



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2025 #3

January 27, 2025

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## Donor Notification Process Outcomes Reported by Canadian Researchers

Investigators in Canada have published a [paper](#) in *Vox Sanguinis* describing the importance of the donor notification process for transfusion-transmissible infections and reporting data on the experience of Canadian Blood Services (CBS) from 2006-2022. The researchers explained that, “all donors with positive confirmatory results for any infectious disease marker are notified by registered letter of their result. In addition, donors positive for human immunodeficiency virus (HIV) and West Nile virus are notified by telephone, and at the discretion of a CBS medical officer, donors with other infections may also be contacted by telephone. The notification letter and corresponding explanatory and supplementary information are specific to the test results. Generally, donors are informed that they are ‘very likely’ infected with the specific agent.”

The authors noted that, “[f]rom 2005 to 2013, 12 weeks were allowed following a confirmed positive test donation before contacting donors, and thereafter eight weeks. Donors were invited by letter to participate in an interview about the risk factors. A trained interviewer from a research company (Decision Point Research) then contacted the donor by telephone to arrange a time. [The] first set of questions asked the donor whether they had been told after their last donation that they had a positive test for an infectious disease. If donors answered affirmatively, they were asked which one, what their initial reaction to this news was, whether they consulted a physician, and whether public health contacted them after they were informed. All questions were open ended. The donor’s age, sex, donation status, and region of residence were obtained from the CBS donor records to compare participants from non-participants.”

During the study period, 2,654 donors were notified of a positive hepatitis B virus (HBV), hepatitis C virus (HCV), human T-cell lymphotropic virus (HTLV), or syphilis test and invited to participate. The researchers noted that, “[o]f these, 876 (33 percent) donors participated in the interview [with] 786 (90 percent) [indicating] that they had been informed of their positive test result. However, about a quarter stated that either their infection was something other than what it was or they did not know which infection they had been notified of. Most donors went to a physician after being notified (80–90 percent by infection). About two-thirds of donors with HBV or HCV said they were contacted by public health, slightly fewer (58 percent) with syphilis and only 27 percent of those with HTLV.” The study found that, “[w]hen all 876 donors with positive test results who participated, including those who said they did not have a positive infection result are considered, 678 (77 percent) said they had consulted a physician about their positive test. When donors

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### Donor Notification Process Outcomes Reported (continued from page 1)

were asked what their reaction had been to learning that they had a positive blood transmissible infection result, most were surprised and some were sad and disappointed.”

Additionally, the authors of the paper noted that, “[o]ver 17 years of surveying donors notified of positive test results for HBV, HCV, HTLV and syphilis, we report that after being notified by the blood service, most donors in the study were aware that they had tested positive for a blood transmissible infection, although not always able to correctly identify which one. About three-quarters followed the advice in the letter to consult a physician. Fewer said that they had been contacted by public health.”

The investigators concluded that, “[o]ur results indicate that after notification most donors were aware that they had a positive test, but not all. As the letter was sent by registered mail to the donor’s home, and as we were able to contact the donor afterwards, the notification letter should have been received, although this could not be verified. That some donors denied knowing they had a positive test is perplexing. The letter may have been received by someone else in the household and never reached the donor. The donor may not have understood it or was in denial. It is possible that the donor was aware but did not want to admit to the interviewer because there is stigma associated with blood-borne infections. That some donors said they were notified but were unsure of which infection suggests imperfect communication. [Qualitative] interviews with donors post-notification may be helpful to identify specific actions that could be taken to improve notification and subsequent action. Although all donors are notified by registered letter (sometimes also by telephone) as per standard operating procedures, and public health is notified of all confirmed positive tests as required by law, the donor-centric clinical outcome is unknown. It appears that some donors — for a variety of reasons—do not follow the recommended advice to consult a physician. A potential area of further [i]nquiry arising from this analysis is to collaboratively explore with provincial public health authorities whether there are opportunities to increase the proportion of donor follow-up after public health notification of a confirmed positive test result for a reportable disease.”

**Citation:** O’Brien, S.F., Naicker, K., Osmond, L. *et al.* “[Notification of blood donors who test positive for transfusion-transmissible infections.](#)” *Vox Sanguinis*. 2025. ♦

## **ABC Partners with Stop The Bleed**

America’s Blood Centers (ABC) has announced a new partnership with [Stop the Bleed](#), a public-private initiative led by the Department of Defense and run by the American College of Surgeons. The collaboration aims to enhance emergency preparedness by training individuals to effectively stop severe bleeding in emergencies while promoting the importance of blood donation.

