

**Breaking News**

**Zika Funding...Finally!**

On Thursday, with just one day left before the end of the fiscal year, President Obama signed a short-term spending bill into law that will fund the government through December 9. The bill easily cleared both chambers Wednesday, with a vote of 72 to 26 in the Senate and 342 to 85 in the House of Representatives. The spending bill includes \$1.1 billion in Zika funding, most of which will be used to help in the development of a Zika vaccine and mosquito population control. Congress will return to Washington following the November elections for a lame-duck session in which the top priority will be passing a more long term appropriations bill. ABC continues to advocate to key legislators and congressional committees that this bill includes cost-recovery relief to blood centers for universal testing for Zika. To read more about the funding and the bill, read our story from [Newsletter #34](#). ♦

**35<sup>th</sup> Annual Immunohematology & Blood Transfusion Symposium**

The National Institutes of Health (NIH) held their 35<sup>th</sup> annual immunohematology and blood transfusion symposium at the Masur Auditorium at the NIH campus in Bethesda, Md. The speakers consisted of pediatric and adult hematologists, directors of blood management programs, chief medical officers, and NIH investigators. Major topics included gene therapy, pathogen reduction, and appropriate use of blood products and components. The symposium was broken into three sessions, filling the day with detailed recent findings and analysis from all those presenting.

Session one started with Craig Kessler, MD, professor of medicine and pathology and section chief of hematology at Georgetown University. Dr. Kessler talked about the evolving science of treating hemophiliacs and discussed the approaches being used to minimize morbidity among severely affected patients. He emphasized impacts of longer product half-lives from the historic use of cryoprecipitate to current chemically modified recombinant factors VIII and IX for hemophiliacs.

Session one continued with Steven M. Frank, MD, associate professor at Johns Hopkins Health System's Blood Management Program and the director of the Center For Bloodless Medicine and Surgery. Dr. Frank discussed his perspective on hospital blood use. Using data from eight randomized clinical trials in the *New England Journal of Medicine* and the



*Journal of the American Medical Association*, Dr. Frank said the studies pointed to the same outcome—there are no clear benefits to giving patients extra blood

(continued on page 3)

Issue #35  
September 30, 2016

**INSIDE:**

Our Space:  
Traumatic Whole Blood .. 2  
A Cornucopia of Responses: ABC FLSA Survey..... 4  
RESEARCH IN BRIEF.... 5  
RECENT REVIEWS ..... 7  
GRANT OPPORTUNITIES ..... 7  
BRIEFLY NOTED ..... 8  
STOPLIGHT®: Status of the ABC Blood Supply, 2015 vs. 2016 ..... 9  
Register for the ADRP Recruitment and Collection Team Strategies Webinar ..... 9  
INFECTIOUS DISEASE UPDATES..... 10  
MEMBER NEWS ..... 10  
PEOPLE ..... 11  
GLOBAL NEWS..... 11  
COMPANY NEWS..... 12  
Calendar ..... 12  
POSITIONS ..... 13



## OUR SPACE

### ABC President Susan Rossmann, MD, PhD Traumatic Whole Blood

The trauma surgeon called in his friendly way. “We’d like to talk about whole blood. Do you think the blood center could supply that?” Of course we collect whole blood, so how hard could it be to provide it? I knew there was a backstory. Trauma surgeons, to their credit, are among the most knowledgeable users of our blood products. Through ongoing registries, clinical trials, and basic science research, they seek both to find the best products for their critically injured patients and to elucidate the mechanisms by which these products work. They have spoken regularly at our conferences and published in our journals. So we should at least listen.

The whole blood requested was of course not exactly the whole blood the donor gave. In this case, we are looking at “cold whole blood” (CWB), Group O, and tested for anti-A and anti-B, so it can safely be given to any male and most females and is leukoreduced with a platelet-sparing filter. The “cold” ensures it can be stored for a number of days. Most of us were taught that chilly platelets don’t do well, but recent studies suggest an excellent immediate effect in stopping bleeding, though they are rapidly removed from circulation.

Where did this new paradigm arise? Not surprisingly, the military, which by its nature in combat sees the most severe trauma cases. In the Iraq and Afghanistan wars, practice has moved over the years from a balanced red cell, plasma, platelet ratio to transfusion of whole blood. Now the practice may be coming back to the states.

What does this mean for blood centers? Our challenges would seem to be mostly in workflow and logistics. We will need to NOT spin down all the whole blood units as they come through the door, but to evaluate suitability for use as whole blood, and for these use a different leukoreduction filter. The testing for anti-A and anti-B should not be impossible, though it may be challenging to implement in a timely fashion. Of course all of this will only apply to a portion of our daily draw. All of our LEAN training may be put to the test. I won’t even mention economics.

