



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2007 #45

December 7, 2007

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**This is a two-week issue of the ABC Newsletter.
The next issue will be published on Dec. 21.**

CDC Study: Staph Infection Fight Must Be a National Priority

Hospitalizations related to methicillin-resistant *Staphylococcus aureus* (MRSA) infections more than doubled between 1999 and 2005, according to a study in the December issue of the journal *Emerging Infectious Diseases*. During that same period, hospitalizations of patients with general staph infections increased 62 percent across the country.

From 1999 through 2005, the estimated number of *S. aureus*-related hospitalizations increased from 294,570 to 477,927, and the estimated number of MRSA-related hospitalizations rose from 127,036 to 278,203. *Staphylococcus aureus* are a kind of bacteria that attack wounds and cause life-threatening infections, such as septicemia and pneumonia. MRSA have evolved resistance to most commonly used antibiotics.

The study, conducted by researchers at Resources for the Future and the University of Florida, concludes that reducing the number of staph infections should be made a "national priority."

The study also found the pattern of infection is changing. The researchers saw dramatic increases in the rate of minor skin and soft tissue infections caused by staph and MRSA that are commonly spread in the general community..

Therefore, the authors suggest, "Contrary to the generally accepted view, community-associated MRSA strains may be spreading into the healthcare system rather than the other way around."

"[A]lthough steady growth was observed in the incidence of *S. aureus*- and MRSA-related septicemia, pneumonia, and device-associated infections that are typically nosocomial [*i.e.*, originated or acquired in a hospital], dramatic increases were observed in the incidence of skin and soft tissue infections that are typically community associated. We also found no trend in the number of deaths caused by MRSA, and a decreasing trend in the percentage of *S. aureus*- and MRSA-related hospitalizations that resulted in death. These results suggest a change in the ecology of the disease; community-associated MRSA is spreading more rapidly and possibly making its way into hospitals."

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Staph Infections Study (continued from page 1)


The study, which is the first to examine the recent magnitude and trends related to staph and MRSA infections, found that such infections are now “endemic, and in some cases epidemic,” in many US hospitals, long-term care facilities, and communities.

“Antibiotic-resistant infections are spreading more rapidly in the community while the epidemic of drug-resistant infections in hospitals continues unabated,” said senior study author Ramanan Laxminarayan, PhD, of Extending the Cure, a project of Resources for the Future, a nonprofit organization that conducts research in economics and other social sciences.

Hospital-acquired infections from all causes result in an estimated 90,000 deaths per year and are the sixth-leading cause of death nationally. Direct health-care costs from hospital infections are estimated to be more than \$6 billion annually. Several studies have estimated that antibiotic resistant infections increase direct costs by 30 percent to 100 percent. MRSA-specific studies suggest that the additional cost of treating an antibiotic-resistant staph infection versus an antibiotic-sensitive infection range from a minimum of \$3,000 to more than \$35,000 per case.

“At a national level, the rising tide of antibiotic resistance that we are seeing raises concerns about our ability to effectively treat serious bacterial infections,” said infectious disease expert, J. Glenn Morris, Jr., MD, professor and director of the Emerging Pathogens Institute at the University of Florida. “Research on antibiotic resistance, and on development of therapies to treat antibiotic-resistant infections, should clearly be a national priority.”

In addition, the researchers say that the rising incidence of MRSA will likely increase demand for vancomycin, a powerful antibiotic often used when other antibiotics fail. The emergence of infections that are resistant to vancomycin is already a serious problem in hospitals, the researchers contend. The MRSA epidemic is likely to make things worse.

The researchers offer several suggestions to address the spread of staph and MRSA infections. These include national surveillance or reporting requirements for these infections, more research to explore the interaction between community- and hospital-associated infection, stepped-up efforts to control hospital infection, and increased investment in the development of a staph vaccine. (Source: Resources for the Future Web site, accessed 12/4/07) **Citation:** Klein E, *et al.* Hospitalizations and deaths caused by methicillin-resistant *Staphylococcus aureus*, United States, 1999–2005. *Emerg Infect Dis.* 2007 [epub ahead of print] 

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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 accomplishes its mission by providing leadership in donor advocacy, education, national policy, quality, safety, 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 its members to share information and best practices.

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**Annual Subscription Rate: \$348
(Residents, Fellows and SBB Students: \$120)****Publication Office**

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Drug Boosts Platelet Counts in Hepatitis C and ITP Patients, Studies Find

A new drug appears to boost low platelet counts caused by idiopathic thrombocytopenic purpura (ITP) and thrombocytopenia in patients with cirrhosis associated with the hepatitis C virus (HCV), according to two studies published in the November 29 issue of *The New England Journal of Medicine*.

In a phase 2, multi-center trial, researchers at Duke University Medical Center and other centers in the US and Europe studied the effects of eltrombopag, a pill taken once a day, in 74 patients with low platelet counts and cirrhosis of the liver because of hepatitis C infection.

The patients were randomly assigned to receive eltrombopag in doses of 30, 50 or 75 mg daily or a placebo daily for four weeks. The primary endpoint was a platelet count of 100,000 per cubic millimeter or more at week 4. Peginterferon and ribavirin could then be initiated, with the continuation of eltrombopag or a placebo for 12 additional weeks.

Seventy-five percent of those in the trial who took the lowest dose saw their platelet counts rise to at least 100,000 per cubic millimeter, while 79 percent of the middle group achieved the end point and 95 percent of the highest-dose group achieved the end point.

The drug, marketed as Promacta in the US and Revolade in Europe by GlaxoSmithKline, allowed initiation of antiviral therapy by raising platelet counts in patients with thrombocytopenia due to HCV-related cirrhosis.

Eltrombopag did cause side effects in some patients, including headaches, dry mouth, abdominal pain and nausea, but the authors say their findings show the potential benefits appear to outweigh the risks.

“We feel this is an important development for many people infected with the hepatitis C virus worldwide,” said John McHutchison, MD, professor of medicine and associate director of the Duke Clinical Research Institute, who led the research team. “A significant number of patients with HCV infection will at some point develop platelet problems that will compromise their getting the best treatments we have. Anything we can do to prevent that from happening would improve their care.”

Second Study. The other study, a phase 1, multicenter trial, involved patients with chronic ITP, which causes platelet destruction and reduced platelet production. All of the patients had relapsed and had no response to at least one previous type of treatment. They were randomly assigned to receive eltrombopag at 30, 50, or 75 mg daily or a placebo. The primary end point was a platelet count of 50,000 or more per cubic millimeter on day 43.

In the groups receiving eltrombopag, the primary endpoint was achieved in 28 percent of patients receiving 30 mg per day, in 70 percent of patients receiving 50 mg per day and in 81 percent of patients receiving 75 mg per day. In the placebo group, the end point was achieved in 11 percent of the patients.

The clearance of antibody-coated platelets by phagocytes affects platelet levels and their production, and there is evidence that autoantibodies attack megakaryocytes, the precursors of platelets that reside in the bone marrow, said Robert S. Schwartz, MD, in an accompanying editorial. Dr. Schwartz noted the recent development of “small molecular mimics of thrombopoietin [the principal regulator of platelet production], which act as agonists [drugs that cause binding to cell receptor] when they bind to the thrombopoietin receptor on megakaryocytes.”

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Platelets Booster (continued from page 3)

Eltrombopag is the latest of these mimics, and it does appear to work as presented in the studies, he said, though he urged caution. "The results reported for thrombopoietin-receptor agonists are too preliminary for any definitive statement about applications in clinical practice," Dr. Schwartz said, "but they surely encourage further work in this direction." (Source: Duke University Medical Center release, 11/28/07)

Citations: JB Bussel, *et al.* Eltrombopag for the treatment of chronic idiopathic thrombocytopenic purpura. *N Engl J Med.* 2007;357:2237-47. JG McHutchison, *et al.* Eltrombopag for thrombocytopenia in patients with cirrhosis associated with hepatitis C. *N Engl J Med.* 2007;357:2227-36. ♦

Estimate of New HIV Infections in US Expected to Rise

While the United Nation's estimate of the number of people infected with HIV worldwide has shrunk to 33 million from 40 million, US officials say that more people in the nation are infected each year with the AIDS virus than previously thought. The finding could affect the debate over how much money should be spent on prevention efforts.

Researchers and epidemiologists at the Centers for Disease Control and Prevention (CDC) believe that they have been underestimating the number of new US cases in recent years, though they are not ready to release any specific numbers. No one is yet sure whether more people actually have been infected in recent years or the figures, still undergoing peer review, are simply a better estimate than the old ones.

Review in Progress. For 14 years, CDC used informal methods to arrive at its estimate, but recently the agency has sought more accurate measures. "We currently have a paper going through a scientific review process," Tom Skinner, a CDC spokesman, said last weekend, "and until that process is complete, we're not in a position to say one way or another whether the numbers will actually be up from current estimates." The agency expects to release new estimates in early 2008.