The initiative will make resources available to ABC members and feature a series of activities during National Trauma Awareness Month in May including:

- a customized marketing toolkit;
- national press coverage, and the distribution of co-branded ABC/Stop the Bleed emergency kits to interested member centers; and
- the opportunity to host joint public events, such as Stop the Bleed training sessions and blood drives, to highlight the critical role of blood donation in emergency preparedness.

A webinar discussing the partnership in more detail will take place on Friday, January 31st at 2 p.m. EST. A link to registration in addition to a listing of additional member benefits are available to ABC members [here](#). ABC thanks all members of the ABC Communications and Partnerships Committee for their efforts in assisting with the development of this partnership. Please [contact](#) ABC’s Director of Strategic Communications and National Partnerships Jeff Gohringer with questions. ♦



## WORD IN WASHINGTON



President Trump has [announced](#) Dorothy Fink, MD as acting Secretary of the U.S. Department of Health and Human Services (HHS). She has previously [served](#) as the, “deputy assistant secretary for Women’s Health and director of the Office on Women’s Health in the Office of the Assistant Secretary for Health (OASH) at HHS. [Dr. Fink] is board certified in endocrinology, internal medicine, and pediatrics, and is recognized as a physician leader on topics such as diabetes, nutrition, and bone health. [She received her undergraduate degree from Georgetown University and] her medical degree from Georgetown University School of Medicine. She completed her combined internal medicine and pediatrics residency at the University of Pittsburgh Medical Center. She then completed a National Institutes of Health post-doctoral fellowship in endocrinology and metabolism at the Columbia University College of Physicians and Surgeons in New York. During her fellowship, Dr. Fink was selected as a Women’s Health Scholar and worked at the Center for Menopause, Hormonal Disorders and Women’s Health. She has published numerous peer-reviewed articles on a variety of topics, including thromboembolic disease, diabetes, and osteoporosis.”

(Sources: HHS [Announcement](#), 1/23/25; Dorothy Fink [OASH Bio](#), 10/23/23)

**The *Washington Post* has [reported](#) that President Trump will nominate Houston Park, “a retired fire captain in Palm Beach County, Florida, to serve as the health agency’s assistant secretary for preparedness and response, according to four people who spoke on the condition of anonymity to discuss personnel matters. Park, who worked with the Florida Department of Health on opioid response, would lead the HHS division charged with coordinating the nation’s response to health emergencies. The role requires Senate confirmation.”**

(Source: *Washington Post*, “[Trump team taps Dorothy Fink to serve as interim HHS Secretary](#), 1/19/25)

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

### America’s Blood Centers

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WORD IN WASHINGTON (continued from page 3)

The U.S. Department of Health and Human Services (HHS) [announced](#) on January 17<sup>th</sup> that the agency will provide an estimated \$590 million to Moderna to, “accelerate the development of mRNA-based pandemic influenza vaccines and enhance mRNA platform capabilities so that the U.S. is better prepared to respond to other emerging infectious diseases.” According to the agency news release the funding will be made through the, “Rapid Response Partnership Vehicle (RRPV) Consortium with funding from the Biomedical Advanced Research and Development Authority (BARDA), part of the HHS Administration for Strategic Preparedness and Response (ASPR). This funding allows Moderna to accelerate development of an H5N1 mRNA influenza vaccine that is well matched to strains currently circulating in cows and birds and expands the clinical data supporting the use of mRNA vaccines that may be needed if other influenza strains emerge with pandemic potential.” As part of the award, “Moderna [will] design up to four additional novel pandemic influenza vaccines and test preliminary safety and immunogenicity (generating an immune system response) in phase I clinical studies. This work will create the necessary background data to enable accelerated development of an mRNA vaccine targeted to various influenza virus subtypes of pandemic potential. This approach takes advantage of the versatility of Moderna’s mRNA platform, leveraging an existing manufacturing platform capability to support product development across multiple health threats. The RRPV is a 10-year, multi-purpose acquisition vehicle and consortium partnership designed to support advanced research and development of medical countermeasures, such as vaccines, therapeutics, and diagnostics. The consortium leverages BARDA’s authority to create flexible, strategic partnerships between government and industry that foster innovation and promote collaboration. BARDA also is providing funding to the RRPV for development of additional mRNA platform capacities.”

