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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2025 #32 October 14, 2025

INSIDE:

Are Clotting Factor Concentrates Superior to Frozen Plasma in the Initial Resuscitation of Trauma Patients

Researchers in Canada have published the results of a randomized multicenter, parallel-control, superiority, randomized clinical trial in *JAMA Network Open* that examined, "the replacement of clotting factors with frozen plasma (FP) or fibrinogen concentrate (FC) and prothrombin complex concentrate (PCC) in the initial resuscitation of patients with trauma." The paper noted that the trial was conducted in six level I Canadian trauma centers from April 2021 to February 2023 and included patients 16 years of age or older who had "massive hemorrhage protocol (MHP) activation [within one hour of hospital] admission [and did not receive] more than two red blood cell (RBC) units either before hospital admission or in the hospital prior to randomization or if they had a catastrophic head injury."

The authors noted that, "[in] the intervention group, patients were provided FC 4 g (Fibryga; Octapharma) and PCC 2000 IU (Octaplex; Octapharma) in the first and second MHP packs. In the control group, patients were provided four units of FP in both packs. [However,] PCC was not permitted in the control group during the intervention period (first 24 hours or until after administration of the two MHP packs). Both groups received four units of RBCs with the first and second coagulation factor packs and a single dose of platelets (four units) with the second pack." The trial gathered efficacy and safety data through day 28 with the primary efficacy outcome being, "the mean number of allogeneic blood products (ABPs) transfused within 24 hours. The key secondary efficacy outcome was the mean number of ABPs transfused within 24 hours, excluding FP units in the first two MHP packs. Other outcomes included individual blood component units transfused within 24 hours, rescue use of hemostatic agents (recombinant factor VIIa, PCC, and FC) from the third MHP pack onward, laboratory end points, days out of hospital to 28 days, 24-hour and all-cause 28-day mortality, and time to death (to 28 days)." The paper identified key secondary safety outcomes as, "the incidence of thromboembolic events (TEEs) up to 28 days, ventilator-free days, duration of intensive care unit stay, multiorgan failure, abdominal compartment syndrome, and limb compartment syndrome."

The trial enrolled 217 patients that were randomly assigned "(107 to the FC-PCC intervention group and 110 to the FP control group). The researchers explained that, "[t]he critical administration threshold (transfusion of ≥3 RBC units within the first hour of admission) was positive in most patients (FC-PCC: 52 [78.8 percent]; FP: 60 [84.5 percent])." The study found, "[n]o significant difference was observed in the primary outcome. The mean 24-hour ABP transfusions were 20.8 (95 percent CI, 16.7-25.9) units in the FC-PCC group and 23.8 (95 percent CI, 19.2-29.4) units

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Are Clotting Factor Concentrates Superior to Frozen Plasma in Initial Resuscitation of Trauma Patients
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in the FP group, and the LSM ratio was 0.87 (97.5 percent CI, 0.00-1.19; P = .20 for superiority). No significant difference was observed in the primary outcome. The mean 24-hour ABP transfusions were 20.8 (95 percent CI, 16.7-25.9) units in the FC-PCC group and 23.8 (95 percent CI, 19.2-29.4) units in the FP group, and the LSM ratio was 0.87 (97.5 percent CI, 0.00-1.19; P = .20 for superiority). [The need for] rescue with FC in the FC-PCC group was lower compared with the FP group (17 [25.8 percent] vs 42 [59.1 percent]; odds ratio [OR], 0.24 [95 percent CI, 0.12-0.50]; P < .001)." Additionally, there was, "[n]o statistical significance in 24-hour mortality was observed between the FC-PCC and FP groups (5 [7.6 percent] vs 12 [16.9 percent]; P = .24). [No between-group difference] was observed in other secondary efficacy and safety clinical outcomes."

