

2025 #18

June 2, 2025

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**Please Note:** The *ABC Newsletter* will not be published on June 9<sup>th</sup>. We will resume regular publication on Monday, June 16<sup>th</sup>. Thank you for your continued interest.

## Platelet Transfusion International Clinical Practice Guidelines Published in *JAMA*

A special communication has been [published](#) in *JAMA* regarding the 2025 Association for the Advancement of Blood & Biotherapies (AABB) and the International Collaboration for Transfusion Medicine Guidelines (ICTMG) international clinical practice guidelines for platelet transfusion.

The paper explains that the guidelines aim to, “meet the need for updated recommendations for health care professionals and their patients, with practical advice on appropriate use of platelets.” The development process of the guidelines consisted of a panel of experts from the, “AABB clinical transfusion medicine committee, AABB members with prior guideline leadership experience, ICTMG’s platelet guideline panel and leadership, and clinician experts from various specialties that commonly perform platelet transfusions.”

The panel conducted a systematic review to inform their recommendations. Searches included, “randomized clinical trials (RCTs) and observational studies evaluating platelet transfusions published from 1950 to April 2024. Primary analyses focused on RCTs, but if they provided very low–certainty evidence, observational studies were considered.”

The findings of the analyses revealed that, “across clinical populations provided high- or moderate-certainty evidence that restrictive platelet transfusion strategies probably did not result in important increases in mortality (ARD, −0.4 percent [95 percent CI, −2.2 percent to 1.7 percent]), WHO grade 2-4 bleeding (ARD, 6.8 percent [95 percent CI, 0.9 percent to 12.8 percent]), or WHO grade 3-4 bleeding (ARD, 0.3 percent [95 percent CI, −1.4 percent to 2.4 percent]). Given that specific definitions of restrictive and liberal in studies depended on clinical population, further analyses were undertaken by population.”

Recommendations from the panel included, “restrictive over liberal platelet transfusion strategies based on high- or moderate-certainty evidence in the four populations.” The authors noted that the populations are:

(continued on page 2)

# Platelet Transfusion International Clinical Practice Guidelines Published (continued from page 1)

- “nonbleeding patients with hypoproliferative thrombocytopenia actively receiving chemotherapy or undergoing allogeneic stem cell transplant, platelet transfusion should be administered when the platelet count is less than  $10 \times 10^3/\mu\text{L}$  (strong recommendation, moderate-certainty evidence);
- preterm neonates without major bleeding, platelet transfusion should be administered when the platelet count is less than  $25 \times 10^3/\mu\text{L}$  (strong recommendation, high-certainty evidence);
- patients undergoing lumbar puncture, platelet transfusion should be administered when the platelet count is less than  $20 \times 10^3/\mu\text{L}$  (strong recommendation, moderate-certainty evidence); [and]
- n patients with Dengue-related consumptive thrombocytopenia in the absence of major bleeding, the panel recommends no platelet transfusion (strong recommendation, moderate-certainty evidence).”

The panel further explained that, “[a]lthough some point estimates indicated a possible increase in mortality with a restrictive strategy approaching the minimally important difference (ARD of 1.8 percent favoring liberal strategy in HPT), the overall results across all conditions showed no suggestion of benefit for liberal strategies (ARD,  $-0.4$  percent [95 percent CI,  $-2.2$  percent to  $1.7$  percent]). Furthermore, a sensitivity analysis evaluating 30-day mortality in HPT showed an ARD point estimate of  $0.4$  percent. The panel judged a lack of evidence of important harm with restrictive strategies applying predefined minimally important differences of  $2$  percent for mortality.”

They concluded that, “[s]trengths of this guideline include adherence to standards for trustworthy guidelines, application of GRADE, identification of consistent patterns in the relative impacts of platelet transfusion strategies across populations, involvement of patient partners, the variety of physician expert participants, and its international applicability. [Restrictive transfusion strategies] should be implemented. Recommendations may not apply to all individual patient scenarios, as noted in the good practice statement, and for conditional recommendations, clinicians should carefully consider the individual patient’s values and preferences in the decision.”

**Citation:** Metcalf, R. Nahirniak, S., Guyatt, G., *et al.* “[Platelet Transfusion 2025 AABB and ICTMG International Clinical Practice Guidelines](#).” 2025 💧



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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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## Take part in ABC's Blood Advocacy Week 2025

[Blood Advocacy Week 2025](#) will take place June 9<sup>th</sup>-13<sup>th</sup>. Join us for this annual event that unites blood centers, hospitals, patient groups, partners and more nationwide to advance policies that support blood donation. Thank you to the [100+ partners](#) who are showing their commitment to making a significant impact. You can learn more about this week and access key fact sheets at [BloodAdvocacyWeek.org](#), download [social media resources](#), and [learn more](#) or [register](#) for our upcoming Advocacy Summit on June 10<sup>th</sup> and 11<sup>th</sup>. Help us by amplifying our collective voice for this vital cause. Your organization can still [become](#) an official partner. Together, we can make Blood Advocacy Week 2025 our most impactful yet! Please [contact us](#) with any questions or to request additional information, and stay tuned as we share highlights in the coming weeks from our Blood Advocacy Week 2025 efforts 💧

