

ABC will not be publishing a newsletter next week due to the ABC Annual Meeting.

Issue #10
March 17, 2017

Success in Minority Recruitment Programs

While a large portion of the U.S. population is eligible to donate blood (40 percent), only a handful actually do (5 percent). Of those who do donate, the majority are overwhelmingly white. This can prove problematic for many of the 100,000 sickle cell disease (SCD) patients—a majority of whom are African-American, as well as other minorities who require transfusions.

Researchers have currently identified 346 serologically defined red blood cell antigens and 33 serologically defined platelet antigens. For chronically transfused patients, matching the blood units as close as possible to their genotypes proves beneficial for their long-term care and health. And because SCD affects 8 percent of all African-Americans, the disease is heavily linked to that demographic. Other ethnicities also have (less) strong links to the disease, e.g., some Hispanic populations. And because the [U.S. population by 2020](#) will consist of a majority of mixed racial backgrounds, Hispanics, and other minorities—with 36 percent of children under 18 being non-Hispanic white—there is a strong focus in blood centers toward recruiting minority populations.

Recruiting minorities as blood donors varies greatly depending on where in the country the center is located. For United Blood Services (UBS) in El Paso, Texas, their focus is on recruiting more Hispanic donors, because 68 percent of the town consists of Hispanics. For Hoxworth Blood Center in Cincinnati, Ohio, their focus is on African-Americans, because

the center is a large supplier of blood for local SCD patients, said James Tinker, division director of donor recruitment and community relations at Hoxworth Blood Center, the University of Cincinnati. For UBS in New Mexico, a large focus of their efforts turn toward the Native American population in the western and northern part of the state; 26 percent of N.M. donors are Hispanics who donate consistently, said Aussy Levi, UBS



Sr. donor recruitment manager. “Given the political environment, we are seeing an increase of diverse populations donating. In addition, educating the community and understanding our audience is impactful in recruiting other unique populations.”

In a 10-year study from eight large blood collectors in 17 different states. Yazer *et al.*, found that white donors made up for 70.7 to 73.9 percent of all unique donors annually. Yet all minority racial/ethnic groups experienced a small increase in their percentage of unique donors in 2015 compared with 2006. Hispanic donors demonstrated a 49.50 percent

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OUR SPACE

ABC President Susan Rossmann, MD, PhD
Chief Medical Officer, Gulf Coast Regional Blood Center

Blood Operations, Our Special Job; Advocacy For Our Special Needs

The members of ABC are special—we provide a unique service which requires special talents. We have to optimize the safety of donation for donors while ensuring an adequate supply of blood components for patients. We have to balance the need for the highest level of safety of blood to be transfused with the various costs of that safety: testing costs, product loss, donor loss or frustration. We have to do all this within the context of fiscal challenges and price-pressures that are part of the relentless drive to reduce overall medical costs. In short, we are blood operators.

Our pressures and satisfactions, requirements and rewards, are unique. Of course blood as a therapeutic agent resides within the world of medicine, and we are part of the healthcare system. But we have needs, responsibilities, and opportunities that are appreciated only by other blood operators. We look at the science of blood donation and transfusion-transmitted diseases with a slightly different slant. We consider distribution networks extensively. America's Blood Centers provides an opportunity to work together to improve ourselves through advocacy, exchange of ideas, and education. Although we align and affiliate with other groups in AABB and other national and regional blood organizations, ABC is unique in the emphasis on the blood collection, manufacturing, and distribution processes—in short, blood operations.

This is why we are particularly pleased to welcome Peter Marks, MD, PhD, director of the Center for Biologics Evaluation and Research (CBER) at the Food and Drug Administration (FDA), to our Annual Meeting, at the Tuesday morning Advocacy forum. As head of CBER, he plays a key role in assuring the safety of blood products, and hence regulating our enterprise. It is an unusual opportunity to see him in a small group setting where we will hear his perspective on our operational issues. U.S. Representative John Shimkus from Illinois, a member of the House Energy and Commerce Committee, will also speak; his Committee has jurisdiction over the FDA as well as a broad mandate, including public health and food and drug safety.

Other aspects of the Annual Meeting also speak to us as blood operators: aspects of collection, including recruitment and donor screening for public health; manufacturing, particularly testing for bacteria and Babesia, and the adoption of a risk-based approach; and data that can help us rationalize distribution and all aspects of the operation.

We have a special obligation and responsibility to donors and patients, and we have to keep our enterprises afloat. ABC can help us with the unique aspects of our many jobs, and it has been my great pleasure to be your President. Going forward, structures and lines may change for our blood centers, but we will continue to share knowledge, work toward common goals, and enjoy each other's company.

srossman@giveblood.org

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

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SUCCESS IN MINORITY RECRUITMENT (continued from page 1)

increase in their proportion of unique donors, whereas African American donors demonstrated a slight decrease from 18.8 percent in 2006 to 18.1 percent in 2015.

“The trend for Hispanics donating is up, many of them are donating for the first time in high school, and we have some of the largest high school blood drives in our area,” said Martin Gomez, UBS donor recruitment manager.

Some effective ways in which Mr. Gomez said he and his teams have used to recruit Hispanic donors was hiring more bi-lingual technicians and recruiters, and developing marketing material in Spanish. He also reached out to Spanish-speaking media and local Hispanic churches to help bring the programs to the eyes and ears of the local Hispanic community.

“The vast majority of Hispanics are Catholic. If the priest says ‘donate,’ they donate,” said Mr. Gomez. The goal of the program he helped create at UBS in Arizona (before he moved to Texas) was to increase the Hispanic participation by 10 percent, one year later it increased by 20 percent, he said. Mr. Gomez said the program called Diversity Program is still working effectively there today.

“Having a staff that reflects the community we serve cannot be overstated in its importance to being a genuine and welcoming blood center,” said Mr. Tinker. Just as Mr. Gomez hired Spanish-speaking techs and recruiters to reach out to the Hispanic community, Hoxworth hires a diversity of ethnicities, in part, to help with minority outreach.