The authors concluded that the study, "found no reduction in blood product transfusion within 24 hours for severely injured patients with trauma treated preemptively with FC-PCC vs FP. There was no difference in secondary efficacy and safety outcomes, including thromboembolic events, between treatment groups." Acknowledged limitations of the trial included, "[the use of] MHP activation as a starting point to screen and randomly assign patients. However, variability in activation criteria across centers and difficulty in determining the need for massive transfusion led to more overactivation than observed in the pilot study; [the trial] included patients with cardiopulmonary resuscitation in progress or catastrophic injuries with low survival probability and who required large amounts of ABPs, contributing to the low conditional power detected in the interim analysis; [and] a more personalized strategy (i.e., viscoelastic testing) was not included due to the inconsistent use and lack of availability at participating sites."

Citation: da Luz, L.T., Karkouti, K., Carroll, J. *et al*. "Factors in the Initial Resuscitation of Patients With Severe Trauma The FiiRST-2 Randomized Clinical Trial." *JAMA Network Open*. 2025.

Inaugural EFP Cohort Complete Vanderbilt University Residency

The first cohort of the America's Blood Centers' (ABC) Executive Fellows Program (EFP) recently took part in their week-long residency in Nashville, Tenn. at Vanderbilt University. During the residency, the fellows immersed themselves in learning and industry-specific leadership trainings from Vanderbilt University's Owen School of Management faculty that included case studies, group discussions, an executive panel, and a deep dive into several topics including:

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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.

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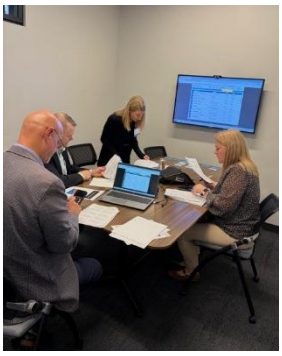
Inaugural EFP Cohort Complete Vanderbilt University Residency (continued from page 2)

- organizational strategy and decision making led by Professor Brian T. McCain, PhD;
- effective leadership through building trust, alignment, and influence throughout organizations; leading collaborative change taught by Dr. Ranga Ramanujam;
- the role of artificial intelligence (AI) in healthcare innovation featuring healthcare executives Matt Brown from HCA Healthcare and Chase Spurlock from Decode Health;
- the financial fluency and cost implications of business activity level changes led by Professor Richard Willis;
- operations strategy in action led by Professor Eric Johnson;
- the architecture of executive presence and the emotional intelligence framework for strategic communication led by Professor Shayna Humphrey;
- tactics in distributive negotiation and the art of integrative negotiation led by Professor Tim Vogus; and
- building a culture of innovation by Professor Todd McCullough.

Additionally, the group took part in networking activities among their cohort and had the opportunity to explore the Vanderbilt University campus. The 2025-2026 cohort will continue their journey with another in-person learning immersion in Tucson, Ariz. during the 2026 ABC Annual Meeting where they will present their capstone projects.

ABC encourages executives and senior leaders from ABC member blood centers, hospital-associate members, affiliate organizations, industry partners, and the blood community to apply for the 2026-2027 ABC EFP. We will continue to accept applications for the 2026-2027 EFP cohort through the October 27th deadline. Scholarships are available. Please contact us with any questions.



BRIEFLY NOTED

The American Society for Clinical Pathology (ASCP) has published the findings from the "2024 Vacancy Survey of Medical Laboratories in the U.S." The survey aimed to, "determine the extent and distribution of laboratory workforce shortages within the nation's medical laboratories." Of interest to the blood community, "[t]he overall vacancy rate for blood bank/transfusion medicine is 12.6 percent, with staff vacancy rates at 13.1 percent, and supervisor vacancy rates at 9.5 percent. Survey respondents working in blood bank/transfusion medicine indicated that they anticipate a 14.2 percent overall retirement rate in the next five years. Staff members have an anticipated retirement rate of 13.1 percent compared with 20.9