## WORD IN WASHINGTON

The U.S. Department of Transportation (DOT) National Highway Traffic Safety Administration (NHTSA) Chief Counsel Peter Simshauser [announced](#) during the Road to Zero Annual Meeting that the agency will be collaborating with the Department of Defense on a prehospital blood initiative. He stated in his remarks that, “we’re partnering with DoD to invest \$30 million in establishing prehospital blood transfusion demonstration programs throughout the country. This partnership will launch the largest federally sponsored prehospital blood transfusion project ever undertaken, with an aim to create at least 25 new prehospital blood transfusion programs throughout the country in the next three years. In the coming months, we look forward to sharing more about these initiatives and areas of focused effort.” Expansion of [access](#) to prehospital blood transfusions is a priority of America’s Blood Centers’ (ABC) [2025 Advocacy Agenda](#) and a focal [point](#) ABC’s [Blood Advocacy Week 2025](#).

(Source: NHTSA [Announcement](#), 5/6/25)

The Federal Interagency Committee (FICEMS) has [announced](#) that it is hosting a Prehospital Blood Transfusion Summit on Wednesday, June 11<sup>th</sup> from 12-4 p.m. EDT. [Registration](#) is open. America’s Blood Centers Vice President of Government Affairs Diane Calmus, JD will be speaking during the summit. According to FICEMS, this event will include, “experts, researchers, medical directors, EMS leaders, and policymakers [discussing] the evolving landscape of blood transfusions in the prehospital setting. The summit [will] serve as a platform for:

- “[p]resenting the latest research findings for adult and pediatric prehospital blood transfusions;
- [i]ntroducing the *Standards for Emergency Prehospital and Scheduled Out-of-Hospital Transfusions* recently published by the Association for the Advancement of Blood & Biotherapies (AABB) as a basis for programmatic accreditation;
- [p]romoting collaboration among stakeholders from federal, state, and local EMS agencies, academic institutions, and blood suppliers to connect, share experiences, and build collaborative relationships to advance the field;
- [i]dentifying and addressing challenges and collaboratively problem-solving the obstacles hindering the wider adoption and optimization of prehospital blood transfusions.
- [e]xploring emerging technologies and innovative approaches in blood logistics and program administration.”

Additionally, the summit aims to be, “a collaborative and forward-thinking, emphasizing patient safety, evidence-based practices, and the potential to significantly improve outcomes for critically injured patients through the timely administration of blood transfusions in the prehospital environment.”

(Source: FICEMS [Announcement](#), 5/22/25) 💧



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

### Still Time to Register for the ABC Advocacy Summit

[Registration](#) is open for America's Blood Centers (ABC) [Advocacy Summit](#). This event will take place in Washington, D.C. at the Hamilton Hotel June 10<sup>th</sup>-11<sup>th</sup>. The [full agenda](#) is available and don't miss this opportunity to let your voice be heard as this event connects the blood community with national leaders in public policy and advocacy including meetings with members of Congress and their staff. Join us for a full day of advocacy training and group preparations for meetings with congressional offices on June 10<sup>th</sup> before heading to Capitol Hill on June 11<sup>th</sup> for group meetings with members of Congress and their staff. ABC will coordinate and schedule meetings on behalf of all attendees and conclude the day with a reception for all attendees. The training will feature insights from former members of Congress, seasoned lobbyists, and public policy staff from partner organizations, and ABC's government affairs team. Please [contact us](#) with questions.

### May Blood Bulletin Published

ABC has published the May 2025 edition of the [Blood Bulletin](#) titled "Neonatal Transfusion Support — Modifications and Preparations of Red Cell Transfusions — A Case Study." The issue was written by Daniela Hermelin, MD, Chief Medical Officer at ImpactLife; Theresa Nester, MD, Co-Chief Medical Officer at Bloodworks Northwest; Ruchika Goel, MD, Senior Medical Director, Corporate Medical Affairs at Vitalant National Office; Kip Kuttner, DO, Vice President and Medical Director at Miller-Keystone Blood Center; Nanci Fredrich, RN, BSN, MM, Transfusion Safety Officer at Versiti Blood Center of Wisconsin; Courtney Hopkins, DO, Vice President, Corporate Medical Director at Vitalant; Louis Katz, MD, Chief Medical Officer Emeritus at ImpactLife; Debra Smith, MD, PhD, MBA, Chief of Transfusion Medicine Services at Banner University Medical Center; Kirsten Alcorn, MD, Co-Chief Medical Officer at Bloodworks Northwest; Richard Gammon, MD, Medical Director, Blood Bank & Transfusion Services at Moffitt Cancer Center; and Jed Gorlin, MD, MBA, Chief Medical Officer at ABC. Contributors for this *Blood Bulletin* included: Amit M. Mathur MBBS, MD, MRCP (UK), Director, Division of Neonatal Perinatal Medicine, Department of Pediatrics, Saint Louis University School of Medicine and SLUCare Group at SSM Health; Edward F. Bell, MD, Professor of Pediatrics and Neonatologist, University of Iowa; and Nabihah Huq Saifee MD, PhD, Medical Director of Transfusion Service, Seattle Children's. *Blood Bulletin* is a quarterly publication reviewed and edited by ABC's Scientific, Medical, and Technical (SMT) Publications Committee.