Diversity in the staff is important, not just to show donors a familiar looking face, but to have that deeper cultural understanding—getting the language and messaging correct. That familiarity with the culture cannot be faked. At Children’s National Health System in Washington, D.C., Sonya McConnell, recruiter for the blood donor center and ADRP subscriber, said this kind of personal-touch system is what makes their donor ambassador program so successful.

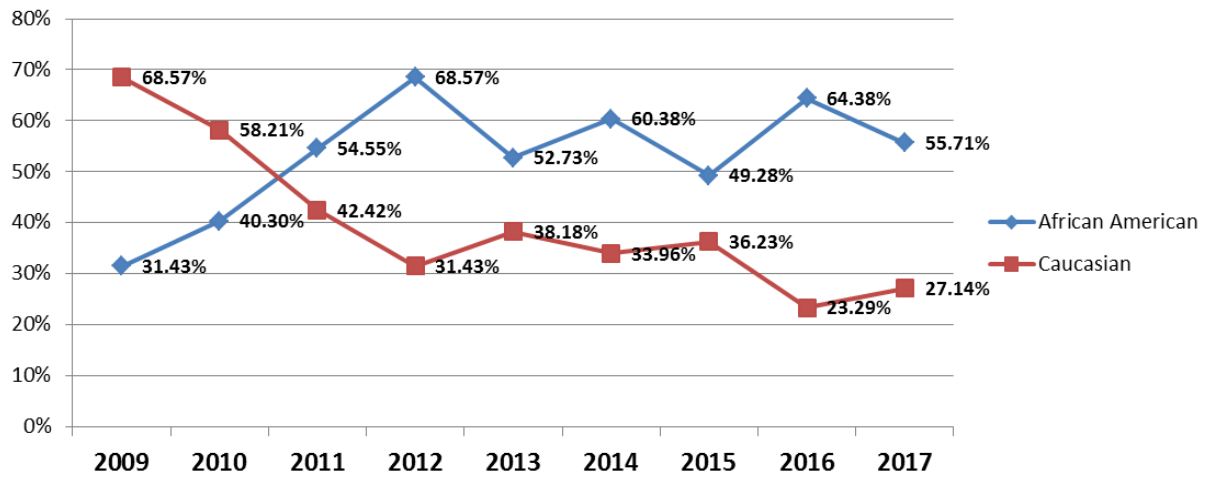
“Talking to these parents (of SCD patients), we started to really encourage them to talk to their friends, businesses, and churches to get them to donate,” said Ms. McConnell. “We came up with a rewards system as well just for them...and now we’ve gotten four or five blood drives since September from this program.”

Community Blood Center of the Carolinas (CBCC) runs a similar program, asking their donors to bring a friend or family member along to donate and “when minority donors bring a referral, this builds our donor base, and provides additional opportunities for identifying rare antigen patterns,” said Sylvia Abney, a tele-recruiter at CBCC.

Other places blood centers noted where they have successful recruitment of donors from minority populations are fraternity and sorority organizations, small local places of worship, high schools and universities with a large minority population, and community leadership or civic organizations.

Hoxworth has an annual blood drive at the National Underground Railroad Freedom Center on Martin Luther King, Jr. Day. The drive started in 2009 and has been a consistently successful drive that includes incentives like free admission to the museum. When it began, Caucasian donors were more prevalent, but that trend has been outpaced by a consistent turnout of African-American donors.

SUCCESS IN MINORITY RECRUITMENT (continued from page 3)



Some of the more unsuccessful locations blood centers noted were bigger churches with over 5,000 people in the congregations and local businesses owned by minorities.

Whatever minority recruitment program your blood center is forming, Mr. Tinker has a few words of advice for you: “Times change, locations change, demographics change, but it still comes down to making connections, establishing rapport and being genuine.”

Citation: Yazer M., Delaney M., Germain M., *et al.* Trends in US minority red blood cell unit donations. *Transfusion*. February 16, 2017. DOI: 10.1111/trf.14039. 📌

SPECIAL ANNOUNCEMENT

Dear Colleagues,

ABC is seeking to fill the position of Chief Medical Officer this summer. So that an optimal transition will occur, I would like to enlist your efforts to identify candidates to fill this important position. If you personally are interested in learning more about this opportunity, or know of other highly qualified colleagues whom you believe should be considered, please communicate this interest to me at czambricki@americasblood.org. All communication will be held in strictest confidence.

The ABC Chief Medical Officer is responsible for implementing strategies and tactics, consistent with the best scientific and medical evidence and regulatory requirements, that support ABC’s mission, maintain our values, and realize our vision. The CMO works as part of the ABC Senior Executive Team (SET) to communicate ABC’s issues to members, regulators, legislators, and external groups and mobilizes ABC members and professional staff to achieve the strategic goals of the organization. The CMO serves as a public advocate for ABC, maximizing the organization’s public presence as a national leader in shaping the future of blood banking, transfusion medicine, and cell therapies.

Sincerely,

Christine Zambricki, CEO



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.

ABC Calls Upon House Subcommittee for \$5M in Funding

ABC leadership sent a [letter](#) to the U.S. House of Representatives Appropriations subcommittee, which has jurisdiction over the Department of Health and Human Services (HHS)—excluding the FDA, last week outlining our spending priorities for Fiscal Year 2018. In the letter, we requested increased funding to HHS to ensure blood centers are remunerated for their work related to maintaining a safe and robust blood supply in instances of public emergencies and significant health threats, and to develop a comprehensive data system for blood. Read the full letter [here](#).

ABC specifically asked for \$5 million to help with a coordinated strategy to further develop the data infrastructure needed to determine day-to-day adequacy and the availability of sufficient surge capacity in the U.S. blood supply to meet conceivable public health emergency scenarios, apply risk-based decision making to new rules and regulations, monitor trends in the blood supply to ensure long-term sustainability, examine donor data related to population health, and find solutions to the challenges of tomorrow.