The *Washington Blade*, a gay newspaper, reported on Nov. 14 that the new estimates showed infection rates were 50 percent higher than previously believed, with 58,000 to 63,000 infected in the most recent 12-month period. *The Washington Post* and *The Wall Street Journal* have published similar reports. A federal official who would not speak for attribution about the new numbers because of the review process said they were indeed higher than the old estimate, but not by as much as *The Blade* or *The Post* reported.

It has been clear for at least a year that the old estimate would have to be revised upward, said David R. Holtgrave of Johns Hopkins University, a former director of one of CDC's principal AIDS prevention programs. From 2001 to 2005, more than 186,000 people in 33 states received diagnoses of HIV or AIDS, according to figures. That amounts to more than 37,000 new cases each year from just two-thirds of the country. "With just a little simple math, you get more than 40,000 new cases," Dr. Holtgrave said.

Whether the number of infections is higher than previously believed and whether infection rates are rising are both politically charged issues. President Bush has increased financing for AIDS treatment and prevention programs abroad, but spending for domestic prevention efforts dropped 19 percent in inflation-adjusted terms from 2002 to 2007.

Julie Davids, executive director of the Community HIV/AIDS Mobilization Project, a national advocacy group, said it planned to protest this week in front of the CDC headquarters in Atlanta to demand that the agency release the new figures and step up prevention efforts. "We don't know whether infection rates

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US HIV Rate (continued from page 4)

are rising or they've just been higher than we thought," Ms. Davids said. "But either way, this shows that prevention efforts are insufficient."

Doctors and states are required to report cases of full-blown AIDS, but only some states report positive results on tests for HIV infection to the agency. It may take years for someone who is infected to develop symptoms; many people have been infected for years before they are tested.

Under CDC's new surveillance system, 19 states and cities are performing nucleic acid amplification (NAT) tests for HIV and a less sensitive test that detects antibodies to HIV 1 and 2. A recently infected person has a positive result on NAT and a negative result on the antibody test. A few weeks after both, NAT and antibody tests become positive. By analyzing these results and projecting them across the country, the agency is able to come up with an estimate for new infections.

The agency sent out a letter to scientists on November 26 describing the new system and urging patience as the numbers are reviewed. On Sunday, the agency posted a similar press statement on its Web site. "It would not be responsible for CDC to discuss specific data before we are certain that the new estimates are reliable," the agency said. (Sources: *The New York Times*, 12/2/07; Gather.com, 12/2/07; CDC letter, 12/2/07) ♦

EBA Issues Statement on EU Committee's Report on Medical Plastics

The European Blood Alliance has issued a statement responding to an October report by the EU Scientific Committee on Emerging and Newly-Identified Health Risks (SCENIHR) titled "The Safety of Medical Devices Containing DEHP-Plasticized PVC or Other Plasticizers on Neonates and Other Groups Possibly at Risk."

Phthalates are chemicals that are added to PVC plastic to make it softer and more flexible and have been in medical use since 1955. In medical devices, including blood bags and transfusion tubing, the most commonly used phthalate is DEHP (di(2-ethylhexyl) phthalate). The concern over DEHP in medical devices is that the chemical can leach. At certain doses, DEHP has been shown to cause reproductive birth defects and infertility in animals.

The EU group found limited evidence indicating a relationship between DEHP exposure and "specific effects in humans." Though such exposure raises concern, especially for the welfare of infants and neonates in hospitals, "one has to realize that, especially in neonatal intensive care units, these neonates depend for their survival on a multitude of medicines and medical procedures, including the use of medical devices," the report found.

Some alternatives to DEHP may be suitable for certain medical devices, while for others it may be difficult to obtain the same functionalities as PVC plasticized with DEHP, the EU group found. However, researchers were unable to perform a risk assessment on alternatives due to a lack of exposure data. For other possible alternatives, adequate toxicity data is also lacking, the group found.

Therefore, "the risk and benefit of using alternative plasticizers should be evaluated case by case. In addition, it is known that DEHP containing PVC can contribute to the stability of blood cells. However, this has not been evaluated for most alternative plasticizers."

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Letter on DEHP Report (continued from page 5)

The report found that certain medical procedures involving plasticized PVC, including blood transfusions, are already known to cause considerable exposure to phthalates. However, for many of these procedures the actual extent of exposure is still unknown or spans several orders of magnitude. The report concluded that research is needed to determine the multiple sources and pathways of human exposure to phthalates; whether exposure to phthalates at the levels found in the general population is a cause for health concern; and to what extent human exposure to phthalates may impair human health.

“Data available on the exposure to DEHP show that DEHP exposure levels of neonates during certain medical procedures are in the same order of magnitude or even higher than doses inducing reproductive toxicity in animal studies. This is of concern in view of animal studies showing that immature young animals are more susceptible to testicular toxicity by DEHP than older mature animals. Neonates may therefore be considered to be at risk for the adverse reproductive and developmental effects of DEHP. In addition, they may be exposed to other phthalates especially DBP and DIBP, and these phthalates may act additively with DEHP.”

Case by Case. According to the EBA’s statement, signed by its president, Martin Gorham, and issued to SCENIHR last Friday, “... Members support the concept that medical devices containing DEHP should be assessed, on a case by case basis, for any benefits or risks. We recommend that the assessment of potential DEHP-substitutes, intended for use in medical devices, should be subject to the same level of scientific assessment processes as those used for DEHP, before being approved for use.”

EBA also reminds the European Commission that “the majority of blood transfusion services within the European Union are funded by national governments. Therefore, any change to the operational practices/systems currently in place at blood establishments should only be made mandatory for change after detailed consultation with the funding Member State governments’ Departments of Health has been undertaken and the necessary funds identified. This would ensure that patient safety and product supply would not be compromised during the transition of blood service operations from existing to new medical device technologies due to a lack of financial means.”

If a transition occurs, it “must be handled carefully,” because of the “significant risk” that blood centers may experience “a shortage of vital blood components ... due to a lack of appropriately equipped blood transfusion services.”

To protect blood services, EBA offered its members’ expertise to the European Commission, “within EBA member’s areas of competence, in order to assist with any practical and clinical validations that may be required.” 💧

Study: Women Get More Blood Transfusions and Have More Reactions

Women contract infections more often than men after heart surgery because they tend to receive more blood transfusions, which boost their risk of adverse events, according to a study to be published in the December issue of the *Journal of Women’s Health*.

Co-authored by researchers from the University of Rochester Medical Center and University of Michigan Health System, the study analyzed data of 380 adult patients who had primary coronary artery bypass graft surgery, primary valve replacement, or both, in 1997 or 1998 at Strong Memorial Hospital. Researchers looked at in-hospital deaths, lengths of stay, number of days of infection and fever, and whether any patients developed pulmonary dysfunction.

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Transfusions and Women (continued from page 6)

Sixty percent of the patients were men and 40 percent were women. However, the women were 44.6 percent more likely to receive a blood transfusion than the men. Of the 150 women studied, 149 (99 percent) received donor blood during their hospitalization, compared to 77 percent of the men.

Reasons for the gender gap are unclear. Doctors typically measure a patient's hematocrit value before ordering a blood transfusion. Women tend to have lower concentrations of red blood cells than men throughout their lives, Dr. Blumberg said. This does not always warrant a transfusion, as the red cell concentration alone does not determine the likelihood of complications from anemia.

The study showed that when men and women had equivalent, normal preoperative red blood counts, 99 percent of the women still received transfusions, compared to 62 percent of the men.

Although a direct connection between blood transfusions and infections is being debated among scientists, several studies support the notion that donor blood can provoke a negative response from the patient's immune system.

Of the 380 patients, 13 died while in the hospital; all of the 13 patients received blood transfusions, and infection was strongly related to death. Blood transfusions correlated with more days of fever, more days

The study showed that when men and women had equivalent, normal preoperative red blood counts, 99 percent of the women still received transfusions, compared to 62 percent of the men.

in intensive care, and a longer hospital stay, particularly if the patient got more than four units of blood. Women were more likely to die in the hospital (6.7 percent) than men (1.3 percent), and 11 percent of the women in the study developed pulmonary dysfunction after surgery, compared with 3.9 percent of the men.

Co-author Neil Blumberg, MD, professor of Pathology and Laboratory Medicine and director of Transfusion

Medicine at the University of Rochester Medical Center, said the study raises concerns about the number of transfusions being performed. "For 100 years we've assumed blood transfusions are good for people, but most of these clinical practices grew before we had the research to support it," said Dr. Blumberg, who worked with Mary Rogers, PhD, of the University of Michigan, Department of Internal Medicine.

Transfusions More Common. The study reports that 41 percent to 71 percent of all Americans have a blood transfusion within their lifetimes. The Healthcare Cost and Utilization Project (HCUP), a government/industry database, reports that transfusion is among the most common procedures performed in US hospitals. An AABB survey, meanwhile, found that 11 million red blood cell units were transfused in 1997 vs. about 13.7 million by the end of 2004, or a 24.5 percent increase.