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BRIEFLY NOTED (continued from page 3)

percent for supervisors. Respondents from blood banks/transfusion medicine prefer the following certification examinations and credentials when hiring employees: technologist in blood banking, specialist in blood banking, medical laboratory scientist (MLS), and medical laboratory technician (MLT). Overall, 73 percent of the respondents reported that their department requires certification for laboratory positions. According to the survey results, 82.4 percent of staff and 84.5 percent of supervisors working in blood bank/transfusion medicine are certified. This department also has the highest rate of credentialed staff among all the departments surveyed. Blood bank/transfusion medicine evening (2:00 p.m. to 10:00 p.m.) and weekend shifts are difficult to fill, while night (10:00 p.m. to 6:00 a.m.), weekend (Saturday and Sunday), and double-shifts are very difficult to fill. (Shift options provided in the survey were very easy, easy, neither difficult nor easy, difficult, very difficult, not applicable.)"

Other overall key findings from the survey data include:

- "lower vacancy rates compared with 2020-2022. Vacancy rates are, however, still higher than before the COVID-19 pandemic;
- [t]here is an urgent need for advocacy on behalf of laboratory professionals, increased credentialing of laboratory professionals, and an increase in the number of laboratory training programs; [and]
- [s]urvey results found that enthusiasm about artificial intelligence (AI) was higher in laboratories that had implemented AI training and demonstrated AI proficiency in their laboratory professionals and other experts."

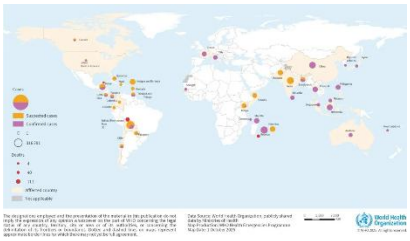
Citation: Garcia, E., Diaz, J., Kundu, I., Kelly, M., *et al*. "The American Society for Clinical Pathology 2024 Vacancy Survey of medical laboratories in the United States." *American Journal of Clinical Pathology*. 2025

The American College of Surgeons (ACS) recently held their Clinical Congress 2025 which included a session on prehospital blood transfusions titled, "When Minutes Matter: Prehospital Transfusion for Traumatic Hemorrhage," according to an article recapping the session on the ACS website. Speakers included Jason L. Sperry, MD, MPH, FACS, "present[ing] an overview of the evolution of prehospital resuscitation, highlighting several notable trials, including the Prehospital Air Medical Plasma (PAMPer) Trial, which showed that prehospital administration of thawed plasma had a 9.8 percent absolute reduction in 30-day mortality and improved blood clotting. He also described the goals of the ongoing Type O Whole Blood and Assessment of AGE during Prehospital Resuscitation (TOWAR) Trial, which aims to assess the feasibility and efficacy of giving low-titer whole blood to trauma patients in an ambulance while enroute to a hospital. Christine M. Leeper, MD, FACS also took part in the session noting that, "bleeding is the leading cause of preventable death in children [and prehospital transfusion is] feasible, safe, and in some studies, is associated with increased survival for injured children compared with transfusion on arrival to the emergency department," according to the article. Nakul Raykar, MD, MPH, FACS, explained in his presentation that: "[b]lood transfusion is essential for life across a wide range of ailments and is not limited to trauma and obstetrics patients," and "Prehospital blood can offer hope for hemorrhage for patient living in blood deserts. [Non-trauma patients constitute] up to 70 percent of patients who require prehospital blood," explained the article. Zain G. Hashmi, MD, FACS discussed, "his perspectives on urban versus rural disparities and the challenges that persist regarding wider implementation of prehospital blood transfusions in the U.S." He also noted, "the prohibitive costs associated with establishing a prehospital blood transfusion program."