(continued on page 6)

America's Blood Centers[®]
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**A NATIONAL EFFORT WITH A
LOCAL APPROACH**

SAVE THE DATE!
March 28, 2017

AMERICA'S BLOOD CENTERS'
ADVOCACY DAY
WASHINGTON, D.C.

Contact us for more information
and to register today!



INSIDE ABC (continued from page 5)

FABC Awards of Excellence Winners

The Foundation for America's Blood Centers (FABC) is proud to announce the winners of the FABC *Awards of Excellence*. The awards will be presented during the upcoming ABC Annual Meeting.

FABC Pacesetter Award



Abbott



**FRESENIUS
KABI**

caring for life

The FABC Pacesetter Award goes to a company that has generously donated between \$50,000 to \$74,999 to the FABC. This year, both Abbott Laboratories and Fresenius Kabi USA, LLC, will be receiving the FABC Pacesetter Award for their contributions towards the ABC Professional Institute (API) Capital Campaign.

The API Capital Campaign helped to fund the launch of the API Learning Portal, as well as the educational offerings now in place through the learning portal, including *Introduction to the Blood Banking Industry*, courses on leadership development, customer service and IT, and ABC webinars.

FABC President's Award



The President's Award recipient is chosen by the FABC Chairman of the Board of Directors every year for his/her commitment to the FABC. Pascal George, the FABC Chairman, has selected John Murphy, CFO of OneBlood, as this year's recipient.

"John has a full time job, is volunteering as ABC's chief financial officer, but still devoted much of his time and attention to FABC," said Mr. George. "He is very open-minded and willing to re-work his presentations to better tailor the message to the audience. He has been very supportive of my questioning of the financial approach of the foundation and took the lead in identifying, proposing, and getting ABC board resolutions passed that reduced the administrative charges to FABC and made us a sustainable foundation."

Congratulations to Mr. Murphy and all the winners this year! The awards will be presented on Monday, March 27, at the 20th Annual *Awards of Excellence* event in the Grand Ballroom of the Ritz-Carlton (Pentagon City), during the ABC Annual Meeting.

(continued on page 7)

Save the Date!

ABC QA Education Webinar
 "RiskBased DecisionMaking for Managing
 Nonconforming Products/Non-Complaint Conditions"
 March 21, 3:00 p.m. EDT
[Register here.](#)

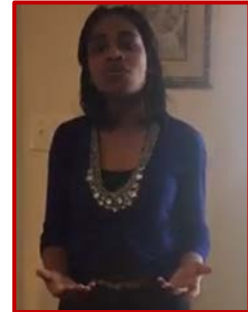


INSIDE ABC (continued from page 6)

ABC’s Got Talent Season II Latest Contestant Sings from the Heart



Although Marie Fontaine has only been working at the Blood Bank of Delmarva for six months, she finds that working as a phlebotomist is one of the most wonderful jobs she has ever had. What she loves the most is not only that she gets to save lives, but she also gets to know a little bit about each donor who comes to donate—and their reasons for doing so.



When Ms. Fontaine graduated as a phlebotomist last May, she prayed God would help her find a job where she can really help people. One day she decided to stop at the Blood Bank of Delmarva blood center in Dover. The staff gave her the blood bank’s website, she found an opening for a phlebotomist, and now she’s doing what she loves.

Ms. Fontaine started singing, acting, and dancing at a very young age, performing in school plays and many churches. One day she hopes to become a great gospel singer and travel the world to help others who are in need.

Being born in one of the poorest countries in the western hemisphere, Haiti, many families around Ms. Fontaine did not have the resources needed to take care of themselves. These memories have stuck with her, and keep her motivated to work hard and to teach her young son, an aspiring photographer, to also work hard so he can achieve everything his heart desires. To vote for Ms. Fontaine, click [here](#). Sadly, Ms. Fontaine cannot join us at the event, but she will be there in spirit!

ABC would like to congratulate the contestants for already raising \$5,400! Stop by the [ABC website](#) to view and vote for all the ABC’s Got Talent Season II contestants! Listen as [Pascal George](#) plays his guitar, [Eva Quinley](#) shares her voice, [Dr. Mary Townsend](#) shows us her rope-tricking skills, [Dr. Carolyn Young](#) plays the piano, and our newest contestant [Marie Fontaine](#) sings. You still have time to vote and donate for your favorite, either now or even live at the talent show event!

Don’t miss our exciting grand finale of the talent show at the ABC 55th Annual Meeting. [Chris Staub](#), COO of Central California Blood Center, will be performing an original version of “Buffalo Girls” with the Fabulous FABCs (the entire cast of contestants) along with anyone else who wants to get on stage to join! You can also donate and vote for Mr. Staub as well! Click [here](#) to see his video and donate! ♦

Congrats to the ABC’s Got Talent Season II Top 3 Contestants!			
Contestant(s), Blood Center	Talent	Amount Raised	Link to Video
1. Eva Quinley, MEDIC Regional Blood Center	Singing	\$2,315	http://bit.ly/GTEva
2. Mary Townsend, Blood Systems	Rope Tricking	\$1,950	http://bit.ly/GT2Mary
3. Pascal George, Central Jersey Blood Center	Guitar, singing	\$ 870	http://bit.ly/GTpascal



AMERICA'S BLOOD CENTERS

TECHNICAL & QUALITY WORKSHOP

OMAHA, NEBRASKA
JUNE 6-8, 2017






Featured Topics

- HLA Testing & TRALI Mitigation
- Whole Blood – What's Old is New Again
- Cybersecurity for Quality & Technical Professionals
- Making the Leap to Process Improvement

For registration information, visit www.bit.ly/abc_meetings.
Scholarship opportunities are available to ABC members.
Sponsorship opportunities available. Contact Jodi Zand at jzand@americasblood.org for details.

Hotel Information
DoubleTree by Hilton Omaha Downtown
Hotel room rate: \$144 + tax



America's Blood Centers®
Professional Institute

ABC 2017 Meetings & Workshops

Join us at the 2017 ABC Meetings and Workshops. We are thrilled to welcome ADRP to our lineup of premier education offerings this year. For more information on any event, email [Lori Beaston](mailto:Lori.Beaston@americasblood.org).

