfusions.

Citation: Harritshøj L.H., Holm D.K. Sækmose S.G., *et al.* Low transfusion transmission of hepatitis E among 25,637, *Transfusion*. July 7, 2016. DOI:10.1111/trf.13700

In a review of data on 3,840 children with sickle cell disease (SCD), researchers found most of those who could benefit from evaluation with transcranial Doppler ultrasound (TCD) were not being tested. Researchers reviewed patient data from the 26 sites participating in the STOP and STOP II clinical trials that demonstrated the benefit of TCD. Of the 1,896 children who should have been receiving TCD and chronic red cell transfusion (STOP protocol) to minimize the likelihood of an ischemic stroke, only 57 percent had any evidence of rescreening. The STOP protocol was found to help prevent ischemic strokes among SCD patients with Hemoglobin SS or Sbeta⁰thal (by as much as 90 percent).

Citation: Adams R.J., Lackland D.T., Brown L., *et al.* Transcranial Doppler Re-screening of Subjects who Participated in STOP and STOP II. *American Journal of Hematology*. September 13, 2016. DOI: 10.1002/ajh.24551. ♦




BRIEFLY NOTED

A new international vaccine coalition formed to help combat infectious diseases around the globe. The [Coalition for Epidemic Preparedness Innovations \(CEPI\) launched its website](#) on September 2 and consists of five partners: the Bill & Melinda Gates Foundation, World Economic Forum, the governments of Norway and India, and the Wellcome Trust. Their main mission is the development of vaccines before an epidemic outbreak occurs, but the coalition is also focusing efforts on creating diagnostic and therapeutic methods and tools to contain outbreaks. The CEPI was recently noted on Bloomberg.com as being in talks to possibly become a backer of the [GlaxoSmithKline PLC biopreparedness unit](#), a division of Glaxo dedicated toward vaccine development that would not generate a significant profit for the company. (Source: [CEPI.net](#), September 2, 2016.)

Childhood cancer rates have fallen, reported the National Center for Health Statistics (NCHS) to the Centers for Disease Control and Prevention (CDC). During the 15 years between 1999 and 2014, the cancer death rate for children between the ages of one and 19 fell by an average 20 percent (2.85 to 2.28 per 100,000). Leukemia also dropped off as the number one cancer-killer for children (29.7 percent in 1999 vs. 24.9 percent in 2014), and was replaced by brain cancer (23.7 percent in 1999 vs. 29.9 percent in 2014), which accounts for three out of 10 of the most common cancer deaths amongst children in 2014. Non-Hodgkin's lymphoma cancer also dropped from 4.8 percent of childhood cancer deaths to 3.9 percent. (Source: CDC, [Declines in Cancer Death Rates Among Children and Adolescents in the United States, 1999–2014](#). September 16, 2016.)

The AABB Board of Directors updated their policy titled, “[Conflicts of Interest and Confidentiality](#),” per the AABB Audit and Ethics Committee recommendations. The updated policy decreases the amount of money an AABB board member, committee member, staff or their family members, and volunteer assessors can receive from a company addressed in any AABB standard from \$15,000 to \$5,000. In addition, the recommendations include receiving \$5,000 in payments for any combination of paid consultancies, speaker fees, honoraria, expert testimony, research funding or royalties; or gifts valued at more than \$500. The new policy takes effect on Oct. 1, 2016, when it will be posted on the AABB website along with updated FAQs. (Source: AABB Weekly Report, September 16, 2016.)