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INSIDE ABC (continued from page 4)

## Register for the June ADRP Webinar: “From Partnership to Purpose: Strengthening Hospital Relationships”

[Registration](#) is open for the Wednesday, June 25<sup>th</sup> [ADRP Webinar: “From Partnership to Purpose: Strengthening Hospital Relationships.”](#) This event aims to, “help blood centers deepen their hospital partnerships and elevate the donor-to-patient journey.” Hear speakers share programs and strategies to deliver value-added services that keep hospital clients engaged and loyal, while gaining practical ideas for successfully onboarding new hospital partners and ensuring long-term collaboration using ADRP’s newest Hospital Partnership Idea Book. Whether you’re strengthening existing connections or forging new ones, this session is packed with actionable takeaways to help. 💧

## INFECTIOUS DISEASE UPDATES

### Middle East Respiratory Syndrome (MERS)

The Centers for Disease Control and Prevention (CDC) has [published](#) a paper in the May 29<sup>th</sup> *Morbidity and Mortality Weekly Report* titled, “Update on the Epidemiology of Middle East Respiratory Syndrome (MERS) Coronavirus — Worldwide, 2017–2023.” The authors explained in the paper that, “[g]lobal reported MERS cases, U.S. testing data, and data on incoming U.S. travelers originating in and near the Arabian Peninsula during 2017–2023 were analyzed to guide U.S. MERS preparedness.” Specifically, the paper noted that, “[t]he findings in this report might help to guide MERS preparedness priorities and activities. The decrease in the number of global MERS cases, and the potential causes for this decline, should be further investigated, including through surveillance evaluations, immunologic studies, and genomic sequencing. Despite decreases in globally reported human MERS cases, the United States remains at possible risk for MERS. Data do not support reduction in the virologic prevalence of Middle East respiratory syndrome coronavirus (MERS-CoV) in camels. Ensuring that a comprehensive One Health approach, connecting human, animal, and environmental health, is taken to assess the risk for MERS globally and within the United States is vital to maintaining adequate preparedness activities. In light of these considerations, traveler and testing data can provide information regarding testing needs, testing capacity, and appropriate surveillance strategies. More specifically, jurisdictions with airports receiving high volumes of travelers from in or near the Arabian Peninsula are strategic locations for strengthening MERS testing and surveillance approaches.” The paper described limitations as, “[t]he findings in this report are subject to at least four limitations. First, MERS cases reported to WHO reflect data submitted by member nations through the 2005 International Health Regulations mechanism; data completeness and quality vary. Second, the U.S. MERS-CoV testing data include minimal metadata, thus limiting epidemiologic and PUI analyses. Third, OAG data are modeled using ticket sales, which might not reflect the true number of travelers. Finally, traveler origin country is a proxy for countries where MERS-CoV is likely endemic; it does not identify other risk factors.” There are no reported cases of MERS-CoV transmission via blood transfusion nor any other coronavirus.

**Citation:** Lambrou, A.S., South, E. Midgley, C.M., *et al.* “[Update on the Epidemiology of Middle East Respiratory Syndrome Coronavirus — Worldwide, 2017–2023.](#)” *Morbidity and Mortality Weekly Report*. 2025 💧

## MEMBER NEWS

In conjunction with World Blood Donor Day on June 14<sup>th</sup>, Alaska Airlines will [fly](#) Vinton Smith, a Pennsylvania resident, to Hawaii to donate at the **Blood Bank of Hawaii** helping him, “complete his inspiring

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## MEMBER NEWS (continued from page 5)

mission to donate blood in all 50 states.” According to a news release, “[t]o encourage community participation, Alaska Airlines and Hawaiian Airlines (Alaska/Hawaiian) are teaming up with the Blood Bank of Hawaii to offer a special incentive. Anyone who donates blood at any of Blood Bank of Hawaii’s fixed locations through June 8<sup>th</sup> will be entered into the blood bank’s sweepstakes to win one of two pairs of roundtrip tickets to any Alaska/Hawaiian destination in North America and Hawaii. Winners will be announced on World Blood Donor Day. As an added thank you, donors who give on June 14<sup>th</sup> will receive exclusive gift cards and t-shirts, courtesy of the Blood Bank of Hawaii and Alaska/Hawaiian. In addition, Hawaiian Airlines employees will take part in this crucial cause by donating blood on June 12<sup>th</sup> when the Blood Bank of Hawaii sends a donor vehicle to the Hawaiian Airlines headquarters in Honolulu. Hawaiian Airlines has a longstanding partnership with the Blood Bank of Hawaii — a HawaiianMiles charity organization — to ensure the timely and regular transport of blood supply across the islands.” Alaska/Hawaiian will also fly Mr. Vinton’s, “wife and their two children to Hawaii, turning Mr. Vinton’s final stop into a meaningful family journey and a powerful reminder of how one selfless act can impact an entire community...Last summer, Alaska flew Mr. Vinton to Anchorage, where he donated blood in the 49<sup>th</sup> state at the **Blood Bank of Alaska**. Recognizing the critical need for blood donations, the airline also donated \$10,000 to the Blood Bank of Alaska to help the organization continue its essential services across the state. Also making the journey is Mr. Vinton’s mother, who first inspired him to become a blood donor as a young boy. Alaska is supporting her trip so she can be there to see her son complete his extraordinary mission.”