ABC Annual Meeting and International Blood Safety Forum
March 24-28, *Washington, D.C.*
Non-members register [here](#);
Sponsors email [Jodi Zand](mailto:jodi.zand@americasblood.org); members [Lori Beaston](mailto:Lori.Beaston@americasblood.org)

ABC Summer Meeting, MD Workshop and FABC Links for Life Golf Tournament
August 1-4, *Providence, RI*
Registration coming this spring

ADRP Conference
May 1-3, *Chicago, IL* Register [now](#)

Technical/Quality Workshop
June 6-8, *Omaha, NE* Registration opens in March

Financial Management & IT Workshops
September (Dates TBD), *Houston, TX* Registration coming this summer





RESEARCH IN BRIEF

Using a high ratio of fresh frozen plasma (FFP) to red blood cell (RBC) for massive transfusion patients without trauma provided no survival benefit compared to a low ratio. In a retrospective study of 865 massive transfusion events at Massachusetts General Hospital (MGH) from 2009 to 2012, 767 of the patients were non-trauma with 544 receiving massive transfusions during operative bleeding events. The survival rate was not significantly different after 30 days between the high and low FFP:RBC ratio groups.

“The Borgman study came out in 2007 and set off a frenzy,” said Daniel Dante Yeh, MD, division of trauma, senior author of the study and trauma surgeon in the Division of Trauma, Emergency Surgery, and Surgical Critical Care unit of MGH and Harvard Medical School. “For the next few years, it was a very hot topic in trauma research. Many people began reporting benefits associated with high ratio transfusion and the practice soon spread to other, non-traumatic, scenarios of massive bleeding.” That study found that military personnel wounded in combat and requiring massive transfusion had improved rates of survival with a high plasma to red blood cell ratio, 1:1.4, compared to a lower ratio (1:8). The practice quickly spread to non-traumatic indications, even elective surgeries and non-surgical patients.

“A wounded soldier is typically a young and healthy individual, nothing like the 70-year-old cardiac bypass or liver transplant patients in this study,” said Dr. Yeh. “Our study used a methodology similar to Borgman et al. and we did this study in a different patient population with the idea that if we found a signal of benefit for more FFP (as Borgman found for trauma patients), then that may justify what we’ve been doing. But we didn’t find that signal, except for the vascular patients—and in fact we saw a trend for the worse outcomes in some.”

Among 767 patients without trauma, the adjusted odds ratio (aOR) for 30-day mortality when comparing the high FFP:RBC ratio vs the low FFP:RBC ratio subgroups was 1.10 (95 percent confidence interval [CI], 0.72-1.70). In general surgery and medicine, the aOR for death favored the low FFP:RBC ratio subgroup; general surgery: aOR, 4.27 (95 percent CI, 1.28-14.22); medicine: aOR, 8.48 (95 percent CI, 1.50-47.75). In vascular surgery, the aOR for death favored the high FFP:RBC ratio subgroup (aOR, 0.16; 95 percent CI, 0.03-0.79).

The authors conclude, “high FFP:RBC transfusion ratios are applied mostly to patients without trauma, who account for nearly 90 percent of all massive transfusion events at our hospital. Thirty-day survival was not significantly different in patients who received a high FFP:RBC ratio compared with those who received a low ratio.”

Limitations included the retrospective design, single-site execution, and differences by bleeding location. Dr. Yeh said the next step is to perform a randomized clinical trial to test if the results of his study hold true.

Citations: Mesar T., Larentzakis A., Dzik W., *et al.* Association Between Ratio of Fresh Frozen Plasma to Red Blood Cells During Massive Transfusion and Survival Among Patients Without Traumatic Injury. *JAMA Surgery*. March 8, 2017 online. DOI: 10.1001/jamasurg.2017.0098

Borgman M.A., Spinella P.C., Perkins J.G., *et al.* The ratio of blood products transfused affects mortality in patients receiving massive transfusions at a combat support hospital. *J Trauma*. October 2007. DOI: [10.1097/TA.0b013e3181271ba3](https://doi.org/10.1097/TA.0b013e3181271ba3).

The introduction of blood on board (BOB) did not change the proportion of type O red blood cell (RBC) units transfused or the RBC to fresh frozen plasma (FFP) ratio at three major UK trauma centers. There is no previous study comparing the impact of pre-hospital transfusion on laboratory practice.


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RESEARCH IN BRIEF (continued from page 9)

In this study, data on 223 pre-BOB (August 2008 to February 2012) and 119 post-BOB trauma patients (March 2012 to December 2013) for whom major hemorrhaging protocol was activated were analyzed. The laboratory found no significant difference in the proportion of mixed field samples in BOB vs. pre-BOB subjects. There was no significant difference in the percentage of group O units transfused to non-group O patients (75 vs 82 percent) or the RBC:FFP ratio (pre-BOB mean 1.6 [interquartile range (IQR) 1.0–2.0]; post-BOB mean 1.7 [IQR 1.1–2.2]).

Citation: Wolf S., Morris J., Kennedy K., *et al.* The impact of providing blood to the scene of an accident on transfusion laboratory practice. *Transfusion Medicine*. March 12, 2017 early online. DOI: 10.1111/tme.12397.

In hemoglobinopathy and myelodysplastic (MDS) patients who are chronically transfused, the heart appears to be spared from iron overload, whereas the liver does not. A study of 86 sickle cell anemia (SCA), thalassemia, and MDS patients in France, who were at minimum six years old and had received at least eight erythrocyte concentrations in the last year, found severe iron overload with liver iron content (LIC) elevation in all three patient cohorts. The LIC ranged from 10.4 to 15.2 mg/g dry weight, with no significant differences across the different groups of patients. Cardiac iron overload by MRI was found in three (15 percent) patients with thalassemia, none with SCA, and four (16 percent) with MDS. The authors discuss pathogenic characteristics of the diagnoses that may influence differential iron deposition.