The payoff though for patients may be considerable, if this works as well in civilians as it seems to in soldiers. And it provides an opportunity for blood centers to provide a special product that our hospitals want a version of our original product. We can use a classic kind of innovation—something old is new again. ♦

[rossman@giveblood.org](mailto:rossman@giveblood.org)

The *ABC Newsletter* (ISSN #1092-0412) is published 46 times a year by America’s Blood Centers® and distributed by e-mail. Contents and views expressed are not official statements of ABC or its Board of Directors. Copyright 2016 by America’s Blood Centers. Reproduction of the *ABC Newsletter* is forbidden unless permission is granted by the publisher. (ABC members need not obtain prior permission if proper credit is given.)

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

#### America’s Blood Centers

President: Susan Rossmann  
CEO: Christine S. Zambricki  
ABC Publications Editor: Lisa Spinelli  
Subscriptions Manager: Leslie Maundy  
**Annual Subscription Rate: \$390**

Send subscription queries to:

[lmaundy@americasblood.org](mailto:lmaundy@americasblood.org)

America’s Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to [newsletter@americasblood.org](mailto:newsletter@americasblood.org).

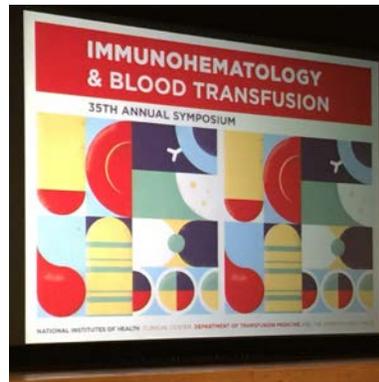


### 35TH ANNUAL IMMUNOHEMATOLOGY & BLOOD (continued from page 1)

when their hemoglobin levels were higher than 7 or 8 mg/dL in the populations studied. Dr. Frank and his team then

analyzed the blood usage of thousands of surgeons and anesthesiologists at Hopkins using blood ordering data in their electronic data records. They examined hemoglobin triggers and charted the information using the physician names on a spreadsheet then publicly posted the data. A major decline in usage has been demonstrated, he said: a 54 percent reduction in use of packed red blood cells for a patient with a hemoglobin level above 8 mg/dL and a 14 percent overall reduction in utilization.

The Richard J. Davey, MD Award was presented to Edward L. Snyder, MD, FACP, MCAP, professor of laboratory medicine and associate chair of clinical affairs at the Yale School of Medicine and director of the apheresis and transfusion service and the blood bank at Yale-New Haven Hospital. Dr. Snyder provided his positive assessment of the utility of pathogen reduction (PR). He noted the robustness of PR not just for Zika, but Babesia and other infectious agents as well, and likened the costs of PR to that of an electric car, while the sticker-price may shock you at first, the cost-savings in the long run could save a large hospital millions of dollars. "It's not a joke \$3 million (in upfront costs) for some hospitals...but that could be the cost of the next settlement from a bacterially-infected unit," he warned. The pushback, he noted, will be much like what happened with leukocyte reduction filters, but even with cost-effectiveness in mind hospitals and blood centers know it's "the right thing to do for patients," he said.



John Barrett, MD, senior investigator of the Stem Cell allogeneic transplantation section with the National Heart Lung and Blood Institute at NIH, provided a presentation about antiviral cell therapy. He discussed how his team has developed antiviral cell therapies to prevent cytomegalovirus (CMV) and Epstein-Barr virus (EBV) infections after stem cell transplantation. For many stem cell recipients, especially patients with acute leukemia, offering vaccines and other interventions to prevent these infections may not be practical, and his NIH team has created a peptide-based prophylaxis and are conducting a clinical trial showing 96 percent prevention of CMV and EBV in early results.

Sandra Nance, MS, MT, (ASCP), SBB, senior director of Immunohematology Reference Laboratory (IRL) at the American Red Cross Blood Services, Penn-Jersey Region, described a monolayer assay to detect rare antigens and her lab's abilities to run independent laboratory tests, and described a variety of serological techniques in use at IRLs. During a question and answer period Ms. Nance was asked for her thoughts on recent developments regarding the FDA's proposed regulation of laboratory developed tests. "The FDA does need to regulate some tests out there. We as reference labs...these techniques are not available in hospitals now...It's really important, blood centers are extensions of the transfusion event, the

(continued on page 5)



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

## INSIDE ABC

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

### A Cornucopia of Responses: ABC FLSA Survey



ABC would like to thank all the respondents to the ABC Human Resources Committee flash survey regarding the Fair Labor Standards Act (FLSA) final rule. The new FLSA rule, which passed in June but implementation has now been delayed six months (originally slated to take effect December 1, 2016), will raise the salary level for employees who can receive overtime pay. Now employers with workers making \$47,000 per year or less are required to pay them if they work overtime hours. The move nearly doubles the salary threshold, previously at \$23,660 per year, and has caused concern in the small business and nonprofit world, where many organizations work on a very limited budget with many restrictions and are concerned they will either have to let some staff go or change the employees' statuses. Some of our blood center executives have previously expressed that the new rule could cost their blood center anywhere from \$100,000 to \$1.5 million annually. America's Blood Centers' CEO Christine Zambricki, DNAP, CRNA, FAAN, submitted [comments](#) in September last year to the Department of Labor on behalf of ABC members regarding the then-proposed rule.