(Source: Alaska Airlines [News Release](#), 5/19/25) ♦

## RECENT REVIEWS

**Non-DEHP Collection Sets Compared.** An analytical review [published](#) in *Transfusion Medicine Reviews* evaluates, “current research on alternative plasticizers and additive solutions used in whole blood (WB) collection sets and red cell concentrates (RCC) storage bags within the European Union (EU). It focuses on a select number of recent studies comparing di(2-ethylhexyl) terephthalate (DEHT), 1,2-cyclohexane dicarboxylic acid diisononyl ester (DINCH), and N-butyl-2-n-hexyl citrate (BTHC) BTHC-polyvinyl chloride (PVC) to the conventional DEHP-PVC, in conjunction with next-generation additive solutions over a 42-day storage period.” The review noted that, “[i]n the EU, a hemolysis threshold of 0.8 percent at the end of the storage period is applied as a quality standard [and described DEHT as] a structural isomer of DEHP and functionally similar; however, it has shown no reported similarities to DEHP in terms of toxicity.” It referenced a 2018 paper by, “Graminske and colleagues show[ing] that all RCCs exhibited hemolysis levels below the EU threshold of 0.8 percent, with a maximum value of 0.71 percent for DEHT/AS-1 and 0.59 percent for the DEHT/ phosphate-adenine-glucose-guanosine-saline-mannitol (PAGGSM), after maximum storage.” The authors of the review explained that, “[p]revious studies evaluating DINCH-PVC storage bags combined with no additive solution or SAGM or AS-5 as additive solution, demonstrated comparable performance to DEHP-PVC storage bags, with the exception of hemolysis, which was higher but remained within the acceptable range (0.32 percent  $\pm$  0.07), but lower when PAGGSM (0.38 percent  $\pm$  0.10) was used instead of AS-1 (0.49 percent  $\pm$  0.13)...A 2015 study demonstrated that, “[a]pproximately 17 percent of the RCCs in DINCH/SAGM storage bags exceeded the 0.8 percent hemolysis threshold, while all units in DEHP/SAGM remained below this level...For the alternative additive solutions used with DINCH, hemolysis was significantly lower compared to storage in DINCH/SAGM and was comparable to that observed with DEHP/SAGM storage bags.” The review also noted that a paper by Vermeulen *et al.* in 2022 *et al.* investigated, “*in vitro* quality parameters of RCCs collected and stored in DEHP-PVC with SAGM as additive solution or DINCH-PVC with PAGGSM DINCH was found in DINCH-PVC storage bags, but this was almost four times lower than DEHP levels in DEHP/SAGM stored RCC.” It found that, “[i]nterestingly, no DEHP was detected in RCCs stored in DINCH/PAGGSM bags.

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## RECENT REVIEWS (continued from page 6)

This suggests that, over the intervening years, additional materials used in blood storage systems may also have transitioned to non-DEHP alternatives.” That authors of the review concluded that their research, “showed that BTHC-PVC storage bags combined with PAGGSM is a promising candidate allowing 42 days of storage with low rates of hemolysis similar to DEHP/SAGM storage bags...DEHP can potentially be replaced with non-DEHP if a next-generation storage solution, such as PAGGSM, is used. To meet the 2030 [EU] deadline, [of no DEHP] while ensuring equivalent blood product quality, standardized processes for validation should be developed to allow for international adoption of data.”

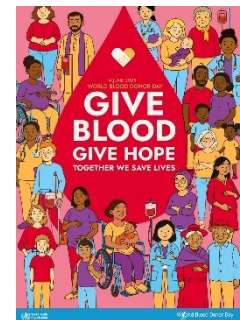
**Citation:** van Wonderen, S.F., Vermeulen, C., Lagerberg, J., Vlaar, A.P.J., Klei, T.R.L. “[Combinations of Non-di\(2-ethylhexyl\) Phthalate Collection Sets, Storage Bags and Additive Solutions for Red Blood Cells.](#)” *Transfusion Medicine Reviews*, 2025.