Dr. Blumberg and colleagues advocate using leukoreduced blood, which lessens the chances of adverse reactions. "Our studies demonstrated that patients receiving leukocyte-reduced allogeneic blood transfusions for leukemia, and those receiving leukocyte-reduced allogeneic or autologous transfusions during surgical procedures, experienced reduced morbidity and mortality compared with patients receiving unmodified allogeneic transfusions," Dr. Blumberg said on the URM Web site. (Sources: *ScienceDaily*, 12/2/07; URM Web site, accessed 12/5/07)

Citation: AM Rogers, *et al.* Increased risk of infection and mortality in women after cardiac surgery related to allogeneic blood transfusion. *J Womens Health* 2007;16:1412-20. ♠

Skin Cell-Based Stem Cells Cure Mice of Sickle-Cell Anemia, Study Finds

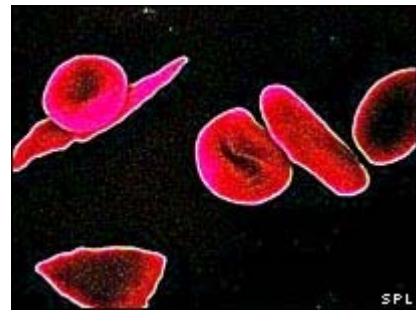
Skin cells reprogrammed to act like embryonic stem cells, a breakthrough first reported in human cells two weeks ago, are already showing promise as a therapeutic agent. In today's online edition of *Science*, researchers describe using induced pluripotent stem (iPS) cells to alleviate symptoms of sickle cell anemia in mice. The technique is not yet safe to try in people, but scientists say it is proof of principle that iPS cells could someday treat human disease.

"Induced pluripotent stem," or iPS, cells, are virtually identical to embryonic stem cells. They can morph into all of the more than 200 cell types in the body but are derived from skin, not from embryos. Mouse iPS cells were first derived earlier this year, and scientists reported last month that they had created similar cells from human skin. The novel cells have been touted as a possible substitute for embryonic stem cells, which have been mired for years in political controversy. The iPS cells were derived using modifications of the approach originally discovered in 2006 by the Shinya Yamanaka laboratory at Kyoto University.

The researchers cautioned that aspects of the approach will have to be changed before it can be tried in human patients. And the technique depends on the use of gene-altered viruses that have the potential to trigger tumor growth. "The big issue is how to replace these viruses," said Rudolf Jaenisch, PhD, of the Whitehead Institute for Biomedical Research in Cambridge, Mass., who led the new work with coworker Jacob Hanna and Tim M. Townes, PhD, of the University of Alabama Schools of Medicine and Dentistry in Birmingham.

For the new experiment, researchers removed a few skin cells from the tail tips of mice sick with sickle cell anemia, which can cause painful circulatory problems, kidney failure and strokes. The researchers converted those skin cells into iPS cells by infecting them with viruses engineered to change the cells' gene activity so they would resemble embryonic cells.

Using DNA splicing techniques, the researchers snipped out the small mutated stretches of DNA that cause sickle cell disease and filled those gaps with bits of DNA bearing the proper genetic code. Next, the researchers treated the corrected iPS cells with another kind of virus – this time one designed to induce a genetic change that encouraged the cells to mature into bone marrow cells.



Sickle cell image: BBC News

Finally, each mouse that gave up skin cells at the beginning of the experiment was given an infusion with the corrected marrow cells created from its own skin cells. Those cells set up permanent residence in the animals' bones and began producing blood cells and releasing them by the millions into the circulatory system. But now the blood cells being produced were free of the sickle cell mutation. "All the parameters we can measure are now normal," Dr. Jaenisch told *The Washington Post*. "The mice are cured."

People with sickle cell disease can be cured with bone marrow transplants, but only about 20 percent of patients have a healthy sibling whose tissue type is a close enough match to avoid immunological complications, Dr. Townes said. Even in those cases, about 20 percent of the transplants fail, and sometimes they result in a potentially deadly reaction called graft-vs.-host disease.

The mice were given low doses of radiation just before the transplants to kill some of their existing bone marrow cells and to make room for the newly injected, corrected ones. Tests indicate that about 80 percent of each animals' marrow is now made up of the new cells. And four months after treatment, no tumors have been seen. Even a 20 percent marrow substitution can be therapeutic in people, Dr. Townes said, in part because healthy red blood cells live for about four months in the circulatory system, while their diseased counterparts last only 40 days. (Sources: *Science* summary, 12/7/07; *The Washington Post*, 12/7/07) **Citation:** J Hanna, *et al.* Treatment of sickle cell anemia mouse model with iPS cells generated from autologous skin. *Science* [epub ahead of print] ◆



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INSIDE ABC

ABC Members Encouraged to Prepare for Saturn Donor Day

The 11th anniversary of Saturn National Donor Day is fast approaching, and America's Blood Centers (ABC) members are encouraged to begin preparing for the big event.

Since the inception in 1998 of America's largest annual lifesaving donation drive, ABC members and Saturn Retailers have held more than 1,900 community drives, collected more than 226,000 units of blood, added nearly 12,000 potential donors to the registry (24 of whom have given a lifesaving marrow donation to date) and spread the word to millions of people about the need for organ donors.

February 14 is the official National Donor Day; however, there is flexibility as to when and where the events are actually held. In addition, the number of events or blood drives will vary according to resources and retailer participation. ABC members are encouraged to work with local retailers to identify the best day for an event around February 14, said Matt Granato, director of marketing and member services for ABC.

ABC and Saturn will provide glossy postcards and sports water bottles free of charge (in limited quantities) to all those blood centers who request it by filling out the enrollment form and providing a shipping address (see below). Blood center information must be received by December 21, 2007.

Here's what blood centers need to do to begin preparing for Saturn National Donor Day 2008:

- Assign a point person to coordinate events locally and with ABC;
- If the center has not done so already, coordinators should contact their local Saturn retailer to arrange an event type and venue. Go to www.saturn.com (shop > find retailer) to search for a retailer in your area;
- Complete the Donor Day Enrollment Form with the dates and locations of individual blood centers' Donor Day events by December 21, 2007. Use this form to specify what collateral materials, if any, should be sent to the blood center.

The form is located at:

<http://surveys.americasblood.org/TakeSurvey.asp?PageNumber=1&SurveyID=4J03762J2725G>

Please contact Abbey Spittle at aspittle@americasblood.org with any questions or concerns. ♦

Sharon Pavlovsky, manager, Government & Public Relations at America's Blood Centers (ABC), is leaving effective today, announced William Coenen, chief operating officer for ABC. Ms. Pavlovsky will join Edelman Public Relations to manage the international launch of a new blood anticoagulant. Ms. Pavlovsky joined ABC in June 2003 and was the communications lead on several critical media issues, including West Nile Virus testing, males who have had sex with males deferrals, and TRALI. "As the liaison to the PR Forum and Steering Committees, she helped to create successful communications workshops and conference calls where issues facing the industry were discussed, and oftentimes, media messaging was developed," said Mr. Coenen. Until her successor is named, all communications issues and questions should be addressed to Matt Granato, (202) 654-2911, mgranato@americasblood.org ♦

Clarification: HCUP Data on Transfusion-Related Discharges Contradict HHS Transfusion, Other Data

A story in the November 9, 2007 issue of the *ABC Newsletter* reported on data found in a new Web-based statistical report titled "HCUP (Healthcare Cost and Utilization Project) Facts and Figures: Statistics on Hospital-Based Care in the United States, 2005." The report was released in October by the Agency for Healthcare Research and Quality (AHRQ).

The report noted that transfusion was the most frequently performed hospital procedure in 2005, based on AHRQ's own findings in the HCUP database. After internal discussions, officials at America's Blood Centers thought it important to point out to readers some questions raised by the data.

First it should be noted that the HCUP database is for 1,000 hospitals, so the total number of discharges reported in the *ABC Newsletter* are not the total patient discharges in the US. AHRQ does believe this database is representational of all hospitals, and therefore proportional data in the HCUP file should extrapolate fairly accurately to all 5,800 US hospitals.

However, we noted that the HCUP file showed there were 1,098 discharges involving a transfusion in 1997 and this had risen to 2,359 by 2005, a 115 percent increase. We do not know how to reconcile this doubling of transfusion-related discharges with transfusions reported from the Department of Health and Human Services in the "2005 Nationwide Blood Collection and Utilization Survey" conducted by AABB. That survey found that 11 million red blood cell (RBC) units were transfused in 1997 vs. about 13.7 million by the end of 2004, or a 24.5 percent increase. The number of platelet transfusions rose about 9 percent in the same period.

Additionally, the HCUP database showed that, in 1997, 5.2 percent of patient discharges involved a transfusion, which rose to 9.8 percent by 2005. A 2002 study by the Lewin Group for the Advanced Medical Technology Association or Advamed ("Ensuring Blood Safety and Availability in the US: Technological Advances, Costs, and Challenges to Payment Final Report") found in an examination of all Medicare discharges in 2000 that 18 percent of patients over 65 were transfused.