The results of the ABC HR Committee survey were extremely varied, but many respondents expressed a plan to increase salaries for those affected. The number of employees the final rule will affect within our member centers stretches from zero to 1,200 depending on the center, according to this survey sample, with 40 percent of the respondents saying they would have to increase base pay for their affected employees; 22 percent said they will have to change the status of their affected employees to be exempt; and 37 percent said they will have to both change the status of those employees and give them a raise. Most of those titles who will be affected are within the donor recruitment and customer service departments, and about 75 percent of those who responded said they were not considering incentive compensation into their analysis. Many of our centers are still determining if compression, the gap between an employee's salary to another more-experienced employee, will become an issue, but most did not feel it will be a problem.

There is currently a [21-state lawsuit](#) against the FLSA final rule, which ABC will keep our eye on and report back if anything new transpires. Thank you again to the respondents of the survey and our HR Committee for its hard work. 💧



### 35TH ANNUAL IMMUNOHEMATOLOGY & BLOOD (continued from page 3)

compatibility we're trying to provide is really difficult. I would urge FDA to consider compatibility and transfusions as extensions of hospitals," she said.

George Schreiber, MD, director of epidemiology at the Plasma Protein Therapeutics Association, spoke about intravenous immunoglobulin therapy and associated hemolysis. He discussed his recent study finding IVIG-associated hemolysis was gender and age-neutral, but was dose-dependent. Patients with blood group AB may be at higher risk of hemolysis than those with group A or B. He also noted that most patients were receiving a range of low to medium hemagglutinin titers (1:4 to 1:32) in the IVIG products, but the level didn't seem critical in their results.

"These people are not well people," noted Dr. Schreiber. "Most of them have been reporting and were treated for comorbidity. At least three other major comorbidities are co-morbidity risk factors for hemolysis." He stressed that high doses of IVIG did seem to produce higher rates of hemolysis.

Naomi Luban, MD, medical director of the donor center at the Office of Protection of Human Subjects at the Children's National Medical System in Washington, D.C., closed the symposium with a presentation on the procoagulant and anticoagulant blood products used in the very young. Dr. Luban discussed how the use of extracorporeal devices has increased considerably since its inception in 1989 to about 65,000 cases in the U.S. to support cardiac and lung function, with the number of cardiac cases for children under the age of 16 rising every year. Dr. Luban discussed a number of complications that can arise from these devices, including hemolysis and heparin-induced thrombocytopenia. She noted ways to reduce such complications by using anti-coagulants, but noted the absence of clear anticoagulation guidelines for these patients and for blood or plasma transfusion protocols in this neonate age group. She discussed different products and their efficacy in terms of coagulation and anti-coagulation, reducing thrombosis risks, and how to recognize when the device is being overused.

The symposium provided an opportunity for healthcare providers, blood banking professionals and medical students a chance to brush up on some of the most recent developments, current practices, controversies, and laboratory management issues relative to transfusion medicine. ♦

## RESEARCH IN BRIEF

**The use of prothrombin complex concentrates (PCC) for warfarin reversal is associated with significantly reduced mortality rates, an increase in the speed of international normalized ratio (INR) reduction, while lessening volume overload and avoiding thromboembolic events in a new study.** For patients who require immediate surgery and/or have a major bleeding event, rapid reversal of warfarin is urgent. Warfarin-associated major bleeding occurs at a rate of 2.3 to 3 percent per year per treated patient with fatality rates of 11 to 13 percent. It is unclear which treatment—Vitamin K with PCC or K with fresh frozen plasma (FFP)—is optimal. In a review of 13 studies (five randomized and eight observational) from the MEDLINE, EMBASE and Cochrane Central Register of Controlled Trials databases, the authors found favorable results for adult patients receiving PCC versus FFP during a 30-day post-treatment window. PCC use was associated with a significant reduction in all-cause mortality compared to FFP (OR= 0.56, 95 percent confidence interval [CI]; 0.37–0.84) and achieved target INR at a higher rate as well (OR 10.80, 95 percent CI; 6.12–19.07), resulting in a shorter time to INR correction (mean difference –6.50 hours, 95 percent CI; –9.75 to –3.24). While red blood cell transfusion was not statistically different between the two groups, patients receiving PCC had a lower risk of post-transfusion volume overload compared to FFP (OR 0.27, 95 percent CI; 0.13–0.58). There was no statistically significant difference in the risk of thromboembolism following administration of PCC or FFP (OR 0.91, 95 percent, CI; 0.44–1.89).