Contributed by Richard Gammon, MD 💧

## GLOBAL NEWS

**World Blood Donor Day will take place on June 14<sup>th</sup>.** The World Health Organization (WHO) has [developed](#) customizable resources in multiple languages and announced this year’s theme as “Give blood, give hope: together we save lives.” The WHO explained that this year’s campaign aims to:

- “raise public awareness about the critical need for blood and plasma donations and the impact they have on patients' lives;
- encourage both new and existing donors to give blood regularly, helping to ensure a stable and sufficient blood supply;
- highlight the positive impact of blood donors on the health and well-being of others and promote the values of solidarity, compassion, and community through blood donation; and
- mobilize support from governments and development partners to invest in and sustain national blood programs to achieve universal access to safe blood transfusion worldwide.”



(Source: WHO [Announcement](#), 5/28/25)

**The Hindustan Times reported on May 14<sup>th</sup> that India’s Supreme Court has asked the country’s National Blood Transfusion Council (NBTC) to evaluate the current blood donation policy regarding individuals who identify as transgender.** According to the publication, “the [court] questioned the exclusion of transgender persons as blood donors, finding no rationale behind branding an entire community as ‘risky’ and gave [authorities] time to address their concerns of discrimination without compromising on medical precautions.” The news organization noted that, “the court was hearing a bunch of petitions challenging guidelines issued by the NBTC, which prevented transgender persons, sexually active gay and bisexual men, and female sex workers from donating blood for being at ‘high risk’ for HIV, Hepatitis B or C infections. [The justices asked], ‘[a]re we going to brand all transgenders as risky and stigmati[z]e them. You cannot say that all transgenders are indulging in sexual activity.’ [Blood authorities] represented by additional solicitor general (ASG) [said that] the guidelines are not intended to stigmati[z]e anyone but have been prepared by NBTC, which comprises doctors and experts, with ‘scientific temper’ and keeping public health and welfare in mind.” The court further explained, “[w]e do not want to express our opinion. But things around the world are changing. Even technology keeps changing. We do not want to superimpose ourselves as experts but there can be a way out. All we want is as a community [where transgenders] are

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## GLOBAL NEWS (continued from page 7)

not stigmati[z]ed. At the same time, medical precautions should not be compromised.”

(Source: *Hindustan Times*, “[Can’t brand all transgenders ‘risky’: SC tells Centre on blood transfusion norms](#),” 5/14/25)

**NHS Blood and Transplant, the national blood provider for England and transplant services for the UK, researchers have [published](#) results from a pilot study on pediatric stem cell patients, “to test whether different h[e]moglobin thresholds could safely be carried out for a group of children who need repeated transfusions.”** Their findings appear in [British Journal of Haematology](#) as the study included, “four children having stem cell transplants at four cent[ers]. Children recruited to the study went into one of two arms – transfusions when blood h[e]moglobin levels reached 80 g/L or transfusions at a more restrictive level of 65 g/L. Most of the participants had underlying either acute lymphoblastic leuk[e]mia or acute myeloid leuk[e]mia. There was no evidence that the restrictive arm of 65 g/L was associated with safety concerns or increased fatigue. There was good study recruitment and adherence to the transfusion protocol, with a clinically significant separation in h[e]moglobin levels between the two arms.” Lead researcher Dr. Helen New explained in the news release, “[t]he findings support the exploration of more restrictive thresholds for transfusion below 70 g/L in children. This is important because blood transfusions have risks and we need to be sure to use blood for transfusion in children only when needed. Larger studies will be needed to see if the findings from our pilot study apply to more children.”

(Source: NHSBT [News Release](#), 5/19/26) ♦

## COMPANY NEWS

**Cerus Corporation** recently [announced](#) that its next generation Intercept Illumination devis (INT200) has received approval from the regulatory authorities in France National Agency for Medicines and Health Product Safety) and Switzerland (Swissmedic). A May 28<sup>th</sup> news release explained that INT200 has been developed as a, “new foundational platform for the Intercept Blood System, with input and feedback from global customers to enhance daily blood center operations. The contemporary vertical configuration is designed to improve workflow and ergonomics while freeing up bench space (three INT200 illumination devices can fit in the same footprint as a single INT100). In addition to the vertical configuration, the INT200 features touch screen navigation and intuitive software, improved tray design, intelligent scanning, and custom reporting.” Cerus anticipates converting, “its installed base of INT100s in Europe, the Middle East, and Africa to INT200s over the next three years [and plans on a] premarket approval (PMA) submission to the U.S. Food and Drug Administration during 2026, as well as future innovation of the Intercept platelet and plasma systems to leverage the INT200 platform.”

Cerus also [published](#) a news release announcing that it will share the latest Intercept Blood System clinical data findings this week during the 35th Regional International Society of Blood Transfusion (ISBT) Congress being held May 31<sup>st</sup> to June 4<sup>th</sup> in Milan. Richard J. Benjamin, MD, chief medical officer, stated in the news release, “the breadth of data being presented this year underscores the broad applicability of the INTERCEPT system for platelets, plasma, and cryoprecipitated fibrinogen complex as well as the potential benefit for red blood cells. Importantly, we are looking forward to sharing the positive results from our Phase 3 ReCePI study in red blood cells, Intercept treated cold stored platelets, and effective inactivation of California encephalitis virus with the blood transfusion community.”