This year, ABC published the results of a 2001 study titled "Contribution of Blood to Hospital Revenue in the United States" (*Transfusion* 2007;47:114S-116S) in which transfusions to Medicare patients were examined. The study also used the HCUP file to determine the total number of transfusion-related discharges for an average of about 15 percent of all discharges. Again, we cannot reconcile these differences at this time, but are gratified the data are finally being tracked and patient discharge files being made available for public analysis. ♦

BRIEFLY NOTED

A new software program will let health authorities at the site of an infectious disease outbreak quickly analyze data, speeding the detection of new cases and the implementation of effective interventions. The program, called TranStat, was developed by a team of epidemiologists and computer scientists from the Models of Infectious Disease Agent Study (MIDAS), an international program supported by the National Institutes of Health (NIH) to build computational models for studying disease data. These data include details about the infected individuals, such as their sex, age, and onset of symp-

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BRIEFLY NOTED (continued from page 10)

toms; their close contacts; and any interventions they might have received. The program also prompts the spread. TranStat can be used by public health officials to systematically enter and store infectious disease field personnel to enter details about exposed but uninfected individuals. The system does not collect names or other personally identifying information. The computer program uses this information to statistically determine the probability that people contracted the disease from each other, a driving factor in the spread of infections. TranStat also estimates in real time the average number of people an individual could infect and the rate at which that infection occurs in a particular setting. This information can help health officials develop and swiftly implement strategies that thwart further spread while they conduct additional studies. More information is available at: www.nih.gov/news/pr/dec2007/nigms-06.htm . TransStat is available for free at www.midasmodels.org. (Source: *NIH News*, 12/6/07)

The Food and Drug Administration does not have the funding to keep up with scientific advances such as genomics, wireless health-care devices and nanotechnology, and hire scientists who understand new technologies, a subcommittee of an outside panel said in a report to the agency. The full panel, known as the Science Board, was set to discuss the findings this week. The group said the FDA needs better computer systems, and should be restructured to include a scientific leader. The agency, with a budget of more than \$2 billion, regulates the sale of more than \$1 trillion of products annually, including food, drugs, cosmetics and medical devices. Responding to such reports, the House has approved additional funding that the agency never requested. “Without a substantial increase in resources, the agency is powerless to improve its performance, will fall further behind, and will be unable to meet either the mandates of Congress or the expectations of the American public,” according to the report, by three members of the board. “This will damage not only the health of the population of the US, but also the health of our economy.” Andrew von Eschenbach, the FDA’s commissioner, requested the report a year ago. The subcommittee, headed by Gail H. Cassell, vice president of Scientific Affairs at Eli Lilly & Co., consulted more than 25 specialists in industry, academics, and government. The FDA has received an increasing number of reports of harmful side effects associated with prescription drugs but has had no increase in staff to review them, the report said. Managing crises has diverted resources from the agency’s ability to develop its “science base” to support routine food surveillance. Each American pays about one and a half cents a day to fund the FDA, and the new funding will increase that to three cents a day. The report blames Congress for requiring the FDA to take on more responsibilities without providing enough funding to hire staff. (Source: Bloomberg, 11/29/07)

Physical barriers, such as regular hand washing and wearing masks, gloves, and gowns, may be more effective than drugs to prevent the spread of respiratory viruses such as influenza and SARS, a study has found. The findings, published in the *British Medical Journal*, came as Britain announced it was doubling its stockpile of antiviral medicines in preparation for a future flu pandemic. Evaluating 51 studies, the researchers found that simple, low-cost physical measures should be given higher priority in national pandemic contingency plans. “Mounting evidence suggests that the use of vaccines and antiviral drugs will be insufficient to interrupt the spread of influenza,” they wrote in the report. The studies compared any intervention to prevent animal-to-human or human-to-human transmission of respiratory viruses, such as isolation, quarantine, social distancing, barriers, personal protection and hygiene, to doing nothing or to other types of intervention. They excluded vaccines and antiviral drugs. They found that hand washing and wearing masks, gloves and gowns were effective individually and even more effective when combined. Another study, published in the *Cochrane Library* journal in October, supported the effectiveness of hand washing with just soap and water for impeding the spread of influenza and other diseases. (Source: Reuters, 11/27/07) **Citation:** T Jefferson, et al. Physical interventions to interrupt or reduce the spread of respiratory viruses: systematic review. *BMJ*. 2007 [Epub ahead of print]

(continued on page 12)

BRIEFLY NOTED (continued from page 11)

Presidential candidate and former Massachusetts Gov. Mitt Romney (R) is calling for caps on noneconomic and punitive damages in medical malpractice lawsuits, the *Houston Chronicle* reported. During a speech at Des Moines University recently, Mr. Romney said, “These lottery-sized awards and frivolous lawsuits may enrich the trial lawyers, but they put a heavy burden on doctors, hospitals and, of course through defensive medicine, they put a burden on the entire health-care system.” Mr. Romney said that as president he would encourage states to establish health courts overseen by judges who have experience in malpractice lawsuits and to sanction attorneys who repeatedly file frivolous claims. “We’ve got to rein in the incessant cost of medical liability,” Mr. Romney said. In addition, Mr. Romney said that as president he would provide incentives for states to revise health insurance regulations to help reduce the cost of private coverage. (Source: kaisernetwork.org, 12/3/07).

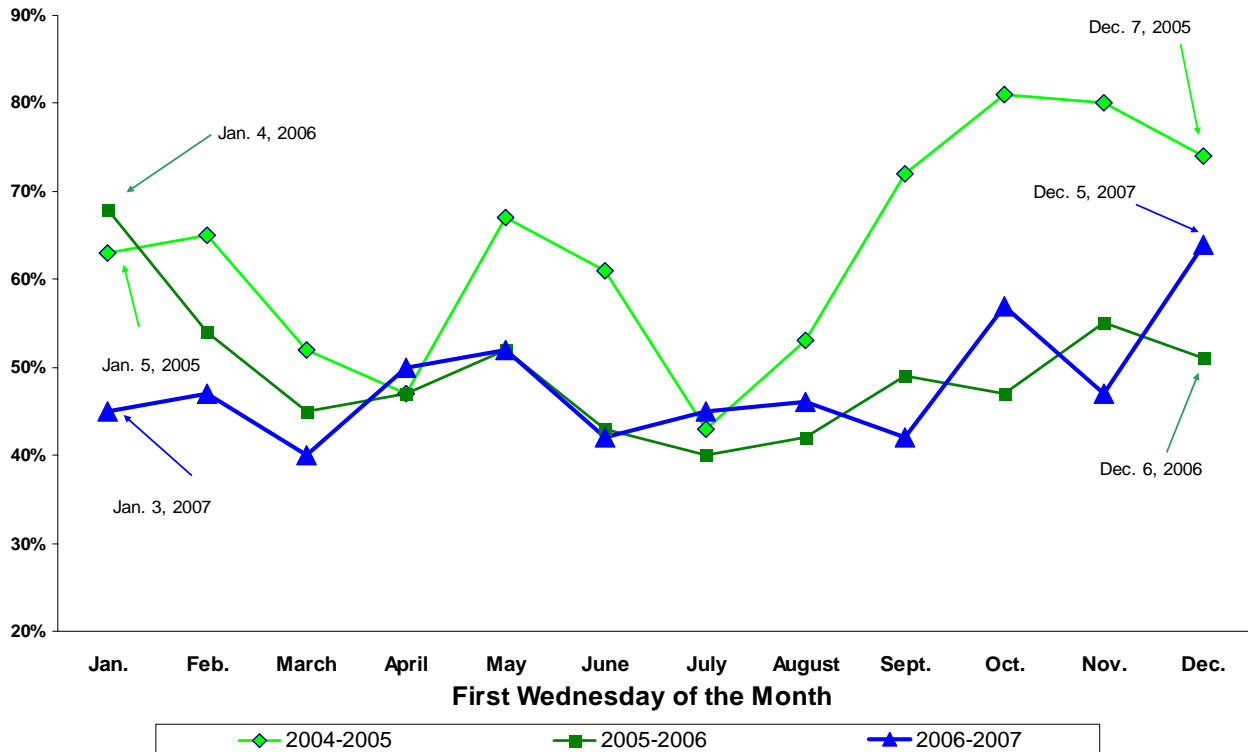
Canadian health authorities have lost medical data, including HIV and hepatitis test results, for an undetermined number of citizens in a security breach at the home of a consultant for the Provincial Public Health Laboratory (PHL) when the files were accessed through an open Internet connection, the government of Newfoundland and Labrador said. According to a Nov. 26 release, on Nov. 20 a consultant employed by the PHL was contacted at his home office by an unidentified security researcher, who said he was in possession of patient information stored on the consultant’s computer. That patient information includes names, Medical Care Plan numbers, age, sex, physician, and test results for infectious diseases. That data is normally stored on computers within the PHL. Health Minister Ross Wiseman said, “Obviously, individual computers that are available for work are there for the workplace only,” he told CBC News. The PHL acts as the province’s laboratory center for infectious disease surveillance and control, providing lab services to hospitals, clinics and health-related agencies. Until the forensic investigation has been concluded, there’s no way to determine how many patients’ data may have been exposed, according to the release. Jerome Kennedy, minister of justice and attorney general, said, “We can say unequivocally that all other patient information stored by our government and the regional health authorities was in no way jeopardized by this one situation with one computer external to our networks.” The case occurred on the same day as another in England involving the loss of personal information on 25 million child benefit recipients when data stored on two computer disks were lost while being transported via internal mail from the National Audit Office department to HM Revenue and Customs. A junior employee at the National Audit Office is believed to have sent the disks through the mail, but the disks never showed up at HMRC. (Source: e-week.com, 11/30/07) ◆