(Source: ACS, "Trauma Experts Push for Wider Adoption of Prehospital Blood Access," 10/7/25)

INFECTIOUS DISEASE UPDATES

CHIKUNGUNYA



The World Health Organization (WHO) recently published an October 3rd "Global Situation Update" regarding Chikungunya virus disease (CHIKV). According to the WHO, between January 1st and September 30th, "a total of 445,271 suspected and confirmed CHIKV disease cases and 155 deaths were reported globally from 40 countries, including autochthonous and travel imported cases." The organization explained that, "[s]ome WHO Regions are experiencing significant increases in case numbers compared to 2024, although others are currently reporting lower case numbers. This uneven distribution of cases across regions makes it challenging to characterize the situation as a global rise, however, given the ongoing outbreaks reported globally in 2025, the potential for further spread remains significant. [Prior to 2025,] current or previous autochthonous transmission of CHIKV has been reported from 119 countries and territories. A total of 27 countries and territories across six WHO regions have established competent populations of *Aedes aegypti* mosquitoes but have not yet reported autochthonous CHIKV transmission. Additional countries have established populations of *Aedes albopictus* mosquitoes, which can also transmit CHIKV, and in which transmission efficiency is enhanced for CHIKV lineages with the E1 226V mutation. The presence of these vectors poses a continuous threat of chikungunya introduction and spread in previously unaffected areas. Increased CHIKV transmission is driven by multiple factors that include the expanded geographic distribution of *Aedes* mosquitoes related to transportation in conveyances and climate change, unplanned urbanization, poor water management, and weakened vector surveillance and control. [Early detection of cases,] particularly in persons at risk for severe CHIKV disease, and timely access to appropriate medical care are essential for minimizing clinical complications and reducing mortality. The variation in distribution of cases across regions highlights the importance of continued investment in surveillance, preparedness, and response capacities to address evolving regional dynamics." Transfusion-transmission of chikungunya has not been documented and any risk to the blood supply is believed to be theoretical.

(Source: WHO Chikungunya Global Situation Update, 10/3/25)

RESEARCH IN BRIEF

First Locally Acquired Malaria Outbreaks in the U.S. in 20 Years Reported. A paper published in *JAMA Network Open* described the public health response to the first locally acquired malaria cases in the U.S. in 20 years. According to the authors, "10 cases were identified across four states between May and September 2023. In partnership with the U.S. Centers for Disease Control and Prevention (CDC), state and local health departments in Arkansas, Florida, Maryland, and Texas responded from May to November 2023 to mitigate further transmission and prepare for future locally acquired malaria events." The researchers found that, "the 10 patients had confirmed malaria attributed to local mosquito transmission (mean [SD] age, 39.5 [15.0] years; three female [30.0 percent] and seven male [70.0 percent]; one self-identified as Black [10.0 percent], six as White [60.0 percent], three as not specified or unknown [30.0 percent] race; two self-identified as Hispanic/Latino [20.0 percent] and eight as non-Hispanic/Latino [80.0 percent] ethnicity) in four states. Seven patients had *P vivax* infection in Sarasota County, Florida, with illness onset between May and July. The remaining three patients lived in different states: Cameron County, Texas (*P. vivax*, May); National Capital Region, Maryland (*P. falciparum*, August); and Saline County, Arkansas (*P. vivax*, September). No patients traveled outside the country in the preceding two years. No patients had a history of blood product transfusion, organ transplant, recent tattoos, or needle-sharing practices. All patients reported time outdoors at night when female *Anopheles* spp. mosquitoes typically seek human hosts. In the weeks preceding illness, three patients reported homelessness, two worked outdoors overnight (one

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RESEARCH IN BRIEF (continued from page 5)