(Source: HHS [News Release](#), 1/17/25) 💧

**PEOPLE**

**Dena Riddle** has been named director of Quality at Sheppard Community Blood Center. A blood center announcement stated that, “Ms. Riddle is an accomplished professional with over 20 years of expertise in quality management, regulatory compliance, and strategic planning across the source plasma, blood banking, and pharma sectors. Returning to a community blood bank where her journey began, she brings a wealth of knowledge and a deep passion for advancing quality standards. Her leadership will ensure continued excellence in service and patient care while strengthening the foundation of the lifesaving mission of Sheppard Community Blood Center.” Sheppard Community Blood Center President and Chief Executive Officer (CEO) Benjamin Prijatel, MBA added in the announcement, “Dena’s experience is only surpassed by her strong reputation among her peers and colleagues. Her skills would be welcomed at any blood center in the country, but we are grateful she chose Sheppard.”



(Source: Sheppard Community Blood Center Announcement, 1/20/27) 💧







**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 staffs only, unless otherwise specified.*

### **Member Input Requested: ABC Annual Donor Collections Survey for Calendar Year 2024**

America's Blood Centers (ABC) recently launched the Annual Donor Collections Survey for calendar year 2024. Member blood centers are asked to complete the survey by Thursday, January 30th. Additional details including a link to the survey and a copy of the survey questions are available [here](#). Please contact [ABC Member Services](#) with questions.

### **“Staying Ahead in the Digital Landscape” Webinar on February 27<sup>th</sup>**

Registration is open for ABC's February webinar that aims to provide blood centers with valuable insights into today's search engine optimization (SEO) environment, upcoming trends, and proven strategies to elevate your digital communication efforts. During the “Staying Ahead in the Digital Landscape” Webinar, hear Tom Felgar, the head of Paid & Organic Search at 501SEM, share cutting-edge techniques and expert advice aimed at optimizing your blood center's online presence. Learn how to enhance your chances of being featured in Google's Artificial Intelligence (AI) summaries, drive organic traffic to your website, boost visibility, and effectively engage your blood center's audience. This webinar is open to all ABC members. [Contact us](#) for a link to registration.

### **2025 ABC Annual Meeting Schedule Available**

Join us for the 63<sup>rd</sup> ABC [Annual Meeting](#) in Arlington, Va. [Registration](#) is open and the [schedule is available](#). Hear *POLITICO*'s Director of Regulatory Research Laura DiAngelo, MPH deliver the keynote as she addresses the impact of the 2024 Presidential and Congressional elections on the regulatory and congressional landscape. Meeting attendees will gain insights into how the administration's policy agenda and approach to regulation will impact the blood community, allowing your organization to stay ahead of the curve. This event will also explore the latest developments in advocacy, leadership, operations, science, and medicine, connecting and preparing your c-suite and senior leadership for the most critical topics facing your blood center. Following the success of last year's revamped format and expanded content offerings, we will continue this approach in 2025. [Book your rooms](#) by Friday, February 14<sup>th</sup> to secure the hotel group rate. [Sponsorship opportunities](#) are also available. Please [contact us](#) with any questions as we look forward to seeing you!

### **Executive Compensation Report Available**

ABC has published the 2024 Executive Compensation Survey Report. This resource is available complimentary to participating ABC member blood centers. Non-participating member blood centers may [purchase](#) the report which is an important tool for blood center chief executive officers (CEOs) and their boards for setting executive salaries/benefits, as well as meeting the Internal Revenue Service Form 990 requirements to demonstrate comparability of CEO compensation. Please [contact us](#) with questions.

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INSIDE ABC (continued from page 5)

## Register for the 2025 ADRP Annual Conference

[Register now](#) for the [2025 ADRP Annual Conference](#) in Oklahoma City, Oklahoma, from May 6th to 8th at the Omni Oklahoma City Hotel. Remember to [book your hotel room](#) by April 11th for the discounted rate. This conference offers a chance to learn about industry trends, share ideas, and connect with other donor recruitment, donor services, collections, marketing, and communications professionals. Join more than 400 of your peers by participating in pre-conference workshops, attending compelling educational sessions, engaging in roundtable discussions, and exploring an expansive exhibit hall filled with innovative solutions. [Seize this extraordinary opportunity](#) to learn, share, and grow within the blood community.