REGULATORY

The Food and Drug Administration this week announced a new e-mail service that alerts subscribers whenever information is updated on certain FDA Web pages. The service is free and available for a wide variety of FDA’s Web pages, including medical product approvals. “Being able to directly communicate with consumers, health care professionals and the regulated industry about the safety of our food supply and medical products is critical to FDA’s ongoing commitment to protecting the public health,” said FDA Commissioner Andrew C. von Eschenbach, MD. To receive e-mail alerts, subscribers need only click on the red envelope icon located on participating Web pages. Each e-mail update includes a direct link to the FDA Web page that has been updated. The service allows subscribers the flexibility to personalize the information most important to them. Among the topic areas are Biologics, Diseases and Conditions, Drugs, MedWatch, Medical Devices, News and Events, Recalls and Safety Alerts, Regulations, Laws and Standards, Research, and Guidance Documents. To access the sign-up page and list of topics, go to: www.fda.gov/emaillist.html. (Source: FDA Web site, accessed 12/5/07)

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STOPLIGHT: Percent of ABC Blood Supply at Three Days' Supply or More



REGULATORY (continued from page 12)

The Food and Drug Administration has reclassified from class III to class II the automated blood cell separator device operating by centrifugal separation principle and intended for the collection of blood and blood components. FDA also announces the availability of a guidance document that will serve as the special controls for this device, as well as the special controls for the device with the same intended use but operating on a filtration separation principle. The rule is effective December 31, 2007. The guidance document is available at <http://www.fda.gov/cber/gdlns/autobldcell.htm> (Source: FDA Web site, 12/5/07)

The Food and Drug Administration this week issued a notification on the blood grouping reagent Anti-Le^a BioClone 2.0, manufactured by Ortho Clinical Diagnostics, Inc. (OCD), based in Raritan, New Jersey. OCD has received complaints of weakened reactivity or false negative reactions when using the referenced lots. Their investigation has confirmed decreased potency, weakened reactivity and, in some cases, false negative results. OCD is requiring customers to discontinue using and discard any remaining inventory. The notification affects Product Code 715280, lots LAB129A (exp. 3/10/2008), LAB130A (exp. 6/29/08), and LAB131A (exp. 12/27/08). (Source: FDA Web site, 12/6/07)

The Food and Drug Administration has issued a draft guidance outlining new voting procedures for FDA advisory committees. In the document, FDA recommends adopting uniform voting procedures for all advisory committees to maximize the integrity and meaning of the results. Comments on the draft document should be submitted to FDA by Jan. 18, 2008. www.fda.gov/oc/advisory/VotingGuidance.html



MEMBER NEWS

ABC Member's Model A Wins Best in Class in Vintage Show

Don Doddridge, president and CEO of Florida Blood Services, and president of America's Blood Centers, is known for his serious commitment to maintaining an adequate supply of safe blood. But believe it or not, he also has other interests in life. Recently, his pristine 1930 Model A Ford two-door sedan won best in class at the Saint Petersburg Yacht Club (SPYC) Vintage Auto & Cycle Show, held November 11 in Saint Petersburg, Florida. The SPYC show is regarded by



car enthusiasts as the most prestigious auto and cycle show on the west coast of Florida, according to an industry publication. There were more than 250 cars on display at the event. Mr. Doddridge said the sedan was his father in law's car for about 25 years, and that he has owned it for five years. During that time, he has had the engine rebuilt, has had the seats reupholstered, and has given the vehicle a beautiful new paint job. "If the tradition continues, my son will get it in a few years after I retire and my grandson after that!" he said.

Memorial Blood Centers Laptop Stolen with Password-Protected Donor Names, Social Security Numbers

Memorial Blood Centers, based in Saint Paul, Minnesota, reported on Wednesday that it has begun notifying blood donors of the theft of a laptop computer holding 268,000 donor records. The records contain donor names and Social Security numbers but not medical information.

The laptop computer was stolen on November 28 in downtown Minneapolis during early morning preparations for a blood drive. The theft was captured on building security cameras. The Minneapolis Police Department was notified and the center is working with law enforcement authorities to recover the laptop. Access to the donor information on the laptop is protected by multiple levels of passwords and requires the use of other technologies to prevent unauthorized use.

"We apologize for any anxiety this incident may cause for our donors," said Don Berglund, CEO of Memorial Blood Centers. "This appears to have been a random crime. We believe the measures securing access to the donor records protect against their inappropriate use. We also immediately implemented additional measures to further protect against unauthorized access to donor data."

Memorial Blood Centers has begun notifying the affected donors whose names and Social Security numbers were on the stolen computer. Notified individuals are being encouraged to monitor their financial accounts as a precaution. A special hotline has been established for donors who may have further questions about this theft.

Memorial Blood Center operates 10 donor centers at nine Minnesota sites and one in Superior, Wisconsin and conducts more than 125 blood drives monthly. (Source: Memorial Blood Center press release, 12/5/07) 💧



GLOBAL NEWS

The Indian government will open new blood banks in 600 districts across the country as well as a model blood bank in all states within the next two to three years, said Health and Family Welfare Minister Anbumani Ramadoss, MD, at last week's national conference on the safety and accessibility of blood. The conference was held in conjunction with World AIDS Day, which was last Saturday. Centers of Excellence will be established to test and store blood, and the government also will establish a plasma fractioning unit. A National Blood Authority will be established by the government to promote and regulate donations, transfusions and policies regarding blood. India's blood collection systems have been rocked by scandal in recent years, but it has reduced HIV/AIDS infections transmitted by blood to 2 percent, and the government has set a target of 0.5 percent, said Dr. Ramadoss. The National AIDS Control Organization (NACO) is supporting the public blood bank system and has commenced a nationwide movement to promote donation of safe blood, he said. Deepender Hooda, a member of Parliament, said that the government should ensure donor-specific policies and motivate people to come forward for multiple blood donation. In a panel session, Debashish Gupta, MD, national program officer for Blood Safety, NACO, suggested the development of a corpus fund for the adoption of technology of blood processing. He said that most of India's voluntary donors are one-time donors only and multiple donations have to be encouraged. Earlier in the day, Harpal Singh, chairman, CII National Committee on Public Health, said that globalization and is posing new challenges to safe blood and encouraged the adoption of a national program on safe blood per World Health Organization (WHO) standards. (Source: ANI/Thaindian News, 11/27/07) ♦

INFECTIOUS DISEASE UPDATES

The Center for Vector Biology at Rutgers New Jersey Experiment Station is participating in a US Department of Agriculture cooperative agreement aimed at using integrated pest management (IPM) techniques to fight the Asian tiger mosquito (*Aedes albopictus*). The \$3.8 million, five-year project is funded by the Agricultural Research Service as one of its area-wide IPM projects. "The introduction of the Asian tiger mosquito into the US was one of the most significant public health events of the past quarter-century," said Robert M. Goodman, executive dean of Agriculture and Natural Resources at Rutgers. "Health officers concerned with vector-borne disease recognize this mosquito as an efficient laboratory vector of more than thirty arboviruses, in particular dengue, chikungunya, and even yellow fever." The Center for Vector Biology will partner with the USDA's Mosquito and Fly Research Unit in Gainesville, Florida in the project. In addition, Rutgers scientists will collaborate with officers from Monmouth and Mercer County Mosquito Control Agencies to use education and community involvement, as well as mosquito surveillance and control to systematically attack all life stages of the pest. In the fifth year, the program will be extended to 10 or more mosquito control programs across the country. Introduced into the US in 1985, the Asian tiger mosquito now infests 30 states and continues to spread. In addition to being a potential vector of epidemics, it is also regarded as a significant nuisance. Asian tiger mosquitoes are aggressive day-biters that cause skin problems and allergic reactions. They thrive in artificial containers, particularly in urban areas where human-mosquito contact is maximal. (Source: *Medical News Today*, 11/12/07)