(continued on page 6)

RESEARCH IN BRIEF (continued from page 5)

**Citation:** Chai-Adisaksopha C., Hillis C., Siegal D.M., *et al.* Prothrombin complex concentrates versus fresh frozen plasma for warfarin reversal. *Thrombosis and Haemostasis*. DOI: <http://dx.doi.org/10.1160/TH16-04-0266>.

**A study of infant cardiac surgery patients examines if receiving a conservative red blood cell (RBC) transfusion strategy versus a liberal one changed patient outcomes.** The optimal hemoglobin level for infants after cardiac operation is unknown. The researchers set out to see if clinical indications were better markers for when to perform an infant RBC transfusion rather than hemoglobin (Hb) levels alone. They screened patients from March 2012 to July 2014 for congenital heart disease requiring operation, weighing 10 kg or less, without extracorporeal membrane oxygenation from cardiopulmonary bypass, hemoglobin over 17.5 g/dL, isolated patent ductus arteriosus, or a non-English-speaking parent/guardian. All blood was pre-stored, leukoreduced, irradiated, ABO identical, and Rh-matched. Using the conservative strategy on 82 infants, biventricular repairs were transfused at 10 mL/kg RBCs for Hb less than 7.0 g/dL with clinical indication, and for the palliation procedure, 10 mL/kg RBCs for Hb less than 9.0 g/dL and clinical indication. The conservative transfusion strategy, used on 80 infants for biventricular repairs, was 10 mL/kg RBCs for Hb less than 9.5 g/dL regardless of clinical status, and for the liberal strategy it was 10 mL/kg RBCs for Hb less than 12 g/dL regardless of clinical status. All the levels of arteriovenous oxygen difference, arterial lactate concentrations, and mortality as well as the length of stay in the pediatric intensive care unit were similar, despite the conservative transfusion patients having lower hemoglobin levels. The researchers conclude that even “in the immediate postoperative period when cardiac function may be impaired, most children with repaired congenital heart disease can accommodate for anemia and can maintain oxygen delivery.”

**Citation:** Cholette J.M., Swartz M.F., Rubenstein J., *et al.* Outcomes Using a Conservative Versus Liberal Red Blood Cell Transfusion Strategy in Infants Requiring Cardiac Operation. *The Annals of Thoracic Surgery*. August 2, 2016. DOI: <http://dx.doi.org/10.1016/j.athoracsur.2016.05.049>.

**In an interim report, andexanet alfa (andexanet) was an effective reversal agent for some direct oral anticoagulants (DOCs).** The lack of well-established antidotes for DOCs has inhibited their use despite several advantages compared to warfarin. Andexanet is a factor Xa decoy protein that reverses their activity in normal volunteers. A multi-center, open-label, single group study, funded by Portola Pharmaceuticals (makers of andexanet), followed 67 patients who had major bleeding within 18 hours of administration of the factor Xa inhibiting DOCs, rivaroxaban and apixaban. Patients were given a bolus of the andexanet, followed by a 2 to 2.5 hour infusion. Within 12 hours of the treatment, 37 of the 47 patients in the efficacy group (79 percent; 95 percent confidence interval [CI], 64-89), achieved excellent or good hemostasis. Thrombotic events occurred in 12 patients (18 percent) with some patients having more than one event. Ten deaths (15 percent) occurred and 18 patients resumed their anticoagulation within 30 days. The authors note that it was impossible to know if andexanet had a prothrombotic effect or if the patients would have achieved hemostasis on their own in an uncontrolled study. Finding an effective antidote for DOCs could likely increase DOC prescriptions and use. The study is ongoing and will enroll patients until there are 162 patients available for the efficacy analysis, and 230 for the safety analysis.

**Citations:** Connolly S.J., Milling Jr. T.J., Eikelboom J.W., *et al.* Andexanet Alfa for Acute Major Bleeding Associated with Factor Xa Inhibitors. *NEJM*. August 30, 2016. DOI: 10.1056/NEJMoa1607887

Hunt B., and Levi M. Engineering Reversal — Finding an Antidote for Direct Oral Anticoagulants. *NEJM* editorials. September 22, 2016. DOI: 10.1056/NEJMe1610510.