## 2025 ADRP Call for Award Nominations Is Open

ADRP encourages you to recognize the work of individuals on your staff, donors, and organizations who go above and beyond with their exceptional service and leadership in support of blood donation by submitting a [nomination](#) for the 2025 ADRP Awards. This year's awards include:

- Franzmeier Lifetime Achievement Award;
- Ronald O. Gilcher, MD Award;
- Donor Experience Professional of the Year Award;
- Rolf Kovenetsky Leader of the Year Award;
- ADRP Volunteer of the Year Award;
- Media Partner Award;
- Blood Drive Partner of the Year Award; and
- School Partner of the Year Award.

Award winners will be honored during the [2025 ADRP Annual Conference](#) in Oklahoma City, Oklahoma at the [Omni Oklahoma City Hotel](#) and receive a complimentary [conference registration](#). You may view a description of each award [here](#) and a listing of the [2024 winners](#). Please [contact us](#) with questions. 💧

## MEMBER NEWS

**South Texas Blood & Tissue** and Velico Inc. have [collaborated](#) to make the former the, “first U.S. civilian blood center to install Velico’s FrontlineODP™ System for spray drying human plasma as part of Velico’s Blood Center Education Program (BCEP).” According to the South Blood & Tissue News Release, “[t]he FrontlineODP™ System produces ‘on demand’ spray dried plasma, an innovative solution for transfusion in environments where conventional plasma products (often frozen) are unavailable or logistically challenging to use. Velico’s proprietary spray drying manufacturing process creates a powdered plasma product that is stable at ambient temperature, can be reconstituted with sterile water and ready for transfusion in approximately two minutes and 30 seconds. Through its participation in BCEP, [the blood center] gains early access to Velico’s innovative FrontlineODP™ Spray Dried Plasma System, providing the opportunity for hands-on experience in evaluating its potential integration into routine blood component production. South Texas Blood & Tissue will also deliver valuable feedback on the system’s commissioning process and operational performance.” Audra Taylor, vice president of Blood Operations at South Texas Blood & Tissue and former Chief, Armed Services Blood Program (ASBP) Division for the Defense Health Agency, added in the news release that, “[p]articipating in the BCEP program provides us the opportunity to continue our history of firsts in serving our community and raising the standards for blood administration in our region and across the country. Once available, I fully expect that FrontlineODP™ will enable us to provide lifesaving plasma to many EMS and emergency medical providers currently unable to carry conventional blood products due to logistical challenges and product availability.”

(Source: South Texas Blood & Tissue [News Release](#), 1/23/25) 💧

## RESEARCH IN BRIEF

**Transfusion Efficacy of Leu[k]oreduced RBCs (FUEL Trial).** The primary aim of a [study](#) in *Vox Sanguinis*, “was to assess the hemoglobin (Hb) increment in transfusion-dependent thalass[e]mia patients transfused with leu[k]oreduced packed red blood cells PRBCs (LPRBCs) prepared by two different methods.” The authors explained that, “[t]he study was designated as FUEL trial: Transfusion efficacy of leu[k]oreduced packed red blood cells [and] was a prospective, randomized, controlled trial [that] enrolled 80 patients into two groups.” The paper noted that, “Group I received standard leu[k]oreduced PRBCs (SLPRBCs), while Group II received a new method where leu[k]oreduction of whole blood (WB) is done first (NLPRBCs). [During] the study period, the outcomes were monitored in terms of the Hb increment after each transfusion episode, the average transfusion interval, total number of LPRBC units transfused, and adverse transfusion reaction[s].” The researchers wrote that, “SLPRBCs had a mean ( $\pm$ SD) volume of  $275.50 \pm 17.07$  mL, while it was  $316.46 \pm 1.42$  mL for NLPRBCs ( $p < 0.001$ ).” The mean Hb content of the SLPRBC units (for Group I) was  $50.60 \pm 5.12$  g (range: 34.8–67.8 g) while that of the NLPRBC units (for Group II) was  $56.97 \pm 5.89$  g (range: 36.2–71.2 g) ( $p < 0.001$ ). The mean Hb increment in Group I patients was  $2.11 \pm 0.89$  g/dL, while that of Group II patients was  $2.48 \pm 0.88$  g/dL ( $p < 0.001$ ).” “The mean transfusion interval for Group I patients was  $20.30 \pm 3.75$  days, while it was  $21.34 \pm 5.13$  days for Group II patients ( $p < 0.045$ ).” The study found that, “[n]o significant difference was seen in the total number of PRBC units transfused in three months (373 in Group I, 362 in Group II;  $W = 869.5$ ,  $p = 0.483$ ). [Adverse transfusion reactions] were reported only in two patients — one each in Groups I and II (2.50 percent). The reactions were mild urticarial rashes over the face.” Additionally, the authors noted that [i]n, “Group I, there was a statistically significant moderate positive correlation between the Hb increment and the total Hb dose transfused per episode ( $\rho = 0.4$ ,  $p \leq 0.001$ ), while in Group II a weak but statistically significant positive correlation was observed ( $\rho = 0.19$ ,  $p = 0.011$ ). In addition, for Group II patients, a weak, positive, statistically significant correlation was established between the Hb increment and the transfusion interval ( $p = 0.003$ ).” The study concluded, “that the Hb increment is significantly higher with transfusion of leu[k]oreduced PRBCs prepared using the newer method using leukoreduction of WB (NLPRBCs) as compared to SLPRBCs, thus having a better transfusion efficacy.”