HEPATITIS C

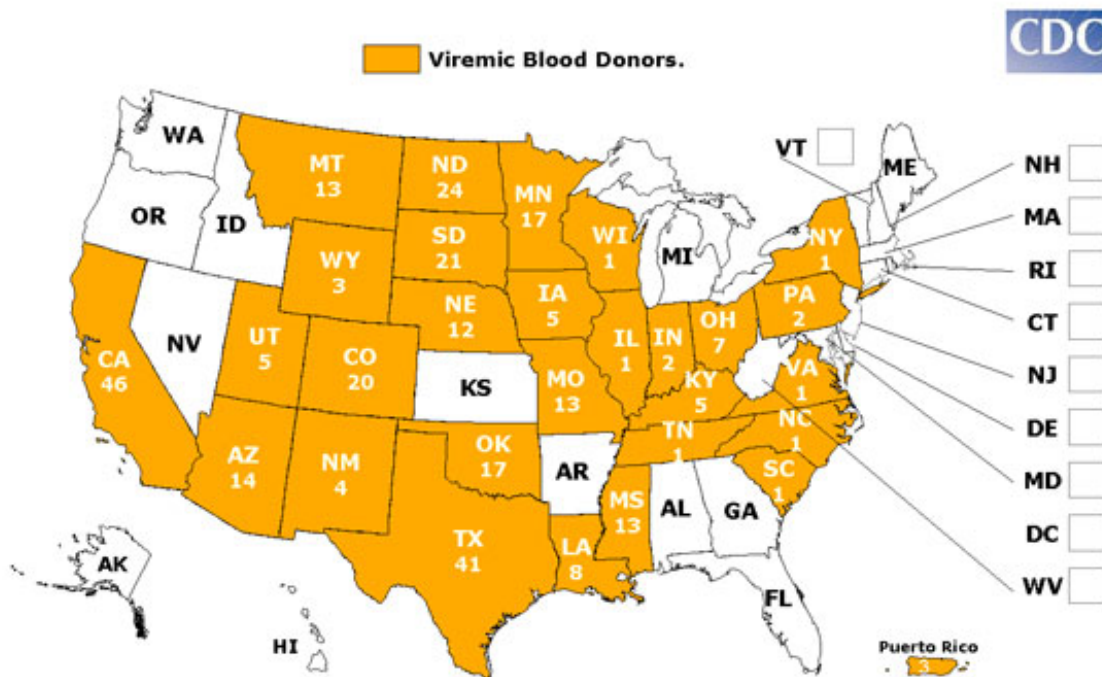
Evel Knievel, the hard-living motorcycle daredevil whose jumps over Greyhound buses, live sharks and Idaho's Snake River Canyon made him an international icon in the 1970s, died last Friday. He was 69. He had been in failing health for years, suffering from diabetes and pulmonary fibrosis, an incur-

(continued on page 16)

INFECTIOUS DISEASE UPDATES (continued from page 15)

able condition that scarred his lungs. Mr. Knievel had undergone a liver transplant in 1999 after nearly dying of hepatitis C that was thought to have been contracted through a blood transfusion after one of his bone-shattering spills. Immortalized in the Smithsonian Institution as “America’s Legendary Daredevil,” Mr. Knievel was best known for a failed 1974 attempt to jump Snake River Canyon on a rocket-powered cycle and a spectacular crash at Caesar’s Palace in Las Vegas. He suffered nearly 40 broken bones before he retired in 1980. Although he dropped off the pop culture radar in the 1980s, Mr. Knievel always had fans and enjoyed a resurgence in popularity in recent years. He still made a good living selling his autographs and endorsing products. Thousands came to Butte, Montana, every year as his legend was celebrated during the “Evel Knievel Days” festival. (Source: *Chicago Sun Times*, 12/1/07)

WEST NILE VIRUS



**2007 West Nile Virus
Viremic Blood Donor Activity**
(Reported to CDC as of November 27, 2007)

A total of 302 presumptively viremic blood donors (PVDs) were reported to the Centers for Disease Control and Prevention’s ArboNET surveillance program through state and local health departments for 2007. A PVD is a person whose blood tested positive when screened for the presence of West Nile virus. PVDs are followed up by the blood agency to verify their infection with additional tests. Some PVDs do go on to develop symptoms after donation, at which point they would be included in the count of human disease cases by their state. 💧

COMPANY NEWS

An updated analysis from a 2001 study conducted by the Gynecologic Oncology Group evaluating Epoetin alfa in 109 patients with cervical cancer has been released by Ortho Biotech. The updated analysis, expected to be published in the journal, *Gynecologic Oncology*, found a statistically non-significant trend toward decreased progression-free and overall survival in the patients treated with Epoetin alfa. The updated analysis provides further evidence supporting the recent ESA class label change to use the lowest dose needed to avoid transfusions and not to exceed an upper hemoglobin safety limit of 12 grams per deciliter of blood (g/dL). The study (GOG-191) was terminated in 2003 due to potential concerns of thromboembolic events (TE) in the group treated with Epoetin alfa, marketed as Procrit. GOG-191 was a randomized phase III trial designed to evaluate the efficacy of maintaining hemoglobin levels above 12 g/dL with Epoetin alfa in subjects with advanced cervical cancer undergoing chemoradiotherapy. Ortho Biotech has informed the Food and Drug Administration of this updated analysis. Procrit is used for the treatment of anemia in patients with most types of cancer receiving chemotherapy, with chronic renal failure who are on dialysis and those who are not on dialysis, who are being treated with zidovudine for HIV infection, and to reduce the need for transfusion in anemic patients who are scheduled for elective non-cardiac, non-vascular surgery. Depending on the country in which Epoetin alfa is marketed, these indications may differ. (Source: Ortho Biotech, 12/4/07) ◆

PEOPLE

Pamela Tyranski has been named chief operating officer for the Blood Bank of Delmarva, responsible for all operational departments within the organization. Prior to her tenure at the Blood Bank, Ms. Tyranski was the deputy director of Delaware Health and Social Services – Division of Medicaid and Medical Assistance. She also was formerly chief operating officer of Delaware Physicians Care Inc. Ms. Tyranski is a graduate of the Temple University School of Nursing. She also received a master's degree in business administration from Philadelphia University. She is a member of the Sigma Theta Tau Honor Society and the Temple University School of Nursing Advisory Board. Newark, Delaware-based Blood Bank of Delmarva provides blood for the 17 hospitals and 13 renal care centers throughout Delaware, the Eastern Shore of Maryland, and Accomack County, Va. More than 76,000 blood donations are needed each year for patients across the Delmarva Peninsula. (Source: Blood Bank of Delmarva release, 12/3/07)

Greg Sunset has been named divisional vice president, US Strategic Accounts, for Abbott Diagnostics Division, the company announced today. He reports to Gary Winer, divisional vice president, US Commercial Operations. Mr. Sunset joined Abbott in 1983 and has held various sales and marketing leadership positions in his 24 years with the Abbott Diagnostics Division. Since 1998, he has served as the commercial leader for the US Blood Screening business, heading the successful launch of PRISM in the US. In order to capitalize on strategic synergies among its largest accounts, the Abbott Blood Screening team will continue to report to Mr. Sunset and will integrate with the national accounts organization, said the company. ◆

CLASSIFIED ADVERTISING

Classified ads (including positions available and wanted) are published free of charge for maximum of 3 weeks for ABC institutional members. There is a charge of \$100 per placement for ABC Newsletter subscribers and \$250 for non-subscribers. Notices ordinarily are limited to 200 words. To place an ad, contact Deanna Du Lac, Business Manager, ABC Newsletter. Tel: (202) 654-2917; Fax: (202) 393-5527; E-mail: ddulac@americasblood.org.

MS Program. University-based regional blood center & transfusion service through College of Allied Health Sciences, University of Cincinnati, is accepting applications for Fall quarter 2008 for 15 month Master's program in Transfusion & Transplantation Sciences. Applicants apply for one of two tracks. Blood Transfusion Medicine track emphasizes all aspects of transfusion medicine, including immunohematology, blood center & transfusion service operations, quality assurance, component therapy, cellular therapies, transplantation immunology & independent research. Students simultaneously fulfill the requirements for Specialist in Blood Bank Technology (SBB) certification. Cellular Therapies track emphasizes biology & therapeutic use of hematopoietic stem cells & other somatic cell therapies. Program includes significant hands-on laboratory exp. in selection & genetic manipulation of stem cells & in development of novel cell therapy treatment protocols. Application Deadline: **3/1/07**. Contact: Pam English, MT(ASCP)SBB, Hoxworth Blood Center, University of Cincinnati Medical Center, 3130 Highland Avenue, PO Box 670055, Cincinnati, OH, 45267-0055; Tel: 513-558-1275; E-mail: Pamela.english@uc.edu

Virtual Blood Donor Recruiter. Donor Recruitment Partners seeks open donor recruitment territories to help blood centers increase blood collections. Our team of three staff members, exp. donor recruitment professionals with over 35 years of exp. in donor recruitment. Let us help you make blood collection goals this year & beyond. Our staff can do it all including maintaining contact with blood drive coordinators, giving groups new ideas to help with their blood drives & adding blood drives to schedule. We can do all of this from phone & computer. All of our staff is trained in using Hemisphere (Altivation software) & have used it since 2002. Don't let open territories & struggling recruiters keep you from making goal. Guaranteed results right away. For more information contact: Chris Braudis. E-mail: cbraudis@donorrecruitmentpartners.com or call 314-503-8560; Web: www.DonorRecruitmentPartners.com