Citation: de Montalembert M., Ribeil J.A., Brousse V., *et al.* Cardiac iron overload in chronically transfused patients with thalassemia, sickle cell anemia, or myelodysplastic syndrome. *PLOS One*. March 3, 2017. DOI: <http://dx.doi.org/10.1371/journal.pone.0172147>. 

BRIEFLY NOTED

Becoming one with your art never sounded so literal. Russian artist Vtol is powering an electronic sound installation, named “Until I Die,” with his blood. The artist took 1.2 gallons of blood out of his body over 18 months and stored the blood with preservatives and anti-fungal and antibiotic agents. The final blood unit taken was during the exhibit’s debut. Electrolytes from Vtol’s blood were mixed with aluminum and copper that acted as a battery to power an algorithmic module that plays the song(s). Vtol described the installation as a “symbolic act” where his art is a figurative “extension of myself.” Watch and listen to the explanation of the exhibit and hear the installation “music” [here](#). (Source: Engadget, [Artist runs an electronic sound exhibit using his own blood](#). March 13, 2017)

A commentary on the Food and Drug Administration (FDA) calls for more transparency and gives the agency a blueprint on how to become that way. In an 18 point strategic plan, the authors suggested:

- FDA should disclose more information about key milestones in the application process
- FDA should disclose more of its own analysis and decision making
- FDA should disclose more about the application and review process for generic drugs and follow-on biologics
- FDA should correct misleading information in the market
- FDA should disclose data from scientific studies to enhance understanding of medical products

This “inexpensive” strategy can help provide greater transparency, and in turn creates better access to data, leading to better uses of “existing therapies, greater innovation in new treatments, and, ultimately, improved outcomes for patients in the United States and around the world,” noted the authors.

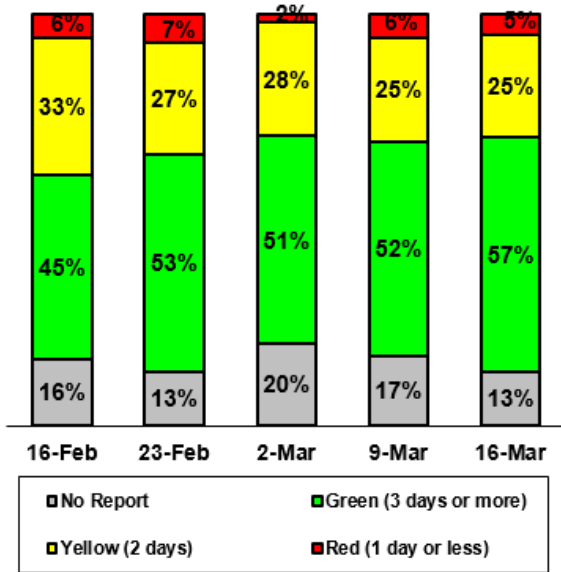
Citation: Sharfstein J.M. and Stebbins M. Enhancing Transparency at the US Food and Drug Administration Moving Beyond the 21st Century Cures Act. *JAMA*. March 13, 2017. DOI:10.1001/jama.2017.2481.

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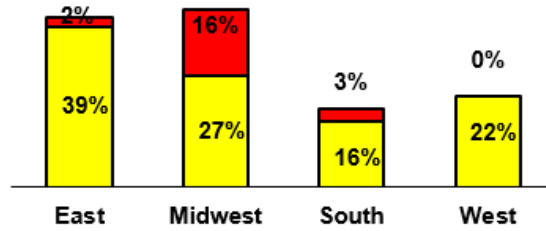


STOPLIGHT®: Status of the ABC Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, March 16, 2017



Percent of Total ABC Blood Supply Contributed by Each Region
 East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily updates are available at:
www.AmericasBlood.org



AMERICA'S BLOOD CENTERS

55th ANNUAL MEETING



March 24-28, 2017 – Washington, DC

"The 2017 ABC Annual Meeting in Washington, DC is the premier place for industry leaders to experience peer-to-peer collaboration and networking, exclusive educational events and the opportunity to be an advocate for your blood center on Capitol Hill."
 – Christine Zambricki, Chief Executive Officer, America's Blood Centers

Meeting Schedule

Friday, March 24
 International Blood Safety Forum

Saturday, March 25
 Business Forum
 ABC Board Meeting

Sunday, March 26
 ABC Members Meeting
 SMT Forum & Celso Bianco Lectureship
 FABC Reception

Hotel Information
 Ritz-Carlton (Pentagon City)
 Hotel room rate: \$249 + tax
[Reserve hotel by March 3](#)

Monday, March 27
 Blood Center Leadership Forum
 20th Annual Awards of Excellence
 ABC's Got Talent Season II

Tuesday, March 28
 Advocacy Forum
 Capitol Hill Visits

Future Leader Scholarship Program (Funded by FABC)
 Details available upon registration.

Registration Fees (Member/Non-member)
 Annual Meeting: \$975 / \$1,605
 International Blood Safety Forum (Friday only): \$275 / \$275
 International Blood Safety Forum & Business Forum (Fri & Sat only): \$410 / \$410
 Business Forum through Advocacy Forum (Sat through Tue): \$760 / \$1,330
 Registration opens early December. For questions, contact [Lori Beaston](#).

Sponsorship Opportunities
 For questions or to learn more about sponsorship opportunities, contact [Jodi Zand](#).