(Source: Cerus Corporation News Releases, [5/28/25](#); [5/29/25](#))

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COMPANY NEWS (continued from page 8)

**Moderna, Inc.** has [released](#) “positive interim data” from phase I/II trial of its investigational mRNA pandemic influenza vaccine. According to a company news release, the trial is, “evaluating the safety and immunogenicity of its investigational pandemic influenza vaccine, mRNA-1018, in approximately 300 healthy adults aged 18 years and older. The interim results focus on a vaccine candidate targeting the H5 avian influenza virus subtype. [Moderna] had previously expected to advance the program to late-stage development with the U.S. Department of Health and Human Services (HHS); however, [Moderna] received notice on May 28<sup>th</sup> that HHS will terminate the award for the late-stage development and right to purchase pre-pandemic influenza vaccines.” The interim data revealed that the, “investigational vaccine was generally well-tolerated, with no dose-limiting tolerability concerns observed. Most solicited adverse reactions were Grade 1 or 2 and did not increase significantly with number of doses or between first and second doses. Further data is expected to be submitted for presentation at an upcoming scientific meeting. Moderna will explore alternatives for late-stage development and manufacturing of the H5 program consistent with the Company's strategic commitment to pandemic preparedness...The Phase 1/2 study evaluated a two-dose regimen of Moderna's investigational avian influenza vaccine. mRNA-1018 demonstrated a rapid, potent, and durable immune response. At baseline, pre-existing immunity was minimal, with only 2.1 percent of participants showing hemagglutination inhibition (HAI) antibody titers  $\geq 1:40$ , an HAI titer considered to correlate with protection. At Day 43, three weeks after the second vaccination, 97.8 percent of participants achieved titers  $\geq 1:40$  with a 44.5-fold increase of titers from baseline.”

(Source: Moderna, Inc. [News Release](#), 5/28/25)

**Amazon** and **The New York Times Company** are [partnering](#) on an artificial intelligence (AI) licensing deal. According to an announcement describing the collaboration, “The New Times Company has agreed to license its editorial content to Amazon for use in the tech giant’s artificial intelligence platforms. [It will] bring *The New York Times* editorial content to a variety of Amazon customer experiences. [Amazon’s use] of editorial content from *The Times* could extend to the Alexa software found on its smart speakers. In some instances, excerpts from *The New York Times* reporting will include attribution and a link back to *The New York Times* website. Material from *The New York Times* will also be used to train Amazon’s proprietary A.I. models.”

(Source: *The New York Times*, “[The Times and Amazon Announce an A.I. Licensing Deal](#), 5/29/25) ♦

**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**

June 9 -13. **America’s Blood Centers (ABC) Blood Advocacy Week.** More information is available [here](#).

June 10-11. **ABC Advocacy Summit. Washington, D.C.** [Registration](#) is open. More information is available [here](#).

June 11. **Federal Interagency Committee on EMS (FICEMS) Prehospital Blood Transfusion Summit (Virtual).** [Registration](#) is open. More information is available [here](#).

June 25. **ADRP Webinar: From Partnership to Purpose: Strengthening Hospital Relationships.** [Registration](#) is open. More information available [here](#).

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## CALENDAR (continued from page 9)

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

Sept. 10-12. **6th European Conference on Donor Health and Management (ECDHM). Wijk aan Zee, the Netherlands.** [Registration](#) is open. More information available [here](#).

Sept. 24-25. **2025 ADRP Master Class: “Building Brighter Experiences: Empowering Customers, Engaging Employees (Virtual).** More information is coming soon.

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

Oct. 14-15. **International Protein Forum. Old Town Alexandria, Va.** [Registration](#) opens in July.

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

Oct. 26-29. **Blood 2025 and the ISBT 36<sup>th</sup> Regional Congress. Perth, Australia.** More information available [here](#).

Nov. 12. **2025 ADRP International Showcase.** More information coming soon.

Nov. 13-14. **2025 ABC Women’s Executive Leadership Community (WELC) Rise & Lead Workshop.** More information coming soon.

Nov. 17-20. **American Society for Clinical Pathology (ASCP) Annual Meeting. Atlanta, Ga.** [Registration](#) is open. More information available [here](#).

## 2026

Mar. 9-12. **2026 ABC Annual Meeting. Tucson, Ariz.** More information coming soon.

May 12-14. **2026 ADRP Annual Conference. Minneapolis, Minn.** More information coming soon. 💧

## 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

**Associate Medical Director/Medical Director.** 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 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 re-search 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.