POSITIONS AVAILABLE

Supervisor, Volunteer Services. Puget Sound Blood Center, independent, volunteer-supported nonprofit regional resource providing blood & tissue, research & education of high quality & value. We have proudly served donors & patients for 60 years. We seek dynamic leader to provide hands on guidance & support to team of Volunteer Services Coordinators for Donor & Volunteer Resources Department of Puget Sound Blood Center. Volunteer Services Coordinators recruit, build & maintain effective

relationships with volunteers, including training & scheduling to enhance participation in volunteer program. Primary responsibilities include motivating & coaching Volunteer Services Coordinators to ensure objectives are met & strategies are applied to attain individual, team & program goals. Supervisor will also problem solve issues both internally & externally, demonstrate & model effective communications, participate in cross departmental teams & administer training programs to all new employees. Requirements include: min. three years supervisory exp. & three years exp. in volunteer program management; bachelor's degree in Communications, Business Administration or related field, or equivalent combination of education & exp.; effective diplomatic, written, verbal & interpersonal communication skills; project management skills with demonstrated ability to manage & prioritize multiple projects simultaneously; effective negotiating & personnel management skills, strong group presentation & facilitation skills; computer skills including MS Window, Word, Excel & Outlook Calendar preferred; applicant must have consistent & reliable transportation & must be able to travel within region.) Send cover letter & resume to: Human Resources, Puget Sound Blood Center, 921 Terry Avenue, Seattle WA 98104-1256 (**Job #5366- Lynnwood**); E-mail: HumanResources@psbc.org; Fax: 1-866-286-8495. EEO/AA

Manage, Mobile Unit Recruitment. Hoxworth Blood Center, our community's blood center & division of University of Cincinnati Academic Health Center seeks exp. manager, mobile unit recruiter to manage mobile recruitment operations for Hoxworth Blood Center. Candidate must be able to manage direct & daily activities of Blood Donor Recruiters, review assigned territories, manage daily mobile calendar, establish goals & ensure they are met, oversee sales incentive program & make recommendations & conduct sales calls with Blood Donor Recruiters. In association with other Hoxworth divisions, ensure appropriate number of mobiles & appropriate number of mobiles proper staffing. Initiate and implement continuous quality improvement efforts. Provide training to new employees & remedial training as needed. Manage budget for travel, staff development & salaries. Ensure compliance with relevant local, state & federal rules & regulations. Provided direct supervision to exempt & non-exempt staff. Perform related duties based on departmental need. Applicants should have Bachelor's degree with three years exp. or Associate's degree with five years exp. or seven years exp. Degree must be in related field. Exp. must include at least one year supervision. Applicants must apply online to:

(continued on page 19)

POSITIONS (continued from page 18)

www.jobsatuc.com. For more information about Hoxworth Blood Center visit our Web site: www.hoxworth.org. Excellent salary & benefits package that includes full tuition remission for all employees & their dependents & great medical benefits. EOE/AA/EAE

Sr. Medical Director, Corporate Headquarters. Blood Systems, national leader in blood banking, seeks applications for Senior Medical Director at its corporate office in Scottsdale, AZ. Outstanding opportunity for physician to provide medical direction & leadership to corporate medical initiatives for programs & services. Ideal candidate will have established theme of work & track record in leading & participating in local, regional or national workgroups or task forces addressing blood banking & transfusion medicine broad issues. Position will participate in developing new programs, delivering state-of-the-art clinical services, setting medical policies & developing procedures for relevant programs & services. Candidate will work with regional medical directors & management staff to develop & ensure delivery of educational programs that meets needs of medical & technical staff at hospitals served by Blood Centers division. Candidate will lead or participate in investigations & develop projects to improve blood transfusion policies & services. Candidate must have MD or DO degree & be eligible to obtain license in State of Arizona within six months of hire. Position requires board certification in Clinical Pathology, Internal Medicine or Pediatrics, &/or board eligibility in Transfusion Medicine. Board certification in Blood Bank/Transfusion Medicine within three years of employment req'd. Eight years of exp. as MD or Assoc. MD in blood center with exp. in transfusion service operations req'd, with two years of supervisory exp. pref'd. Send CV with names of three references by **1/11/08** to: Blood Systems, attn: HR/LB/78, 6210 E. Oak St., Scottsdale, AZ, 85257 or fax to: 480-675-5780. To apply on-line, E-mail: jobs@bloodsystems.org. Pre-employment drug testing req'd. EOE M/F/D/V

Donor Deferral Coordinator. Blood Center of New Jersey is longest serving community blood bank in State providing for needs of many NJ hospitals. Headquartered in East Orange, NJ, we work with corporate & community volunteer groups to collect & distribute blood to NJ hospitals. We have immediate opening for exp. laboratory or healthcare professional to maintain our donor deferral registry. Specific responsibilities will include updating & auditing donor records along with notifying & advising deferred donors of their status and reporting positive lab results to appropriate authorities. Hours of work may include rotating weekend assignment. Candidate will be self-starter with two to three years administrative exp. in laboratory or healthcare setting. Strong communication skills, excellent analytical ability, good follow-up skills & attention to detail are critical. Must be proficient with Microsoft Office Suite. Knowledge of blood banking procedures desired. MT (ASCP) pref'd but will consider other healthcare degrees. Send your resume to: HR Coordinator, Blood Center of New Jersey, 45 S. Grove St., East

Orange, NJ, 07018; Fax: 973-592-0777; E-mail: HR@bloodnj.org. EOE

Product Services Coordinator. Blood Center of New Jersey is longest serving community blood bank in New Jersey, providing for needs of many New Jersey hospitals. We seek Product Services Coordinator responsible for supervising units for blood components & distribution. This role will schedule & train all laboratory staff & assist Director with staffing decisions including evaluations. Additional responsibilities include monitoring performance of instruments & equipment, assessing needs for blood & components, ensuring that hospital orders are handled accurately & responding to customer needs & issues. Requirements include AS Degree/BS Degree pref'd & 3-5 years exp. in blood center, clinical laboratory or hospital. Previous supervisory exp. desired; ASCP certification pref'd. Competitive salary & comprehensive benefits package. Send resume to: HR Coordinator, The Blood Center of New Jersey, 45 South Grove Street, East Orange, NJ, 07018; Fax: 973-592-0777; Email: HR@bloodnj.org. EOE

QA Professional. Indiana Blood Center located in Indianapolis, IN seeks exp. professional with three or more years of blood banking or laboratory exp. to implement & monitor aggressive compliance/quality assurance program. Includes managing all aspects of internal audits program & periodically assessing audit program to assure currency with auditing & quality assessment principles. Four-year degree in Medical Technology (ASCP certified), life sciences, industrial engineer with science minor or allied health science discipline. Certification as QA auditor strongly pref'd. Exp. with delivery of technical & non-technical training material pref'd. Understand general work flow & equipment used in medical laboratory setting. Must have knowledge of federal & state regulations, particularly CFR Title 21, Sections 200 & 600 & Title 42 CFR. Must be proficient in all Microsoft Office products. Send resume with salary history to: HR/Bobbi Doyle, Indiana Blood Center, 3450 N. Meridian Street, Indianapolis, IN, 46208; E-mail: bdoyle@indianablood.org. Web: www.indianablood.org

Director of Collections. Blood Centers of Pacific in San Francisco, CA, nonprofit, community-based organization that provides blood & blood components to hospitals, physicians & patients throughout Northern California. First established community blood center in U.S. We also house Blood Systems Research Institute which conducts medical research to improve blood safety & patient care. Blood Centers of Pacific helps 50,000 patients every year with blood donated by community volunteers. Candidate will direct all aspects of donor collections program throughout BCP. Includes management of whole blood collection, apheresis, special donations & donor notifications. Will ensure regulatory compliance & training requirements are

(continued on page 20)

POSITIONS (continued from page 19)

achieved. Requires BA/BS in Nursing, Administration, Health Education or related field, three years of relevant-supervisory/management exp. in blood banking including administrative responsibilities, valid CA driver's license & acceptable driving record. RN or CLS license pref'd. Forward resume with **job code: DCDIR** to: Blood Centers of Pacific; E-mail: resumes@bloodcenters.org ; Fax: 415-749-6620; EOE/AA

Reference Laboratory Manager. Blood Centers of Pacific in San Francisco, nonprofit, community-based organization that provides blood & blood components to hospitals, physicians & patients throughout Northern California. First established community blood center in U.S. We also house Blood Systems Research Institute which conducts medical research to improve blood safety & patient care. Blood Centers of Pacific helps 50,000 patients every year with blood donated by community volunteers. Responsible for all aspects of testing, technical operation & workload of reference laboratory including staff supervision, employee counseling & evaluation, reference testing at satellite centers & other standard supervisory functions. Requires BA/BS in relevant field; four years relevant exp. California Clinical Laboratory Scientist license or eligibility to apply for State of California Clinical Laboratory Scientist License, certification as Specialist in Blood Banking (SBB) or equivalent OR Doctorate in Immunohematology-related field. Send resume with **job code: MGRREF** to: Blood Centers of Pacific; E-mail: resumes@bloodcenters.org ; Fax: 415-749-6620; EOE/AA