## RESEARCH IN BRIEF (continued from page 6)

**The presence of a mobile collection unit (MCU) coupled with a coping brochure prior to donation could help recruit more blood donors, says a study in *Transfusion*.** Anxiety associated with blood donations stems from concerns including side effects, fear of the sight of blood and/or needles, and blood loss—to name a few. This study of 922 potential donors explored if modifications of content to include coping strategies could lessen donor anxiety and increase donor recruitment rates. Self-efficacy, indicating participants' sense of competence to deal with a negative donation reaction, was measured using six statements and a seven-point scale. The researchers presented an MCU and coping recruitment materials versus standard materials and measured anxiety levels using the Spielberger State-Trait Anxiety Inventory six-item short form. They tracked donation behavior for 30 days and found females had increased anxiety and less self-efficacy (mean  $\pm$  SD, 29.4 $\pm$  8.2,  $F[1,906]=4.68$ ) from the presence of an MCU over their male counterparts' (mean  $\pm$ SD, 31.5 $\pm$  6.5;  $F[1,906]=8.91$ ). However, when an MCU was coupled with coping materials, the females' self-efficacy was considerably heightened as well as their desire to donate.

**Citation:** Masser B., France C., Himawan L.K., et al. The impact of the context and recruitment materials on nondonors' willingness to donate blood. *Transfusion*. September 25, 2016 early view. DOI:10.1111/trf.138. 

## RECENT REVIEWS

**In a review of military and civilian hospital blood transfusion services, the authors found whole blood may be equal if not superior to component products for hemorrhagic shock patients.** While reviewing the long military and civilian blood transfusion histories for patients with hemorrhagic shock, what was first used in WWII and in Korea, could become the norm again—the use of WB low anti-A and -B titer Group O. Cold whole blood (CWB) can be stored up to 21 days and if limited to such a time-span, immediate platelet hemostatic function may be improved compared to platelets stored at 20 to 24° Celsius. For hemorrhagic shock patients, time is of the essence; however, first responders carry much more than red blood cells with them when responding to emergency situations. The authors conclude “Low titer Group O whole blood stored for up to 21 days at 4° Celsius merits further study to compare its efficacy and safety with current resuscitation approaches for patients with life-threatening bleeding.”

**Citation:** Spinella P.C. and Cap A.P. Whole blood: back to the future. *Current Opinion in Hematology*. September 2016 published ahead of print. DOI:10.1097/MOH.0000000000000284. 

## GRANT OPPORTUNITIES

**The National Institutes of Health's National Heart, Lung, and Blood Institute (NHLBI) posted a research project grant opportunity, PAR-16-440, online.** NHLBI encourages investigators in the blood banking and transfusion medicine fields to apply with topics aimed at improving the safety and availability of the blood supply and the practice of transfusion medicine. Research designed to better understand the determinants of transfusion-associated adverse events and how best to minimize transfusion risks is also important. Research is also needed to maintain an adequate blood supply by minimizing the risks associated with the donation process and developing enhanced recruitment and retention programs. The earliest submission date is January 5, 2017, with a number of due dates listed, the first of which is February 5, 2017. There is an accompanying exploratory/development grant opportunity, PAR-16-441, with the same mission in mind. For more information, click [here](#). 



## BRIEFLY NOTED

**Prolong Pharmaceuticals will provide an update on their phase 1 severe anemia when blood is not an option study, a Food and Drug Administration-approved investigational new drug trial (IND 16859).** Prolong will be presenting the information during a workshop at the Society for the [Advancement of Blood Management's next meeting](#). There will also be a panel of physicians discussing their clinical experience with SANGUINATE. This workshop is intended to gather insights for consideration in future clinical trials on severely anemic patients for whom blood is not an option. (Source: Prolong Pharmaceuticals, September 24, 2016.)



**The Centers for Disease Control and Prevention have published a Cybersecurity Discussion Guide for healthcare organizations.** The guide is intended for small groups of 8 to 12 people to discuss the organization's current cybersecurity planning efforts and preparedness as well as their response plans. Among the areas included in the discussion guide are identifying key issues for healthcare professionals when responding to a cyberattack and developing strategies to address those issues. To download the free guide, click [here](#).