**Citation:** Arunkumari, A., Jain, A., Malhotra, S., *et al.* “[Transfusion efficacy of leucoreduced packed red blood cells prepared by two different methods: A randomized controlled trial in transfusion-dependent thalassaemia patients \(FUEL trial\)](#).” *Vox Sanguinis*. 2025.

Contributed by Richard Gammon, MD 

## GLOBAL NEWS

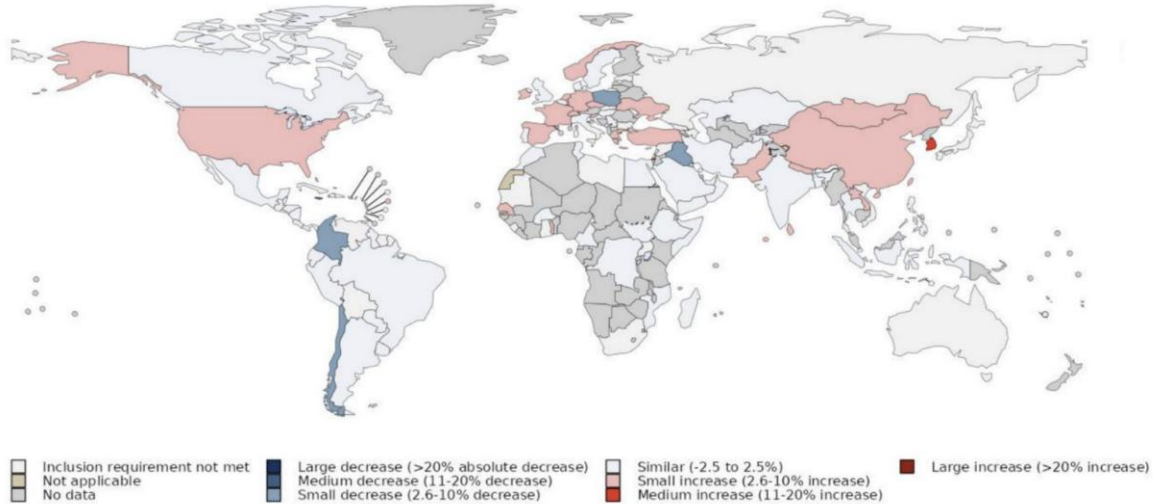
**The Pan American Health Organization (PAHO) and the World Health Organization (WHO) [published](#) a epidemiological alert on January 17<sup>th</sup> regarding “[i]ncreased activity of seasonal influenza virus and other respiratory viruses in the northern hemisphere.”** Specifically, the agencies stated in the communication that, “[i]n the Northern Hemisphere, since the end of 2024, high influenza virus activity is observed, with an increasing trend in several countries in Europe and North America (mainly with detection of A(H1N1)pdm09, in addition to A(H3N2)), Central America and the Caribbean (mainly A(H3N2)), West Africa (mainly A(H1N1)pdm09), Central Africa (mainly A(H1N1)pdm09), North Africa (mainly A(H3N2)), and in several countries in Asia (mainly with detection of A(H1N1)pdm09). Acute respiratory infections (ARI) are expected to show an increasing trend in the winter, due to simultaneous circulation of multiple respiratory pathogens such as seasonal influenza, making it essential to prepare health services for the possibility of an increase in cases or outbreaks.” Additionally, the alert noted that in Europe, “cases of influenza-like illnesses and acute respiratory infections are above the baseline level in 16 of 30 countries in the WHO European Region. Influenza positivity remains elevated, with an increase in severe acute respiratory infection hospitalizations, mainly affecting older adults.” The agencies provided recommendations

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GLOBAL NEWS (continued from page 7)

for, “surveillance, clinical management and prophylaxis, risk communication, and vaccination” to mitigate the impact the illnesses.