**Operations Director of Central Region II.** LifeServe Blood Center is seeking candidates for our Operations Director of Central Region II. As long as you are within the region, this could be the job for you! Central Region

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## POSITIONS (continued from page 10)

It includes LifeServe operations out of **Ames, Cedar Falls, Davenport, Marshalltown, Mason City, and Pella**. Candidates will be required to provide a current resume, cover letter, and complete a small project to be considered for this position. Review of applications began the last week in May. Operations Directors provide day-to-day management of activities and tasks associated with the business units assigned to the region while adhering to cost-effective and efficient guidelines with a focus on quality and customer service outcomes. Functional business units within this region may include blood collections (mobile and donor center operations), therapeutic services, product management, and product distribution. Specific roles, based on regional business needs are: Donor Centers: Ames, Davenport, Marshalltown, Mason City, Pella; Mobiles: Cedar Falls, Mason City, Pella; Product Management & Distribution: Davenport, Cedar Falls, Mason City. Click [here](#) to view the full job description and apply.

**Vice President, Quality and Regulatory Affairs.** The Vice President, Quality and Regulatory Affairs leads enterprise-wide quality, compliance, and regulatory initiatives in support of NYBCe's GxP Business Units, including Blood and HCT/P manufacture, analytical laboratories, specialty pharmacy, therapeutics, and medical programs. Reporting to the SVP of Quality and Regulatory Affairs, the VP provides focused oversight of quality systems to ensure compliance with regulatory and corporate requirements. She/he oversees quality-related interactions with clients, including customer audits and the development of quality agreements. The VP establishes a regulatory strategy for product development projects, advises NYBCe leadership on regulatory issues, prepares regulatory submissions, and represents NYBCe to regulatory and accrediting agencies. The VP applies strong leadership skills to motivate, coach, develop, and retain high-performing Quality staff, and fosters a quality-oriented culture throughout the organization. Responsibilities: Lead improvement projects dealing with broad or complex issues, or with strategic impact. Participate in preparation of CMC submissions. **Locations:** Candidates must be able to report into one of the following NYBCe locations: Rye, New York; Kansas City, Missouri; St. Paul, Minnesota; Providence, Rhode Island, and Newark, Delaware. For applicants who will perform this position in New York City or Westchester County, the proposed annual salary is \$270,000.00p/yr. to \$280,000.00p/yr. Click [here](#) to apply.

**Donor Recruitment Manager.** Blood Assurance is seeking an individual to lead field recruitment efforts that build new and existing business in and around our Nashville region. Primary responsibilities include direct leadership of Account Managers in expanding blood drive activity on mobiles primarily, and in facilities as needed, based on growth strategy in a specific type of

blood product recruitment and collection. Assist in developing long-term community business partnerships, and coordinating internally with all leadership levels to support or expand Blood Assurance recruitment efforts. Work closely with Donor Services leadership to ensure recruitment and collection teams are working together toward meeting overall product collection goals. Qualified applicants will have: a bachelor's degree, preferably in business, marketing, or related field. Previous blood banking experience required. 7-10 years sales experience, preferably in blood banking. 3-5 years sales staff management. Advanced communication skills. Public presentation and networking skills. Advanced organizational, customer service and teamwork skills. We offer many benefits including: Health/Dental/Vision Insurance, Flexible Spending Account, Employee Assistance Program for you and your family, Paid Time Off, 401K, and Wellness Program. Qualified candidates are encouraged to email a resume to [garryallison@bloodassurance.org](mailto:garryallison@bloodassurance.org). Blood Assurance is an Equal Opportunity Employer and a Tobacco Free Environment.

**Medical Laboratory Scientist.** LifeSouth Community Blood Centers is looking for experienced Medical Laboratory Scientists, with a passion for making a difference. Current openings: Gainesville, Florida (Overnight), Birmingham, Alabama (Multiple shifts available; weekend coverage required) and Atlanta, Georgia (Multiple shifts available; rotating weekends required). Legal authorization to work in the United States is required. We do not provide visa sponsorship for this position. Shift differential applies to eligible evening and overnight hours; sign-on and relocation bonuses may also be offered to qualified candidates. Our Medical Laboratory Scientists work in a full-service, accredited immunohematology laboratory following established policies and procedures to resolve complex immunohematology and compatibility problems to provide the safest donor blood for patients in our community. Join us in our mission to make sure blood is available when it's needed most. Visit our careers page to learn more about this position and [apply today!](#)

**Laboratory Supervisor (Evenings).** LifeSouth Community Blood Centers is looking for an experienced **Laboratory Supervisor** with a passion for making a difference to lead our evening shift Immunohematology Reference Laboratory team, in Gainesville, FL. Shift differential applies to eligible evening and overnight hours; sign-on and relocation bonuses may also be offered to qualified candidates. Legal authorization to work in the United States is required. We do not provide visa sponsorship for this position. In this role, you'll oversee daily operations, ensure adherence to established policies and procedures, and support staff in resolving complex testing and compatibility challenges. You'll play a critical part in identifying and addressing issues that may impact

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## POSITIONS (continued from page 11)

test performance or result reporting, while mentoring and guiding team members to uphold the highest standards of quality and safety. Your leadership will help ensure the delivery of the safest donor blood for patients in our community. We are committed to excellence in customer service and patient care. Join us in our mission to make sure blood is available when it's needed most. Visit our careers page to learn more about this position and [apply today!](#)