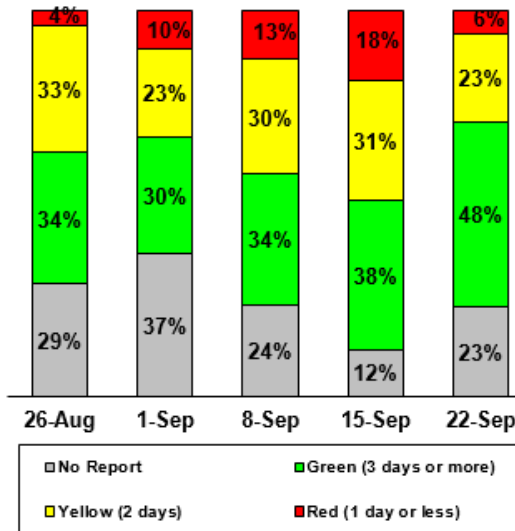
Many initiatives are missing their goals and not addressing the underlying causes of maternal health concerns, reads a commentary in *The Lancet*. A major reappraisal of Sustainable Development Goals to address maternal health are in order. While many groups are focused right now on maternal health in regards to Zika and access to contraception (to prohibit the spread of infectious diseases and sexually transmitted disease), there is a deeper need to look at the overall landscape of maternal health care, including social status, access to mental health support, and sustainable policies, to advance maternal health around the globe. The commentary noted “*The Lancet* now publishes a series of six papers that dissect the epidemiology of maternal health, the landscape of maternal health care and services, and the future challenges and strategies to improve maternal wellbeing.” The authors added that maternal health also needs to include programs that encompass newborn health initiatives and called upon the United Nations, including the World Health Organization, to develop call-to-actions for their member countries and international partners to scale up their efforts to help mothers and their newborns stay safe and healthy.

Citation: Ceschia A., and Horton R. Maternal health: time for a radical reappraisal. *The Lancet*. September 15, 2016 online. DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)31534-3](http://dx.doi.org/10.1016/S0140-6736(16)31534-3). 

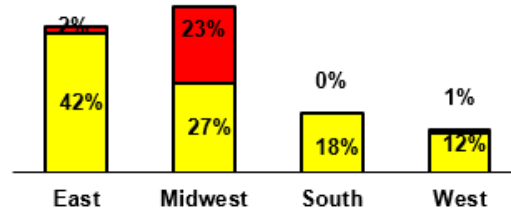


STOPLIGHT®: Status of the ABC Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, September 22, 2016



Daily updates are available at: www.AmericasBlood.org

Percent of Total ABC Blood Supply Contributed by Each Region
East: 20%; Midwest: 25%; South: 14%; West: 31%



Register for the ADRP Recruitment and Collection Team Strategies Webinar

ADRP’s Recruitment and Collection Team Strategies webinar will be held on October 20 and focus on strategies for effectively breaking down walls between the donor recruitment and donor collections staff. This webinar includes information on recognizing the breakdown of communication lines, developing a communications plan, executing the plan to change morale between the two departments, and achieving those goals. The presentation was highly rated at the 2016 ADRP Conference in Orlando. As one attendee said, “Awesome presentation. I think I had almost a dozen light bulbs go on.” The webinar is set for Thursday, October 20 at 3 p.m. EST. It will also be recorded for those, nationally and internationally, who are unable to attend. [Sign up to attend the webinar now.](#) 📌



REGULATORY NEWS

The Senate Health, Education, Labor & Pensions Committee (HELP) held a [hearing](#) on laboratory developed tests (LDTs) on September 20. The Food and Drug Administration (FDA) defines an LDT as a type of in vitro diagnostic test that is designed, manufactured, and used within a single laboratory. The committee met to hear the testimony from representatives of the Memorial Sloan Kettering Cancer Center in New York, N.Y.; NorthShore University HealthSystem in Evanston, Ill.; BD Life Sciences from Research Triangle Park, N.C.; and the Friends of Cancer Research, based in Washington, D.C. On April 19, the House Appropriations Committee (HAC) included language in the [FY 2017 Agriculture Appropriations Bill](#) that directed the FDA to suspend efforts to finalize its [guidance](#) on LDT regulation that would require all labs to notify the FDA of all of the LDTs manufactured, prepared, propagated, compounded, or processed by their laboratories. Instead, the HAC required Congress to develop a new regulatory pathway for LDTs. While the American Hospital Association submitted comments to the FDA last year stating they found the agency's draft framework for regulatory oversight of LDTs, "while well-intentioned," yet "inappropriate" and that it would "lead to a loss of patient access to many critical tests;" Advanced Medical Technology Association urged appropriators to not to delay the FDA's plan, arguing that current oversight is no substitute for FDA regulation. ABC will continue to monitor this topic as it could impact a number of our ABC member blood centers who run lab tests within their facilities. (Sources: HELP website, [Laboratory Testing in the Era of Precision Medicine](#). September 20, 2016; FDA, [LDTs](#); American Hospital Association newsletter, September 20, 2016.)