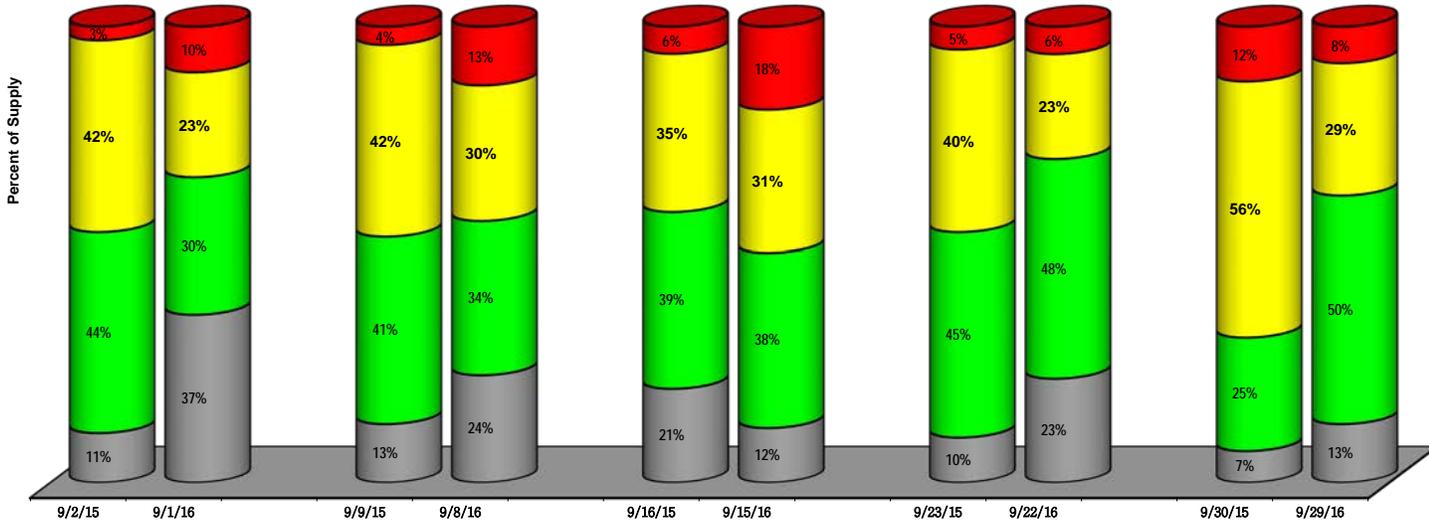
**Forty-three states, the District of Columbia, Puerto Rico and nine Department of Defense laboratories are set to receive millions in lab supplies and equipment from the Centers for Disease Control and Prevention (CDC).** Last month, the CDC purchased about \$2.5 million in laboratory supplies and equipment to help more state labs test for Zika. Relatively few U.S.-labs are certified to test for Zika. As a result, when samples are collected, they often have to be shipped to a local health department lab for testing and if that lab doesn't have the necessary equipment the samples are shipped off to the CDC. Once the samples are at the CDC labs, the lag time can be anywhere from two to four weeks for a result. "To help states expand access to Zika testing and reduce the amount of time to receive results, CDC has sent materials to help them expand lab capacity and perform testing to detect both current and recent cases of Zika virus infection." The equipment will help states perform the CDC's MAC-ELISA assay test. (Source: [CDC press release](#), September 20, 2016.) ♦

### 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, 2015 vs. 2016



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

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



### 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, Fla. 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. EDT. It will also be recorded for those, nationally and internationally, who are unable to attend. [Sign up to attend the webinar now.](#) ♦



## INFECTIOUS DISEASE UPDATES

**Researchers have developed a method for detecting malaria without stained images or expert microscopists.** The researchers used 23 morphological parameters extracted from phase holographic images of red blood cells to build machine-learning algorithms that predicted malaria infections. One machine-learning technique called linear discriminant classification was the most accurate at diagnosing malaria, with a 99.7 percent accuracy in detecting schizont stage infected cells compared to uninfected RBCs, and produced a 98 percent accuracy rate for early trophozoites detection.

**Citation:** Park H.S., Rinehart M.T., Walzer K.A., *et al.* Automated Detection of *P. falciparum* Using Machine Learning Algorithms with Quantitative Phase Images of Unstained Cells. *PLoS ONE*. September 16, 2016. DOI: 10.1371/journal.pone.0163045.

**Babies infected with Zika virus in Puerto Rico during the first trimester are now being born.** Pediatricians are unsure as to what the extent of the damage will be developmentally, physically, and neurologically. With adverse events ranging from vision issues to brain damage, these babies infected with Zika from their zygote days onward may be affected by a health system unprepared to provide care. Puerto Rico's department of health reported 22,358 confirmed cases of Zika this year, as of September 23, with 1,871 of those cases being among pregnant women. (Source: *New York Times*, [Doctors Brace for Zika Babies](#). September 26, 2016.)