Technical Director. Community Blood Services, independent blood center that collects blood donations & offers cord blood banking & operates one of NMDP's largest bone marrow registries. Founded in 1953, Community Blood Services is not-for-profit organization devoted to serving community's transfusion medicine needs. We have immediate opening for results driven Technical Director responsible for managing all aspects of Processing, Reference, HLA & Cord Blood laboratories in order to maintain highest regulatory standards. Additionally, he/she will be part of management team collaborating on operating issues, developing new business ideas & procedures, as well as interacting with area hospital representatives to ultimately help drive current & future programs. Qualifications include Master's degree in related healthcare discipline. PhD is pref'd - post doctorate applicants are welcome to apply. Research exp., ASCP, ASHI, CFQ & SBB or BB certification or eligibility must. Immunology exp. plus. Community Blood Services offers competitive compensation, benefits & relocation package. Send your resume & cover letter along with salary requirement to attention: Colleen Hurley, Assistant Vice President, Human Resources; E-mail: careers@cbsblood.org; Fax 201-265-4021; EOE

Technical Education Supervisor – Transfusion Service Laboratory. Puget Sound Blood Center seeks individual

who will provide leadership to Transfusion Service Laboratories by managing operation of Technical Education department, ensuring that effective technical training & formal Immunohematology education & clinical instruction is provided for both internal & external customers & providing high level of customer service to other departments within Transfusion Service. Requirements include: Bachelor of Science degree in healthcare related field; minimum three years supervisory exp. (pref'd); minimum three years exp. in blood center (pref'd); minimum three years exp. in technical training or adult education, with demonstrated proficiency in technical writing & development of training materials, with exp. in the development of e-learning programs (pref'd); demonstrated effective written, verbal & interpersonal communication skills; demonstrated proficiency with Microsoft Office applications & demonstrated effective organizational & analytical skills, as well as leadership ability. Full time position that requires local travel & based at our Central Seattle facility. Position open until filled. Range for this exempt position is: \$45,420 - \$59,046 - \$72,672 per year. Send resumes to: Human Resources, 921 Terry Ave, Seattle, WA, 98104 or humanresources@psbc.org . **Reference Job #5502ABC** in all correspondence

Therapeutic Apheresis RN. New Brunswick Affiliated Hospitals Blood Center (NBAH), affiliate of Robert Wood Johnson University Hospital seeks full time registered nurse for our rapidly growing Therapeutic Apheresis & Peripheral Blood Stem Cell collection department. Candidates will process NJ State RN license & CPR certificate. Renal dialysis or critical care backgrounds plus. Some Evenings, weekends & on call hours will be expected. Competitive salary, excellent benefits & friendly state of art working environment. Send or fax your resume to: NBAH Blood Center, 125 Paterson Street New Brunswick, NJ, 08901; Tel: 732-235-6683

Director of Quality Assurance & Regulatory Affairs. Southeastern Community Blood Center in Tallahassee, Florida seeks director for its compliance & quality programs. Person will manage & direct compliance program of small community blood center with multiple branches & active transfusion services; will work closely with CEO & department directors to accomplish goals. Responsibilities include development & coordination of blood center quality program, coordination of educational program requirements of blood center staff & students & management of QA specialist staff. Education: Medical Technologist MT (ASCP); CQA (ASQ); or other professional certification pref'd. Strong computer skills helpful. Two years of blood banking or QA exp. in blood center operation req'd; transfusion service exp. desirable. Send resume to: Southeastern Community Blood Center, 1731 Riggins Road, Tallahassee, FL, 32308, Attn: HR; E-mail: kanderson@scbcinfo.org; Fax: 850-877-7435; Web: www.scbcinfo.org

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POSITIONS (continued from page 20)

Quality Director II. Nat'l non-profit blood bank seeks professional with strong organizational, presentation, written & verbal communications skills for our Quality Director II position in Meridian, MS. Responsible for managing review of quality systems & compliance in all areas of technical & clinical operations. Serves as resource to operations on quality issues & participates in Six Sigma & other performance improvement initiatives. Relevant Bachelor's degree & three years of related exp. in regulated industry req'd. Certification as Med Tech, or SBB pref'd. CQA, CQE &/or CMQOE certification within one year req'd. Three years in quality, regulatory, &/auditing environment & two years of supervisory exp. req'd. Blood Systems offers great benefit package. Send resume & salary requirement by **12/21/07** to Blood Systems; Attn: LB/HR/2007/49; 6210 E. Oak Street; Scottsdale AZ, 85257; Fax: 480-675-5780; E-Mail: jobs@bloodsystems.org Drug test req'd. EOE M/F/D/V

Assistant Technical Operations Director. Blood Centers of Pacific in San Francisco, CA seeks Assistant Director for Technical Operations. Blood Centers of Pacific is nonprofit, community-based organization that provides blood & blood components to hospitals, physicians & patients throughout Northern Calif.. First established community blood center in U.S. We also house Blood Systems Research Institute which conducts medical research to improve blood safety & patient care. We help 50,000 patients every year with blood donated by community volunteers. Candidate will oversee laboratory operation including, processing of test results, components manufacturing, plans component production & coordinates production among all BCP centers. Will introduce & oversee implementation of new procedures & equipment & evaluation of new reagents, tests & instruments. Will perform traditional supervisory duties of hiring, firing, evaluating, counseling, disciplining, etc. Ensures technical proficiency of staff & quality of work, & that all biosafety requirements are met. Requires BA or BS in relevant area, CLS (ASCP) or other related technical qualification; Valid Calif. Clinical Laboratory Scientist license (or eligibility). 4 years relevant supervisory/management & CLS exp. in blood banking in one or several related capacities, such as supervision of processing, components or hospital transfusion services. Equivalent combination of pertinent education & exp. may be considered. Forward resume with Job code: ASSTDIR to: Blood Centers of the Pacific, resumes@bloodcenters.org or Fax: 415-749-6620.

Director, Technical Services. BloodCenter of Wisconsin has leadership position that offers an opportunity to join growing team! We seek effective leader with excellent communication skills. We'll depend on you to manage all aspects of blood product testing. Responsible for assuring that testing processes are performed in compliance with regulatory & organizational requirements & that customer satisfaction, operational/cost-effectiveness & quality are achieved. Candidate will have Bachelor's degree plus MT with ASCP certification, SBB, three plus years of exp. in

high volume, donor center testing environment & five years of current supervisory exp. Strong teambuilding, customer service & problem solving skills are essential. Candidate must be detail oriented & have demonstrated ability to exercise initiative & independent judgment. We offer attractive salary, excellent benefits package & professional work environment. Apply on-line: www.bcw.edu. EEO/AAP

Northwest Tissue Services Director. Puget Sound Blood Center. Energetic management professional needed to lead our lifesaving team. Responsible for managing all phases of Northwest Tissue Services including: administration, quality assurance, donation, procurement, processing & distribution of tissues. Responsibilities include technical, educational, marketing, supervisory & administrative functions for Tissue Services, Cord Blood & Peripheral Blood Stem Cell programs. Position reports directly to Vice President of Marketing & Community Relations & will provide leadership & direction to team of 65 staff members located in Washington & Montana. Requirements include B.A. or B.S. degree (specific training in anatomy, microbiology & transplantation is desirable); minimum of four years exp. in managerial capacity; demonstrated organizational & personnel management skills; demonstrated effective written, verbal & interpersonal communication skills; research laboratory exp. (desirable); strong interest in participation in tissue banking at regional & national levels & knowledge of elements of quality assurance programs & information management systems. Exempt-level position is based at our Central location in Seattle's First Hill neighborhood. Send resume to: Human Resources, **Job# 5364ABC**, Puget Sound Blood Center, 921 Terry Ave, Seattle, WA, 98104-1256; E-mail: humanresources@psbc.org

Hemostasis Laboratory Supervisor. Puget Sound Blood Center. Assist Laboratory Director & Medical Director in providing accurate & timely Hemostasis testing. Provide limited consultation to laboratory customers as authorized by Medical Director & provide management of Hemostasis Laboratory. Primary responsibilities include effective management of hemostasis laboratory staff, quality, customer service, budgetary issues & issues related to Laboratory Information System. Requirements include MT or equivalent plus five years of exp. as senior technologist in laboratory performing advanced coagulation testing procedures; documented exp. in education of physicians & technologists in theory & practice hemostasis testing (desirable); knowledge of applicable regulatory requirements; demonstrated understanding of quality systems; demonstrated ability to work independently; demonstrated written, verbal & interpersonal communication skills & demonstrated computer literacy including functional proficiency with Microsoft Office applications & laboratory information systems. Exempt-level position is based at our Central location in Seattle's First Hill neighborhood. Send resume to: Human Resources, **Job# 5354ABC**, Puget Sound Blood Center, 921 Terry Ave, Seattle, WA, 98104-1256; E-mail: humanresources@psbc.org ♦