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BRIEFLY NOTED (continued from page10)

Food and Drug Administration (FDA) informs collection facilities about implications related to persistence of Zika in blood and tissue (particularly semen). No new action mandated. Denise Jamieson, MD, chief of the Women's Health and Fertility Branch at the Centers for Disease Control and Prevention and the incident commander of the agency's Zika emergency response team; and Peter W. Marks, MD, the director of the FDA's Center for Biologics Evaluation and Research, noted that this persistence was not associated with any evidence of Zika risk from blood transfusions. "CDC has identified a potential risk of Zika virus transmission starting on June, 15, 2016 to present in Miami-Dade County, Florida, that also could affect risk for residents of Broward and Palm Beach counties," reads a CDC statement. "This increased risk is particularly relevant for semen because of evidence regarding the persistence of Zika virus in this reproductive tissue." "Any risk is minimal, and FDA has taken no regulatory action, but blood establishments can consider if there is any medical rationale to identify and quarantine in-date (i.e., frozen) products from June 15 forward to the implementation of Zika mitigation efforts," said ABC CMO Louis Katz, MD. (Source: [FDA Emergency Preparedness Site](#)) ♦

INFECTIOUS DISEASES UPDATES

Incubation of Zika infection in U.S. residents described. If those infected with Zika virus (ZIKV) get ill, they will become symptomatic within two weeks of infection, 99 percent of the time, and half of those infected will present symptoms within one week. Therefore, patients with ZIKV symptoms more than two weeks after travel are not likely to have become infected during their travels and should be analyzed for alternative modes of transmission, e.g., sexual or local vector-borne transmissions. A retrospective study of 197 patient samples of persons who were symptomatic and had evidence of recent ZIKV tested at the CDC from January 2015 to June 2016 were analyzed. The median incubation period was 5.8 (95 percent confidence interval 5.0 to 6.7) days.

Citation: Krow-Lucal E.R., Biggerstaff B.J., Staples J.E., *et al.* Estimated incubation period for Zika virus disease. *Emerging Infectious Diseases*. May 2017. DOI: 10.3201/eid2305.161715.

Asplenic patients with babesiosis are at risk for developing warm-antibody autoimmune hemolytic anemia (WAHA). In a study of 86 patients with babesiosis during the 7.5-year study period; 18 were asplenic. WAHA developed in six patients, all asplenic, within two to four weeks after their diagnosis. No alternative explanations for clinical hemolysis were found. WAHA required immunosuppressive treatment in four of the six patients.

Citation: Woolley A.E., Montgomery M.W., Savage W.J., *et al.* Post-Babesiosis Warm Autoimmune Hemolytic Anemia. *New England Journal of Medicine*. March 9, 2017. DOI: 10.1056/NEJMoa1612165.

The continuing spread of yellow fever in Brazil has raised concern that, for the first time in decades, urban transmission of the disease may occur. The World Health Organization noted in a [March 6 alert](#) that the virus continues to spread up the Atlantic Coast of Brazil into areas not previously deemed at risk for yellow fever. [The Pan American Health Organization](#) reports 371 confirmed cases with a case fatality rate of 34 percent and 966 suspected infections with a case fatality rate of 11 percent since the outbreak started in December 2016. The infections are all transmitted by mosquitoes in the sylvan (jungle) cycle to humans from nonhuman primates via mosquitoes. There is no evidence of urban cycle yellow fever, from person-to-person via *Aedes aegypti* mosquitoes.

If the Brazil outbreak continues and spreads to more urban areas, U.S. clinicians will need to be aware of the spread, and the symptoms, to be better prepared to identify activity here. Yellow fever is not known to

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INFECTIOUS DISEASES UPDATES (continued from page 12)

be transfusion-transmitted, but the yellow fever vaccine virus has been. A working group from the AABB Transfusion-Transmitted Diseases Committee, that include representation from the Food and Drug Administration and the Centers for Disease Control and Prevention, is monitoring the situation.

Citation: Paules C.I., and Fauci, A.S. Yellow Fever — Once Again on the Radar Screen in the Americas. *NEJM*. March 8, 2017. DOI: 10.1056/NEJMp1702172. ♦

WORD IN WASHINGTON

President Trump’s budget outline, named “America First: A Budget Blueprint to Make America Great Again,” proposes big cuts in the medical and biomedical research industries and a boost in military spending. The plan would eliminate spending at the Department of Health and Human Services (HHS) by 23 percent, and included a number of research programs and facilities at the National Institutes of Health (NIH), long supported by both Republicans and Democrats. The plan asks for a cut from the \$84.6 billion in 2016 to \$65.1 billion in fiscal year 2018 from HHS. The ultimate budget is set by Congress. NIH is estimated to lose about a fifth of its budget, \$6 billion. The Centers for Disease Control and Prevention (CDC) would also undergo a major transformation with a new \$500 million block grant laid out to “focus on the leading public health challenges specific to each state.” CDC would also absorb the Agency for Healthcare Research and Quality.

“This is not a budget that’s designed to make America first,” Rush Holt, chief executive of the American Association for the Advancement of Science, told [the Washington Post](#).

The White House did propose establishment of the ABC-supported Public Health Emergency Fund, although remained vague on what funding would be made available for such an entity. The President also proposed to fully funded efforts to combat prescription-drug overdoses and limit fraud and waste, but cut programs like the [Fogarty International Center](#), which is responsible for funding about 400 research and training projects involving more than 100 universities that work on projects such as polio eradication and the effects of climate change and disease outbreaks around the world—including the Ebola outbreak in Africa that killed 11,000 people. The budget also looks to cut funding for some nurse and healthcare professionals’ training, while continuing to fund other programs that encourage health-care providers to work in underserved areas. (Source: Bloomberg Government, [Trump Would Slash Research in Cut to Health Budget \(Correct\)](#). March 16, 2017).

The Senate confirmed healthcare consultant Seema Verma as the new administrator of the Centers for Medicare & Medicaid Services (CMS) on Monday, March 13. The vote followed along party lines at 55 to 43. Ms. Verma has been praised by Republican leaders, including the Department of Health and Human Services Secretary Tom Price for her overhaul of the Medicaid system in Indiana (called Healthy Indiana Plan [HIP]). She is also credited with creating HIP 2.0, which helped expand Medicaid under the Affordable Care Act to more people in the state, but limited the expansion, under Vice President Mike Pence when he was Governor of Indiana. HIP 2.0 is a high deductible health plan that requires participants to pay monthly contributions in a health savings account. The federal government, along with the monthly contributions from the users, fuel the system. Ms. Verma also worked on waivers to the Medicaid expansion in Ohio, Kentucky, and Iowa. (Sources: Medscape, [Seema Verma Confirmed by Senate as CMS Chief](#). March 13, 2017)

Department of Health and Human Services Secretary Tom Price has announced his support for the Republican bill looking to replace the Affordable Care Act. The new bill, called the American Health

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WORD IN WASHINGTON (continued from page 13)

Care Act, just passed the House Budget Committee on Thursday, March 16, with a 19 to 17 vote (including three Republicans) and is now headed for the House Rules Committee, the final step before an expected vote by the entire House of Representatives as soon as this week. Sec. Price wrote the bill will “align with the President's goal of rescuing Americans from the failures of the Affordable Care Act,” said Sec. Price in a [letter to congressional Republican leaders](#). (Source: *Business Insider*, [Top Trump health official puts the administration all in on the House GOP Obamacare plan](#). March 7, 2017.)