**Figure 1.** Variation in the proportion of influenza-positive samples from EW 1 of 2025 compared to EW 52 of 2024.



(Source: PAHO & WHO [Epidemiological Alert](#), 1/17/25)

**Researchers at the University of Oslo have [announced](#) a project that seeks to advance pandemic preparedness in the European Union (EU).** Known as the “Comparative Signature of Marburg Virus Cell Activation as a Blueprint for the Identification of Antiviral Targets against Newly Emerging Viruses” (COMBINE), “[t]he project sets out to advance our understanding of how viruses enter cells, using the Marburg Virus (MARV) as a model, and to create a blueprint for identifying new targets for antiviral strategies - a critical cornerstone of pandemic preparedness. Coordinated by the German Helmholtz Centre for Infection Research (HZI), COMBINE brings together seven partners from five European countries and will receive a total funding of 7.2 million EURO over the next five years through the European Union’s “Horizon Europe” Framework Progra[m] for Research and Innovation. [Additionally,] COMBINE seeks to create a versatile, adaptable blueprint that facilitates cross-country collaborations to develop novel drugs and vaccines against emerging viruses. The research conducted in the scope of the project will, therefore, not only expand the knowledge of the Marburg virus cell entry and therapeutic options but also establish a technology pipeline that can be rapidly applied to other emerging viruses, strengthening global health security and readiness for future pandemics.

(Source: University of Oslo [Announcement](#), 1/21/25)

**The WHO has [declared](#) Georgia as malaria-free, “join[ing] the ranks of 45 countries and 1 territory that have achieved this milestone.”** The agency announcement explained that the, “[c]ertification of malaria elimination is granted by WHO when a country has proven, beyond reasonable doubt, that the chain of indigenous transmission has been interrupted nationwide for at least the previous three consecutive years...Türkiye is the only country in the WHO European Region remaining to be certified.”

(Source: WHO [News Release](#), 1/23/25) 💧





## COMPANY NEWS

The **American Hospital Association** (AHA) reported this week that Baxter has, “[notified](#) customers on Jan. 22<sup>nd</sup> that allocations for two sodium chloride intravenous (IV) solutions have been increased to 100 percent.” AHA shared a copy of the [Baxter communication](#) to customers that explained, “there is a typical 1 to 2-week lag time for product to flow through the full distribution network after allocation changes are implemented.”

(Source: AHA, “[Baxter increases allocations of two IV solutions to 100 percent](#),” 1/22/25)

**Terumo Blood and Cell Technologies** (Terumo BCT) and **FUJIFILM Irvine Scientific** recently [announced](#) a, “strategic collaboration to help accelerate T cell expansion using Fujifilm’s PRIME-XV® T Cell Expansion Media on Terumo BCT’s Quantum Flex™ Cell Expansion System. According to a news release, the combination of the two products provides, “optimized workflow utilizing GMP manufactured media that helps meet regulatory requirements, helping ensure consistency from development through clinical research phases.”

(Source: Terumo BCT [News Release](#), 1/14/25)

**Valneva SE** has [reported](#) updated data from a phase III trial of its single-shot chikungunya vaccine (Ixchiq) in adolescents. The latest results showed that, “a single-dose vaccination induced a high, sustained immune response in an immunogenicity subset of participants who were CHIKV negative at baseline, with a seroresponse rate of 98.3 percent (232 out of 236 participants) one year after vaccination (Day 360) compared to 99.1 percent (232 out of 234 participants) after six month (Day 180) and 98.8 percent (248 out of 251 participants) 28 days after vaccination. The results complement the long-term persistence data previously reported for adults, confirming a strong and long-lasting antibody response to the vaccine. Geometric mean antibody titers (GMTs) consistently surpassed the seroresponse threshold defined with the U.S. Food and Drug Administration (FDA) as the surrogate of protection in baseline seronegative participants who received a single dose of the vaccine. Additionally, the one-year data confirmed that a single dose of the vaccine was generally well tolerated in adolescents. Throughout the trial, an Independent Data Safety Monitoring Board (IDSMB) consistently assessed safety data and found no safety issues.” The vaccine is approved in, “U.S., Europe, and Canada for the prevention of disease caused by the chikungunya virus in individuals 18 years of age and older. In addition to Brazil, Valneva also expects to receive marketing approval in the United Kingdom in the first quarter of the year.”