The Food and Drug Administration (FDA) announced [a Risk Communication Advisory Committee Meeting](#) will be held on November 7, 2016. The meeting will be from 8:30 a.m. to 5 p.m. in the FDA White Oaks Campus at 10903 New Hampshire Avenue, Building 31, the Great Room (Rm 1503), in Silver Spring, Md. The committee will meet to discuss and make recommendations on FDA's draft strategic plan for risk communication and health literacy to better communicate the risks and benefits of FDA-regulated products. Presentations on the FDA's external communication efforts and how they relate to the draft plan will also be heard. To present at the meeting, contact [Sheryl Clark via email](#) or call (240) 402-5273. 📍

INFECTIOUS DISEASE UPDATES

The Centers for Disease Control and Prevention (CDC) updated its guidance on Monday for those traveling to the Wynwood area of Miami, Fla., just north of downtown. The CDC changed their guidance advising pregnant women to stay away from the area to recommending pregnant women use preventative measures like insect repellent, and continue to use condoms with any partner. Women and men wanting to become pregnant should abstain from sex with their partner who have traveled to the area for eight weeks if asymptomatic and abstain from sex with a symptomatic partner for six months before attempting to conceive. The CDC attributed the lack of Zika infections in the area since last month on the controversial aerial spraying that took place over the last few weeks in the Miami Beach area. A total of 43 locally transmitted mosquito-borne cases were reported to the CDC from all areas of Florida, 26 of which were believed to be sexually transmitted cases. (Source: CDC, [CDC updates guidance for Wynwood \(FL\) neighborhood with active Zika transmission](#). September 19, 2016.)

Eighteen volunteers were injected with a trial Zika vaccine at the University of Maryland (UMD) last week. News reports stated that most of the volunteers are scientists and all of them are being paid about \$1,500 for participation in the trial. UMD is one of three sites for the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), trials, the other two being the NIH Clinical Center in Bethesda, Md., and Emory University in Atlanta, Ga. The vaccine consists of Zika virus DNA and is similar to the West Nile Virus vaccine developed by NIAID. Another 12 UMD volunteers

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INFECTIOUS DISEASE UPDATES (continued from page 9)

will be injected by the month's end with a full 80 volunteers in all three locations by the trial's end. All UMD participants will return within 44 weeks of the first vaccination so a full physical assessment and blood samples can be drawn to help determine the safety and efficacy of the vaccine. (Source: *Baltimore Sun*, [University of Maryland begins testing Zika vaccine](#). September 14, 2016; NIAID, [NIH Begins Testing Investigational Zika Vaccine in Humans](#). August 3, 2016.)

A University of California, Davis-led team of researchers found certain genes in a type of malaria-transmitting mosquito could determine which host the insect prefers to make a meal of—human or cattle. Forty-eight *Anopheles arabiensis* mosquitoes, the main transmitter of malaria in many parts of Africa, were collected in Tanzania from indoor (n=24) and outdoor (n=24) resting sites, that had fed on cattle (n=25) and humans (n=23). The researchers sequenced the 4.8 million segregating genetic markers of the mosquitoes and found who the mosquitoes picked to feast on could be determined by a certain chromosomal combination. They then used this information to develop a genotyping assay on 363 female mosquitoes and the researchers were able to identify two gene candidates for who was the preferred host. The findings could help in future research toward developing genetically modified mosquitoes in the area who do not feast on humans and help decline malaria transmission rates.