Scott Gottlieb, MD, has been definitively named as President Trump's pick to lead the Food and Drug Administration (FDA), according to a [White House announcement](#). Dr. Gottlieb will appear before the Senate Health, Education, Labor & Pensions Committee for consideration, followed by a final vote by the U.S. Senate (dates to be determined). In [an interview with Stat News](#) before he was picked, Gottlieb outlined ensuring the safety of the blood supply as one of the first acts he would take if confirmed, noting that it was an issue that deserves “high priority.” Dr. Gottlieb was formerly the deputy commissioner of the FDA from 2005 to 2007 and senior advisor to FDA Commissioner Mark McClellan from 2003 to 2004. He is currently a practicing physician, Resident Fellow at the American Enterprise Institute (AEI), a private, conservative, nonprofit government think-tank, and he also serves as a venture partner at New Enterprise Associates, one of the world's largest venture capital funds. Dr. Gottlieb is currently an adviser to a few pharmaceutical companies, including GlaxoSmithKline, Cell Biotherapy, and Bristol-Myers Squibb. He is also a cancer survivor, having undergone successful treatment for Hodgkin's lymphoma. (Source: NPR, [Trump Chooses Dr. Scott Gottlieb to Head Food and Drug Administration](#). March 10, 2017.) ♦

IN MEMORIAM



Ted Wallace, PhD, passed away on February 2, 2017, at the age of 95 from heart complications after hip surgery. Born in Orange, N.J., Mr. Wallace retired in Florida in 2000. After retiring as Professor Emeritus from the State University of New York at Buffalo (UB), he continued to do scientific research in medical epidemiology with the Center for Blood Research in Boston and the National Institutes of Health as well as reviewed cancer research proposals for a private foundation. He stayed active in consulting until his death.

Mr. Wallace was originally an accounting professor at UB. He went to Harvard as Director of the Harvard Computational Laboratory and Assistant Professor of Business Administration, then on to the University of Chicago, where he became a full Professor of Business Administration and Director of the Operations Analysis Laboratory. After returning back to UB, he became the president of a non-profit organization called Center for Management Systems, Inc., which was devoted to research in the health sciences industries. His expertise in interpreting scientific evidence became useful to physicians in wanting to design studies for medical research. He also helped develop an electronic donor health history interviewing system with Talisman Limited that installed the technology in several blood centers.

Among the many committees he served on were the Strategic Planning Committee, the Blue Ribbon Committee, and the Biomedical Services Committee of the American Red Cross Board of Governors and the Scientific Committee of the New York Blood Center (NYBC). He also served as the chairman of the board of directors for the National Blood Data Research Center in Bethesda, Md., and was a reviewer and editor for the *New England Journal of Medicine*, *Transfusion*, and *JAMA*, was a Fellow with the American Association for the Advancement of Science and a co-author of the book, “Securing a Safer Blood Supply: Two Views.”



IN MEMORIAM (continued from page 14)

A veteran of the U.S. Army Air Forces, Mr. Wallace also served in the Mediterranean during WWII and was awarded five battle stars, a Presidential Unit Citation and the Croix de Guerre Avec Palme, a military decoration of France for foreign units who perform heroic deeds in combat.

He is survived by his wife and three stepdaughters along with two children from his first marriage. (Source: [Legacy.com](#)) ♦

MEMBER NEWS



Miller-Keystone Blood Center (MKBC) recognized 20 area organizations through their Local Leaders campaign. The organizations are recognized for their commitment to the “health and welfare of our community through blood drive sponsorship” and given plaques at a presentation at their organization’s location. To be given a Local Leader award, the organization must have collected at least 200 units of blood during the calendar year 2016.

“Our Local Leaders campaign recognizes those schools, businesses, church groups and other organizations who go above and beyond the call of duty to support their community,” said Deb Otto, director of donor resources at MKBC. “By hosting blood drives with our regional blood provider, these organizations are also supporting the MKBC mission statement, which is ‘Saving lives by partnering with our community to provide a continuous supply of blood products and services’.”

Some of the groups acknowledged were, East Penn Manufacturing – 962 Units, Lehigh Valley Health Network – 943 Units, Daniel Boone High School – 682 Units, Reading High School – 437 Units, Amazon.com – 428 Units, and Air Products – 399 Units. (Source: Berks-Mont News, [Miller-Keystone honors 20 blood drive hosts](#). March 8, 2017) ♦

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—Pamela B. Roscon, Director, Community Resources, Sheppard Community Blood Center, GA



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CALENDAR

Note to subscribers: Submissions for a free listing in this calendar are welcome. Send information to Leslie Maundy by [e-mail](mailto:meetings@americasblood.org) or fax: (202) 393-1282.

2017

Mar. 21. **Emerging Tickborne Diseases, Atlanta, Ga.** For more information, 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.

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

April 4-5: **CBER Blood Products Advisory Committee, Silver Spring, Md.** For the agenda and more information, click [here](#).

April 6. **FDA Public Workshop: Emerging Tick-Borne Diseases and Blood Safety, Bethesda, Md.** This workshop has been planned in partnership with AABB, ABC, NIH and more. For more information, click [here](#).

Apr. 18-19. **Heart of America Association of Blood Banks (HAABB) 50th Annual Spring Meeting, Kansas City, Mo.** For more information and to register, go to <http://www.haabb.org>.