(Source: Valneva SE [News Release](#), 1/20/24) 💧

## CALENDAR

***Note to subscribers:** Submissions for a free listing in this calendar (published weekly) are welcome. Send information to [newsletter@americasblood.org](mailto:newsletter@americasblood.org). (For a more detailed announcement in the weekly “Meetings” section of the newsletter, please include program information.)*

### 2025

Jan. 31. **America’s Blood Centers (ABC) Stop The Bleed Partnership Webinar.** A link to registration and more information are available [here](#).

Feb. 25. **FDA Investigational Use Requirements for In Vitro Diagnostic Products (IVDs), including Laboratory Developed Tests (LDTs) Under 21 CFR 812 Webcast (Virtual).** More information available [here](#).

Feb. 27. **ABC “Staying Ahead in the Digital Landscape” Webinar.** [Contact us](#) for a link to registration.

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## CALENDAR (continued from page 9)

Mar. 10-12. **ABC Annual Meeting, Arlington, Va.** [Registration](#) is open. More information available [here](#).

May 6-8. **2025 ADRP Annual Conference, Oklahoma City, Okla.** [Registration](#) is open. More information available [here](#).

May 14-15. **International Plasma and Fractionation Association (IPFA)/Paul-Ehrlich Institut[e] (PEI) 30<sup>th</sup> International Workshop on Surveillance and Screening of Blood-borne Pathogens, Heidelberg, Germany.** [Registration](#) is open. More information available [here](#).

May 20-21. **International Plasma Protein Congress, Warsaw, Poland.** More information is coming soon.

June 1-4. **International Society of Blood Transfusion (ISBT) 35<sup>th</sup> Regional Congress, Milan, Italy.** [Registration](#) is open. More information available [here](#).

June 10-11. **ABC Advocacy Workshop, Washington, D.C.** More information is coming soon.

June 25-26. **HHS ODP TBDAIC Community Engagement Meeting (Hybrid), Portland, Maine.** More information coming soon.

June 30-July 1. **HHS Administration for Strategic Preparedness and Response (ASPR) Biomedical Advanced Research and Development Authority (BARDA) Industry Day 2025 (Hybrid), Washington, D.C.** More information available [here](#).

Sept. 10. **FDA CBER Office of Blood Research and Review (OBRR) Public Webinar: FDA Review of Biologics License Applications for Blood and Source Plasma (Virtual).** More information coming soon.

Oct. 12-15. **American Association of Tissue Banks (AATB) Annual Meeting, Atlanta, Ga.** More information is coming soon.

Oct. 25-28. **AABB Annual Meeting, San Diego, Calif.** More information is coming soon.

Nov. 17-20. **American Society for Clinical Pathology (ASCP) Annual Meeting, Atlanta, Ga.** [Registration](#) is open. More information available [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 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, e-mail: [newsletter@americasblood.org](mailto:newsletter@americasblood.org)

## POSITIONS

**Director, Blood Drive Partnerships.** Be part of something bigger and change the world with us by joining ImpactLife's leadership team as a **Director, Blood Drive Partnerships**. The Director is responsible for the planning, development, organization, coordination, and management of the field recruitment team to secure organizational blood drive sponsors and volunteer blood drive coordinators. This role ensures adequate blood donations from mobile blood drives and center locations to meet patient needs and financial goals. Candidates must reside in and be able to travel within our territory footprint within Iowa, Illinois, Missouri, and Wisconsin; have a minimum of eight years' leadership experience working in business-to-business sales, partnership development and/or public relations; have a minimum of five years of

multi-state or multi-community supervisory/management experience; and hold a bachelor's degree (preferred) with a concentration in business development, marketing, communications, or public relations. For more information including job details, benefits, and compensation click here: [Join Us!](#)

**Associate Medical Director/Medical Director (Versiti Blood Center of Ohio).** Serve as the physician face of Versiti and Versiti Ohio, translating complex medical issues to educate other physicians, support staff and the public. Opportunities in educational initiatives and clinical/applied research are available within Versiti and with

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## POSITIONS (continued from page 10)

our affiliated health systems. As part of the Versiti physician team you will have the opportunity to participate in clinical research projects with investigators at our world-renowned diagnostic laboratory and blood research institute. Joining our Medical Science Institute transfusion medicine physician team will provide you with a uniquely diverse and collaborative experience. Requirements: MD or DO Degree. Board certified/eligible in Blood Banking/Transfusion Medicine. At least three years of experience in blood center/transfusion medicine practice preferred. Licensed or eligible for an Ohio and Indiana; other state licenses may be required. Driver's License in good standing. Please click [here](#) to read the full job description and apply.