**The National Institutes of Health (NIH) funded a new HIV research network.** Eunice Kennedy Shriver National Institute of Child Health and Human Development, an NIH institute, is providing much of the \$24 million in funding for a new Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN). Additional funding for the ATN will be provided by the NIH Office of AIDS Research. The research network is dedicated toward helping adolescents and young adults with HIV or at-risk for HIV infections and is comprised of three research centers and a data-coordinating center. The youths will have the opportunity to participate in research trials and treatment studies at University of California, Los Angeles, , the University of North Carolina at Chapel Hill, Emory University in Atlanta, Wayne State University in Detroit, Seton Hall University in South Orange, N.J., and Hunter College in New York City. (Source: NIH, [NIH funds research network focused on HIV-infected youth](#). September 26, 2016) ♦

## MEMBER NEWS

**LifeStream recently celebrated their 11<sup>th</sup> donor to reach the 100-gallon milestone in lifetime blood donations.** Mr. Ron Prickett, 79, hit the milestone when he made his regular platelet donation last month. Sharing in the occasion, during a chairside ceremony commemorating the achievement were fellow blood donors, LifeStream staff, and representatives of county and state elected officials. Linda Chalmers, RN, director of medical surveillance and employee development at LifeStream, related how a friend of Mr. Prickett challenged him 25 years ago to start "giving" rather than "taking." Mr. Prickett proved his generous nature by turning to blood donating and soon after became an apheresis donor, donating up to 24 times per year. "I guess the lesson here," said Ms. Chalmers, "is that it's never too late." LifeStream presented Mr. Prickett with a framed certificate honoring the achievement, a "rare" 100-gallon donor polo shirt, and a gift basket of movies and movie-friendly candy. ♦





## PEOPLE



**Ephraim Singh Atwal, MD, has been named the eye & tissue medical director at Unyts' organ, eye, tissue, and community blood center.** Dr. Atwal, an ophthalmologist, received his medical degree from Jagiellonian University Medical College and is the medical director at Atwal Eye Care. He will oversee and provide advice on all aspects of the eye and tissue bank operations, including formulation, approval and implementation of all medical policies and procedures, participation in training and oversight of staff, participation in establishment of a quality assurance program, and responsibility for verification of competency for tissue recovery and preservation. (Source: [Unyts press release](#), September 16, 2016.)

**Ray Goodrich, PhD, is the new Executive Director of the Infectious Disease Research Center at Colorado State University in Ft. Collins, Colo.** For the last 20 years Dr. Goodrich had worked at CaridianBCT and its successor, TerumoBCT, most recently as the vice president of scientific and clinical affairs and chief science officer of their blood bank technologies division. Before his positions at Terumo, Dr. Goodrich spent decades working in the research and development sectors of the blood industry and is the primary inventor of pathogen reduction using riboflavin and light during his time as chief scientist at CaridianBCT—for which he holds a number of patents. Dr. Goodrich received a BS in chemistry at the Ohio State University and his PhD in Chemistry from the California Institute of Technology in Pasadena, Calif., and has won numerous awards over the years, including the Devon Walter Meek Lecturer award from Ohio State University in 2013. He will officially start at Colorado State University in October. At the center he will focus on the development and dissemination of methods to diagnose, treat and vaccinate against infectious diseases. 🍀



## GLOBAL NEWS



**Three more names have been added to the list for the next director-general of the World Health Organization (WHO).** Italy nominated Dr. Flavia Bustreo, the assistant director-general for family, women's, and children's health; Ireland and Great Britain nominated Dr. David Nabarro who has worked with the WHO in some capacity since 1999 and is the current special adviser to Secretary General Ban Ki-moon on sustainable development; and Hungary nominated Dr. Miklós Szócska, a former Minister of State for Health who greatly reformed health initiatives in his country. These three join Pakistan's Dr. Sania Nishtar; Ethiopia's Tedros Adhanom Ghebreyesus, PhD; and France's Dr.

Philippe Douste-Blazy. Member States will vote on the new director-general at the next World Health Assembly and the new director-general will take office on July 1, 2017. (Source: [WHO site](#), September 23, 2016.)

**Some surprise guests made an appearance at the blood bank of Bhagwati Hospital at Borivali, India.** Four nonvenomous snakes were caught at the blood bank and released back into the jungle. Sources at the blood bank told a local news site it's not the first time snakes have appeared on the premises. (Source: FreePressJournal.in, [4 snakes found in Borivali hospital's blood bank](#). September 23, 2016.) 🍀



## COMPANY NEWS

The Food and Drug Administration (FDA) announced approval for the Cleveland Cord Blood Center (CCBC)'s stem cell product CLEVECOR, derived from donated umbilical cord blood. CLEVECOR is to be used in unrelated donor hematopoietic progenitor cell transplants for patients with disorders affecting the hematopoietic system such as leukemia, lymphoma, and immune system disorders. CCBC will collect cord blood from four hospitals in Ohio and Georgia to create the product and CMV-positive blood is allowed, although notification on CMV status is required when sending the lot. The product is shipped frozen. (Source: [FDA](#), September 26, 2016.) ♦



## Calendar

### 2016

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 2<sup>nd</sup> 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](mailto:meetings@americasblood.org).