Citation: Main B.J., Lee Y., Ferguson H., et al. The Genetic Basis of Host Preference and Resting Behavior in the Major African Malaria Vector, *Anopheles arabiensis*. PLOS Genetics. September 15, 2016. DOI: <http://dx.doi.org/10.1371/journal.pgen.1006303>.

MEMBER NEWS

A blood donor with the Community Blood Center won a trip to Alaska for two. James Finnegan and his son won the trip after Finnegan went in to donate blood at a Community Blood Center (CBC) in Dayton, Ohio, blood drive. Donors who registered with Dayton-based CBC from May 2 to September 3 were automatically entered into the “Wild About Alaska Adventure for Two Summer Blood Drive.” Finnegan entered the drawing when he donated on June 1 at the Fort Hamilton Hospital blood drive. Finnegan has donated a total of eight gallons over his 49 donation visits and his son, Colin, an Army veteran and college student, has donated four times. The two celebrated their win by visiting the Dayton CBC and donating blood again. (Source: *Journal-News*, [Hamilton blood donor wins Alaska trip](#). September 17, 2016.)



Photo credit: Journal-News

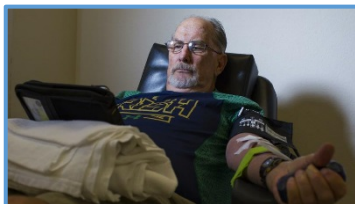


Photo credit: San Diego Union Tribune

Nearly every two weeks for the last 40 years, Stephen McMeeken has donated platelets or blood to the San Diego Blood Bank (SDBB). He hit the 152 gallon mark this last month and was celebrated with a profile piece in the *San Diego Union Tribune* as the blood bank's top donor. McMeeken donates in the name of his nephew who died six years ago from an unspecified genetic blood disease that left the man deficient in white blood cells. SDBB was also highlighted in the article, stating they rely on super donors like McMeeken to help supply the local hospitals with the blood and platelets they need to help patients. David Wellis, PhD, CEO of SDBB, told the paper just 3 percent of San Diego residents donate blood. McMeeken's son Sean learned from his father how precious the gift of blood donations can be and is now a 15 gallon donor himself. (Source: *San Diego Union Tribune*, Focus: Blood Bank's top donor at 152 gallons, and counting. September 13, 2016.)

(continued on page 11)



MEMBER NEWS (continued from page 10)

Hoxworth Blood Center joined forces with the Care Center Animal Blood Bank for their fifth annual blood drive for man and his best friend on Saturday, September 14. The “donate with your dog” blood drive registered 32 dogs and 40 humans during the event and entered all humans into the Hoxworth Premier Donor Club. The Premier club allows donors to schedule appointments, track their donations and be rewarded with gifts. The blood drive collected 32 blood products and signed up 10 first-time blood donors for Hoxworth. The Care Center raised \$313 by selling raffle tickets for a gift basket and \$5 dog footprint canvas. (Source: Hoxworth press office; *Fox19.com*, [Local Blood Drive is Going to The Dogs](#). September 17, 2016.) ♦



Photo courtesy Hoxworth Blood Center

PEOPLE



Roy Roper, president and chief executive officer of the Blood Bank of Delmarva (BBD), announced his pending retirement in a message to his staff on September 19. His retirement will be effective March 2017. Mr. Roper joined the blood bank in December 2009 as vice president of Administrative Services and was named president and CEO in January 2011. “It has been a pleasure being part of BBD for almost seven years. It has been a great experience knowing and working with so many fine employees. I appreciate being part of the BBD family, and am grateful for the opportunity to serve as your CEO and President,” Mr. Roper said in the announcement. During his tenure as CEO, Mr. Roper led BBD through an ongoing process of changes in response to significant shifts occurring in healthcare and related transfusion medicine environments. In

addition to developing new customer products to benefit patients, he also led the effort to expand BBD’s laboratory testing capabilities, including the installation of a new high-speed automated track processing system—the first of its kind at any blood center in the nation. Under Mr. Roper’s leadership, BBD also became the second blood bank in the country to implement the INTERCEPT® blood system for pathogen reduction in platelet products. A succession team has been formed to help find a new CEO for BBD.