Apr. 18-19. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), St. Petersburg, Fla.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

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

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

May 17-19. **Cellular Therapies and Transfusion Medicine in Trauma and Critical Care-Looking Towards the Future, San Francisco, Calif.** Presented by Blood Systems, Blood Systems Research Institute and the University of California San Francisco. For more information, or to register, click [here](#).

June 6-8. **Technical & Quality Workshop, America's Blood Centers, Omaha, Neb.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

June 17-21. **27th Regional Congress of the ISBT, Copenhagen, Denmark.** Click [here](#) to register for the event.

July 26. **Transfusion Safety Officer & Patient Blood Management Seminars (Advanced Program), Ft. Lauderdale, Fla.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

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

Aug. 4. **Board Meeting, America's Blood Centers, Providence, R.I.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

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

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

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

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



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) 393-5527; e-mail: lmaundy@americasblood.org.

POSITIONS

Also available [online](#)

Medical Technologist. Blood Bank of Hawaii is seeking a Medical Technologist (MT) to join our Laboratory team! The candidate is responsible for: Conducting general laboratory tests and procedures in the donor blood testing section of the laboratory. Product testing in the components section. Patient testing in the Immunohematology Reference Lab, including but not limited to ABO grouping, Rh testing, antibody screening, and antibody identification to include complex work-ups. The ideal candidate will: Encompass a high standard for accuracy, follow-up and follow-through; thrive in an environment where problem solving is a necessity; work with team members ensuring compliance at all times, and will also be responsible for the administrative/supervisory functions offering support and guidance to personnel; and serve as a technical resource to hospitals and other departments outside their primary responsibility. Minimum qualifications include baccalaureate degree in Medical Technology or in a related science from an accredited college or university; Certified Medical Technologist by the ASCP; eligible for Clinical Laboratory Technologist license by the Department of Health of the State of Hawaii. Previous work experience as an MT in hematology and immunohematology is preferred; certification as a Specialist in Blood Banking (SBB) highly desirable. Visit our website at www.BBH.org to complete an online application.

Blood Center Professionals Needed. The Blood Connection is seeking to fill multiple positions for a new division located in the Raleigh/Durham, North Carolina area. The Blood Connection is headquartered in Greenville, SC, but has expanded operations and has an immediate need for the following: Departmental managers for Collections, Recruitment, and hospital services. Also hiring for Phlebotomists, Business Development Representatives, Donor Resources/Recruitment Territory Managers, On-Site Recruiters, Hospital Services personnel, and couriers. We are seeking to build a team of professionals who are looking to join a growing and expanding organization. The Blood Connection (TBC) is an Equal Opportunity Employer. EEO/Minority/Female/Disability/Vets. To apply please go to <http://thebloodconnection.org/everify/>.

Sr. Business Officer-COO. Hoxworth Blood Center seeks proven leader to oversee operations. Sr. Business Officer-COO responsible for developing strategic initiatives, improve organization performance, maintains

financial health. Collaborates with managers to assure patient's needs are met; introduce innovation, services customers, assures positive relationships. Manages aspects of the Community Advisory Board; quarterly Management Report, Nominating Committee, Strategic Planning, By-Laws. COO expected to exert high degree of independence in decision making, functions within the policies, and guidelines of the center. Candidate must possess education/experience to manage highly regulated organization. Progressive, significant, successful experience desired; outstanding communication abilities, relationship development skills. Experience in management in the pharmaceutical industry, clinical good manufacturing process (cGMP) settings will be considered. Master's in Healthcare or Business; eight years in blood center; five years in positive management with multiple direct reports. The University of Cincinnati is an Affirmative Action/Equal Opportunity Employer /M/F/Veteran/Disabled. Apply to <https://jobs.uc.edu/>.

Manager, Therapeutic Pheresis (Hoxworth Blood Center, Cincinnati OH). This position leads a team of RNs to ensure proper patient care and workflow in 24/7 apheresis service. Supervisory responsibilities include: planning and implementation of apheresis unit goals and objectives; maintaining all associated policies, SOPs in compliance with regulatory agencies; interaction with Research Associates to coordinate research projects involving blood donors; compile, analyze, present therapeutic quality data and develop/maintain budgets. Serve as a therapeutic RN. Teaching responsibilities include training and education for the apheresis RNs, medical students, residents, and fellows as it relates to therapeutic procedures. Requirements: Graduate of accredited professional nursing school. Experience required in nursing including three (3) years in intensive care, hemodialysis, emergency room, or apheresis. Experience must include one (1) year as supervisor. Current unrestricted RN license; must acquire Ohio license within 90 days of hire. The University of Cincinnati is an Affirmative Action/Equal Opportunity Employer/M/F/Veteran/Disabled. Apply online to <https://jobs.uc.edu> (#14181).

Director of Donor Recruitment. The Blood Connection (Greenville, SC) seeks qualified applicants for its Director of Donor Recruitment position. This position is

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POSITIONS (continued from page 17)

responsible for developing and directing blood center's donor recruitment department/plans to achieve collection goals. Scope of responsibilities includes oversight of all mobile and fixed site recruitment (excluding automated). Requires the ability to oversee the daily operations, as well as strategically work toward the long-term goals. Must be able to facilitate all operational activities related to recruitment of donors and management of recruitment staff within the expected budgeted guidelines. Must be an effective leader and have the ability to adapt to change. Excellent salary and benefits including relocation package. Bachelor's degree required, demonstrated experience in sales/territory management skills, superb leadership and team building skills, excellent verbal and written communication and public speaking skills, computer literate. Prior blood center experience preferred. Five years related experience required with at least three years' supervisory experience. Successful candidate must demonstrate ability to work closely with Marketing and Collections Managers/Directors to facilitate efficient and effective blood drives. This position reports to VP Business Development/CTO. The Blood Connection (TBC) is an Equal Opportunity Employer. EEO/Minority/Female/Disability/Vets. To apply please go to <http://thebloodconnection.org/everify/>. ♦