**Medical & Laboratory Director.** At Vitalant, we're on a mission to save lives and improve health—and we're looking for a **Medical & Laboratory Director** who shares that passion. Based in **Las Vegas, NV** (other U.S. locations may be considered with additional travel), this role provides medical oversight for donors, patients, staff, and healthcare partners in the region. You'll support core operations like component manufacturing, lab testing, donor counseling, and product management, while also overseeing transfusion support, therapeutic apheresis, and cellular therapy collections. This role includes medical and laboratory direction of centralized transfusion services, cellular therapies, and Immunohematology Reference Laboratory (IRL) services. You'll work closely with Corporate and Division teams to advance Vitalant's mission **to unite blood and biologics donors, talent, and innovation to save and improve lives. As a Medical & Laboratory Director, you'll get to:** Guide quality, regulatory, and operational initiatives. Provide medical direction and serve as a CLIA, FACT, or ASHI-defined lab director. Drive policy improvements and technology adoption. Offer medical consults and promote services to hospitals and physicians. Support leadership and field teams. Represent Vitalant in professional forums and inspections. Build strong partnerships to support compliance, service excellence, and growth. Interested applicants can apply on the Vitalant careers site: <https://prd01-hcm01.prd.mykronos.com/ta/6006708.careers?ShowJob=2063867915>

**Vice President, Blood Service Division Quality Services.** At Vitalant, we're on a mission to save lives and improve health—and quality is at the core of everything we do. We're seeking a **Vice President, Blood Service Division Quality Services** in Scottsdale, AZ to lead our Blood Services Division with strategic vision, regulatory expertise, and a passion for continuous improvement. In this key leadership role, you'll help ensure our systems deliver safe, compliant, and reliable blood products to those who need them most. You'll guide both national and field quality teams, build cross-functional partnerships, and foster a culture rooted in our RITE values—**Respect, Integrity, Teamwork, and Excellence. As VP, Blood Services Quality Services, you'll get to:** Lead regulatory compliance, quality system design, and inspection readiness. Oversee regulatory reporting, deviation management, and resolution of nonconforming

products. Guide SOP development to ensure efficiency, scalability, and adherence to standards. Analyze quality metrics, lead root cause investigations, and drive corrective actions. Support field teams with performance improvement and operational excellence. Represent Vitalant in audits, industry forums, and professional networks. Manage departmental budgets and support strategic initiatives. If you're ready to make a measurable impact on public health through quality leadership, we invite you to join us. Interested applicants can apply on the Vitalant careers site: <https://prd01-hcm01.prd.mykronos.com/ta/6006708.careers?ShowJob=2047141031>

**Clinical Laboratory Scientist (CLS).** Join The Northern California Community Blood Bank, where we are dedicated to the health and well-being of our community. We are a value-driven organization committed to stability, balance, and building vibrant community relationships. We offer a low-stress environment and excellent work life balance. This is a full-time position. Health, dental, vision, life insurance, and retirement plan offered. Generous PTO offering. Starting wage range is \$50 - \$55/hr. Hiring and Relocation Bonus potential. Responsibilities include blood processing and testing, immunohematological testing, training, validation, and procedure implementation. This position requires on-call duties. The right candidate is quality focused with communication skills and attention to detail. This person will enjoy a collaborative and busy environment with opportunities for projects and quality improvement. Click [HERE](#) for the full job description and to apply.

**Director, Quality Assurance/Regulatory Affairs.** 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 a full-time Director, to oversee and direct the coordination of quality assurance and regulatory compliance for the collection, manufacture, storage and distribution of licensed and unlicensed blood and blood components, and for the testing of donor and patient samples. **Essential Functions:** Direct the coordination of regulatory compliance with the Food & Drug Administration (FDA), e.g., review of changes to regulations & guidance documents, submission of biological product deviation reports & response to observations/findings from FDA inspections. Support the Division Director in the preparation of license applications, annual report of minor changes & correspondence with the FDA. Manage the quality programs for maintaining applicable licensure and accreditation, e.g., internal and external audits, supplier qualifications, change control, deviation management, document control

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## POSITIONS (continued from page 12)

and record retention. **Minimum Requirements:** Bachelor's Degree and seven (7) years' experience. **Click [HERE](#) for the full job description and apply.** EOE

**Quality Assurance Manager.** Kentucky Blood Center (KBC) is seeking a Quality Assurance Manager to guide and support organizational adherence to standards issued by regulatory agencies and accrediting organizations. The position is responsible for KBC's compliance with applicable AABB, FDA, CLIA, State, OSHA, EU, and short supply agreement requirements. Reports to the Vice President, Quality and Regulatory Affairs; supervises the QA team. Qualifications include a minimum of a 4-year medical technologist degree (MLS/CLS) with ASCP professional certification and appropriate combination of experience. Must be located in, or willing to relocate to, the Lexington, Kentucky area (assistance provided). For more information or to apply, visit <https://www.kyblood-center.org/about-us/careers>.

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