LifeStream’s chief medical officer D. Joe Chaffin, MD, was the invited speaker for the Michele D. Raible Lecture for Residents at the 2016 American Society for Clinical Pathology (ASCP) Annual Meeting in Las Vegas. Dr. Chaffin presented, “How Will You React? A Simple Approach to Transfusion Reactions,” to more than 200 pathology residents, as well as other physicians and laboratorians in attendance. The lecture honors the memory of Michele D. Raible, MD, PharmD, and her dedication to medical education and positive impact on the lives of medical students. ASCP Resident Council chooses the speaker to recognize an individual who mirrors the achievements of Dr. Raible, an education leader who improved the lives of a multitude of students, residents, fellows, administrators, faculty, and patients. The Council recognized Dr. Chaffin for his more-than-20 years of transfusion medicine educational efforts, targeting pathology residents, including his award-winning website, [Blood Bank Guy](#). (Source: LifeStream, September 19, 2016.)



(continued on page 11)

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!

PEOPLE (continued from page 12)

Martin Landon will become the chief executive officer of BioBridge Global, effective October 1, 2016. BioBridge Global is a nonprofit company that oversees and supports the South Texas Blood & Tissue Center, QualTex Laboratories, GenCure, and The Blood and Tissue Center Foundation. Mr. Landon is leaving his position as CEO of CeloNova BioSciences Inc., a global medical device company headquartered in San Antonio, Texas, to take the position. According to his biography online, Mr. Landon has over 20 years of management experience in the healthcare industry, including former positions as chief financial officer and chief executive officer of both public and private companies. From 1994 to 2012, Mr. Landon worked at Kinetic Concepts, Inc., where he “participated in numerous acquisitions, financial and securities transactions, and led numerous process improvement and IT initiatives” that helped to grow the company significantly. A former licensed certified public accountant for 26 years (currently inactive), Mr. Landon received his BA in Accounting from Benedictine College in Atchison, Kan. He will continue to serve on the CeloNova Board of Directors. (Source: *San Antonio Business Journal*, [SA-based global biotech company taps former KCI executive for new CEO](#). September 19, 2016.) ♦

Calendar

2016

Sept. 29. **38th Annual Alexander S. Wiener Lecture, New York, NY.** To read the program and register online, [click here](#).

Oct. 6-7. **Pre-Clinical Evaluation of Red Blood Cells for Transfusion, Bethesda, Md.** To register for the workshop, click [here](#).

Oct. 22-25. **AABB Annual Meeting, Orlando, Fla.** More information available [here](#).

Oct. 31-Nov. 1. **FDA 510(k) Submissions Workshop, Washington, D.C.** Find out more information and register [here](#).

Nov. 2. **FDA IDE Submissions Workshop, Washington, D.C.** Find out more information and register [here](#).

2017

Mar. 2-3. **IPFA 2nd Asia Workshop on Plasma Quality and Supply, Yogyakarta, Indonesia.** To register for the workshop, click [here](#).

Mar. 24-28. **Annual Meeting, America’s Blood Centers, Washington, D.C.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

May 1 -3. **ADRP 2017 Annual Conference, Chicago, Ill.** More information is available on the [website](#).

May 16-17. **IPFA/PEI 24th International Workshop on “Surveillance and Screening of Blood-borne Pathogens”, Zagreb, Croatia.** To register, click [here](#).

Mar. 25. **Board Meeting, America’s Blood Centers, Washington, D.C.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 1-4. **Summer Meeting, MD Workshop & Golf Tournament, America’s Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 3. **Board Meeting, America’s Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

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

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: lmaundy@americasblood.org.