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

May 16-17. **[IPFA/PEI 24<sup>th</sup> 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](mailto: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](mailto: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](mailto:meetings@americasblood.org).

Sept. 11-12. **[IPFA/BCA 3<sup>rd</sup> 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](mailto:lmaundy@americasblood.org).

## POSITIONS

**Account Executive.** The Blood Center of Central Texas is hiring a dynamic, self-starter to recruit new donor groups for blood drives, maximize existing accounts, and execute strategies to meet draw goals for an established territory in the Austin area. They will maintain successful relationships with blood drive coordinators and cultivate future coordinators; evaluate new accounts; develop and present proposals to recruit new donor groups. This individual will also work closely with other members of the Donor Recruitment team to maximize drive efficiency and resources. Qualified candidates must have the ability to organize and prioritize under changing conditions, manage multiple projects, and handle stressful situations. Excellent interpersonal, communication, and presentation skills are needed. A college degree or two years of sales experience is required. Must be able to work flexible hours to include evenings and weekends as necessary. Please visit [www.inyourhands.org](http://www.inyourhands.org) to learn more and to apply online. EEO Employer: Minorities/Women/Veterans/Disabled.

**Clinical Apheresis Nurse.** The Blood Center of Central Texas is hiring a Registered Nurse (RN) to qualify potential patients/donors referred by physician offices and hospitals to make autologous, therapeutic, and directed donations, as well as perform and oversee these procedures. This position will access central venous catheters (CVC); perform CVC flush and anticoagulation; change CVC dressing; instruct patients on CVC care. They will be a liaison for patients and physicians, as well as review all request forms, physician's orders, patient history, medications and lab work, as applicable. Qualified candidates must have an active unencumbered State of Texas RN license and be certified in CPR. At least one year of nursing experience in a hospital setting, oncology unit, or clinic required. A minimum of three years donor qualification related functions in a blood center may substitute for some clinical experience. Phlebotomy experience required. ICU, ER, pediatrics, apheresis, dialysis and/or oncology experience preferred. Must be available to work a full-time schedule Monday – Friday and be able to participate in the on-call rotation to include nights and weekends. Must be at least 21 years of age, hold a valid driver's license, provide a copy of an acceptable driving record, and show proof of liability insurance. Please visit [www.inyourhands.org](http://www.inyourhands.org) to learn more and to apply online. EEO Employer: Minorities/Women/Veterans/Disabled.

**Quality Manager (Sacramento, CA).** Blood Systems is one of the nation's oldest and largest comprehensive

transfusion medicine organizations. We serve blood centers, hospitals and health systems, offering shared management and support services, quality excellence and effective contracting. Under minimal supervision, this position is responsible for assisting in managing the review of quality systems and compliance in all areas of technical and clinical operations. This position serves as a resource to operations on quality issues. Participates in performance improvement initiatives through data and process analysis. Knowledge/Education: Bachelor's degree required. Licenses/Certifications: Certification as a Medical Technologist or SBB preferred. Experience: Four years related experience in a regulated industry required. To include: Two years in a quality, regulatory, and/or auditing environment. Six months supervisory experience preferred. Previous quality experience and performance improvement skills e.g., skills in data analysis preferred. Blood Systems, Inc. is an Equal Opportunity Employer. Apply [online \(Req 16000914\)](#). OE/Minority/Female/Disability/Vets.

**Marketing & Communications Specialist.** Blood Centers of the Pacific seeks qualified individual with excellent verbal and written communication skills to join our Marketing team in San Francisco. Will perform marketing and communication duties to support organizational goals. Duties to include promoting blood donations via multi-faceted marketing campaigns, assisting with social media outreach, and supporting departmental goals through data analysis and reporting. Will assist with developing electronic and print public relations materials such as newsletters, website stories, presentation pieces, etc. Will coordinate donor recognition programs which may include award events. Proficiency in Word, Excel and PowerPoint required. Experience with production and/or design software preferred. Requires BA/BS degree in Graphic Design, Communications, PR, Marketing or other related field and two years relevant experience. Equivalencies may be considered. To apply, visit our employment page at <http://www.bloodcenters.org/about-us/employment/> (Requisition #16000966). Blood Centers of the Pacific is an equal opportunity employer: EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups. Our organization participates in E-Verify.

**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

(continued on page 14)

POSITIONS (continued from page 13)

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 at: <https://sandiegbloodbank.applicantpro.com/jobs/>

**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](http://www.giveblood.org) Job Id: 2221 or <http://jobs.giveblood.org/system-analyst/job/6184694>.

**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](http://www.BBH.org) to complete an online application. 📍