**Chief Operations Officer (Oklahoma City, Oklahoma).** Our Blood Institute (OBI), America's largest, self-sufficient blood center is seeking a seasoned, successful, and inspiring Chief Operations Officer (COO). The COO will provide leadership, guidance, and oversight for core blood center operations to include Donor Recruitment; Donor Services; Technical Operations; Client Relations/Contracting; 8 Subcenter, and 9 Satellite operations. This position will assure donor and product safety. He/She will recruit and foster the talent required to staff a dependable, high performance, engaged, and innovative team now and for the future. They will develop annual budgets at the organizational level (demand planning) and for supervised departments, with an eye to maximizing efficiencies and expanding revenue streams. They will also recommend new technologies and capital expenditures that are necessary to keep the organization's operations at the leading edge of performance. They will maintain productive industry collaborations and relationships via group purchasing organizations and professional/industry associations while working with executive leadership to shape strategic plans to benefit the organization's principle functions of blood product acquisition, processing, and distribution. Salary Range: Competitive salary with excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. **How to apply:** <https://obi.org/about/careers/>

**Operations Manager.** Blood Assurance is seeking an **Operations Manager** to manage our collection efforts in the Georgia area. This position will be responsible for operational oversight of collection services for multiple collection teams in an assigned territory. Supervises staff in coordination with other department leaders and ensures compliance with all Standard Operating Procedures, FDA and AABB regulations. Monitors performance in the areas of productivity, proficiency and customer service. Operations Manager Requirements: A bachelor's degree with some prior supervisory/ management experience in blood banking is required. Advanced

skills in leadership, teamwork, analytics, and communications are also required. We offer many benefits including: Health/Dental/Vision Insurance, Flexible Spending Account, Employee Assistance Program for you and your family, Generous Paid Time Off, 401K with company match and Wellness Program. Blood Assurance is a non-profit organization with a workforce of more than 300 employees. At Blood Assurance, our values are centered around LIFE: Laughter, Integrity, Family and Excellence. These values are embedded in our company culture. Come and join our team to be a part of this rewarding environment! Qualified candidates are encouraged to submit an online employment application for consideration at [//bloodassurance.org/careers](http://bloodassurance.org/careers). Blood Assurance is an Equal Opportunity Employer and a Tobacco Free Workplace.

**Medical Laboratory Scientist - Blood Bank (2nd Shift/Evenings).** LifeSouth Community Blood Centers is looking for an experienced Medical Laboratory Scientist, with a passion for making a difference, to join our Immunohematology Reference Laboratory team in Atlanta, GA. The position is responsible for following established policies and procedures, identifying problems that may adversely affect test performance or reporting of test results, and either correct the problems or immediately notify a supervisor, manager, or director. The Medical Laboratory Scientist will resolve complex immunohematology and compatibility problems to provide the safest donor blood for the patients in our community. We focus on providing the best possible customer service. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#)

**Assistant/Associate/Full Professor, Clinical Track (Hoxworth Blood Center).** Hoxworth Blood Center (HBC) was founded in 1938 and serves more than 30 hospitals in 18 counties in Ohio, Kentucky, and Indiana. Annually, HBC collects more than 100,000 units of blood from local donors to help save the lives of patients in area hospitals. HBC is located within the University of Cincinnati (UC), College of Medicine, and is seeking an academic physician to advance clinical services and research in Blood Banking and Transfusion Medicine. The rank of the clinical track appointment is open and will be commensurate with the experience and professional accomplishments of the selected applicant. Essential Functions: Provide clinical blood banking/transfusion medicine coverage in an active academic transfusion service supporting a robust academic teaching hospital specializing in hematology/oncology, high risk obstetrics, organ transplantation and surgery; including a Level I Trauma Center. Provide medical coverage for a large regional independent blood collection center with an active apheresis program supporting cell therapy

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collections. Engage in the training of Transfusion Medicine fellows, pathology residents, and rotating fellows, residents, and medical students. Minimum Requirements: MD or MD/PhD; Board eligibility or Board certification in Blood Banking/Transfusion Medicine; and active or eligible for a State of Ohio Medical License. Click [here](#) to view the full job description and apply. EOE 💧