POSITIONS

Chief Medical Officer. San Diego Blood Bank (SDBB) is searching for a Chief Medical Officer (CMO) to provide medical oversight of our opportunities in blood banking, including our reference and cell therapy laboratories, and in life science research and clinical trials, including the Precision Medicine Initiative. The CMO will help drive SDBB's efforts to position itself as a visionary leader in both its traditional blood banking market as well as in emerging life science markets, to achieve its overall blood collection and revenue goals. The position accomplishes this through a respectful, constructive and collaborative style, guided by local, state and national regulations and the objectives of the company. With its great weather, vibrant academic life science community, miles of sandy beaches and major attractions, San Diego is known worldwide as a great place for residents to collaborate, engage and relax year round. M.D. or D.O. degree, subspecialty board certification in hematology or transfusion medicine preferred. Active, unrestricted CA medical license. **SDBB is an Equal Opportunity Employer.** EOE/Minority/Female/Disability/Vets. Apply [online](#).

System Analyst. Gulf Coast Regional Blood Center, located in Houston, Texas, is seeking a System Analyst to perform software testing, validation of the enterprise software and computer systems, as well as manage several projects, including software and system upgrades, new implementations, training materials, etc. The candidate must have a bachelor's degree from an accredited college or university in Computer Systems or Information Technology, along with a minimum of three years' work experience in computer support or training role. Must have good customer service and interpersonal skills. Must be detail oriented. Hours are Monday through Friday, 8 a.m. to 5 p.m. Applicants must apply online at www.giveblood.org. Job Id: 2221 or [here](#).

Manager, Reference Laboratory. Blood Bank of Hawaii is seeking a qualified individual to supervise its basic-level immunohematology and product quality control testing services. We are a nonprofit, community-based organization that provides blood components and clinical/technical services to hospitals, physicians and patients throughout Hawaii. Successful candidate will provide supervision for patient and product quality control testing, donor lookback and batch release. Responsibilities include supervision, employee counseling and evaluation, and other standard supervisory functions. Requires BA/BS in relevant field; eligible for State of Hawaii Clinical Laboratory Scientist License and

four years relevant experience. Previous blood bank/hematology experience desired. Certification as a Specialist in Blood Banking (SBB) is preferred, but not required. Please visit our website at www.BBH.org to complete an online application.

Medical Technologist MT/MLT. Our techs perform immunohematology reference work and consultations for our customer hospitals in a pleasant and low stress environment. In addition to reference work, our techs process samples for outsourced testing; evaluate laboratory data and test results; investigate and resolve process issues; assist with evaluation, validation and implementation of new technology and instrumentation. Duties: Assist in the preparation of all components, including special components. Performs basic laboratory computer functions. Organize, identify and label blood and blood components with complete accuracy. Qualifications: Qualified candidates will have a stable work history and a bachelor's degree with a certification in Medical Technology. Candidate can also be a Medical Lab Technician but must have at least two years of experience. One to two years laboratory experience preferred. SBB, BB or previous experience in a blood bank a plus. We have an excellent training program to ensure you're completely comfortable with the procedures you will be asked to perform. Hours: 4:00 p.m. -12:30 a.m. Monday -Friday with rotating weekends and an "on-call" schedule! **MUST BE ABLE TO TRAIN ON DAY SHIFT!** To view the full description and apply [online](#). It's a great time to join us in our life saving mission - you'll be glad you did!

Senior Manager Donor Care. Blood Centers of the Pacific located in San Francisco seeks Senior Manager for our Donor Care division. Responsible for the oversight of all aspects of technical and administrative functions of blood centers' donor care operations ensuring quality, accuracy, excellent customer service and efficiency of department. Major responsibilities include staff management, staff training, project management, formulation and implementation of department goals, and department budgeting. Requires BA/BS in related field; five years relevant experience in healthcare administration management (three years of which were in a managerial/supervisory capacity); experience in blood center collections department, valid CA CLS or CA RN license a plus. Equivalencies considered. To apply, visit our [employment page](#). Requisition #16000909. Blood Centers of the Pacific is an equal opportunity employer: EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups. Our organization participates in E-Verify. ♦