throughout numerous nightshifts and the other intermittently while making deliveries), and the remaining five reported other outdoor nighttime activities. All patients received antimalarial treatment and recovered without complication despite some diagnostic delays. Seven *P. vivax* cases acquired in Florida were genetically linked and had genetic signatures consistent with Central or South American parasites. Three *A. crucians* mosquitoes captured in proximity to the cases contained *P. vivax* in their abdomens, showing that local *Anopheles* spp. recently fed on infected humans. The remaining three cases (two *P. vivax* [Texas, Arkansas] and one *P falciparum* [Maryland]) were not genetically linked to each other or the Florida cases, and no *Plasmodium* spp. was detected in mosquitoes from these three states." The authors also noted that, "[i]ncreased travel and population movement to and from malaria-endemic regions, persistent vectors, and increased temperatures may be increasing the risk of local transmission in the U.S." They concluded that the, "study of locally transmitted malaria showed that outbreaks were contained within states, with Florida's *P. vivax* cases linked to a single strain distinct from those in Texas and Arkansas. Sustained *Plasmodium* spp. transmission is unlikely. Though malaria reestablishment is unlikely in the U.S., the risk of future locally acquired malaria outbreaks persists. The CDC and state public health departments have created strategic frameworks to better prepare for future malaria outbreaks in the U.S. Timely and effective epidemiologic, laboratory, and entomologic investigations and responses require interagency collaboration at the local, state, and federal level."

Citation: DeVita, T.N., Morrison, A.M., Stanek, D., *et al*. "Public Health Response to the First Locally Acquired Malaria Outbreaks in the US in 20 Years." *JAMA Network Open*. 2025

MEMBER NEWS

Vitalant is partnering with the City of Pittsburgh Bureau of Emergency Medical Services (EMS), and the University of Pittsburgh Medical Center (UPMC) prehospital services to launch, "whole blood in the field being deployed by paramedics across the city of Pittsburgh." According to a news release, "the Pittsburgh EMS led the way in Pennsylvania by launching a pilot program in 2022 that paired paramedics with prehospital physicians to transfuse blood to patients in the field and save lives right at the scene. After a 2024 state Department of Health change in prehospital protocols — written by the Pittsburgh-led team —, highly trained paramedics on EMS units throughout Pennsylvania are now permitted to carry and administer blood, without the need to have a physician present. On September 15th, after a year of finalizing contracts and formalizing program procedures, Pittsburgh EMS deployed its first whole blood units onto Rescue 2. This week, blood was also deployed to Rescue 1." Vitalant Director of Transfusion Services Frances Scher added in the news release, "[t]his program highlights the constant and vital need for blood donors. When seconds count, it's the blood already donated that helps save lives. Vitalant urges everyone who is eligible to donate blood regularly and help ensure every patient need can be met whenever and wherever it arises, in a hospital or at an accident scene."

(Source: Pittsburgh EMS News Release, 9/26/25)

Our Blood Institute (OBI) has now added its OBI BloodHounds program to blood center's Lawton, Okla. Location. The program launched in December 2024 in Oklahoma City, according to a report from KSWO ABC-7. The OBI BloodHounds are a, "team of certified therapy dogs, specially trained to provide comfort and emotional support to blood donors. These friendly, calm, and loving pups are here to offer a soothing presence during donation sessions, helping to reduce anxiety and create a more relaxed environment. The program is designed to make blood donation a more 'paws-itively' pleasant and stress-free experience for everyone involved."

(Source: KSWO ABC-7, "OBI introduces new therapy dog team, 'OBI BloodHounds,'" 10/8/25)

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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.

INPUT REQUESTED: Participate in the ABC Strategic Planning Survey

America's Blood Centers (ABC) has launched a Strategic Planning Survey and invites all members to complete this brief survey prior to the October 17th deadline. Multiple submissions per blood center are welcome as this is an opportunity for individuals to inform the strategic direction of ABC in future years. The ABC Board of Directors will meet later this year to develop ABC's next Strategic Plan (for fiscal years 2027-2030). To ensure a full breadth of perspectives are captured during the planning process, we hope you will participate in this short survey designed to capture your valuable insights about the association. Please contact us with any questions or if you have trouble accessing the survey.

ABC Member Prehospital Blood Utilization Survey Opens

ABC encourages all members to take part in the ABC Member Prehospital Blood Utilization Survey. This annual survey collects and provides statistically significant information to our members and supports ABC's prehospital blood advocacy efforts. Please complete the survey by October 24th. The opportunity for prehospital blood transfusion to save lives has become increasingly popular. As part of ABC's Advocacy Agenda, we have developed partnerships with EMS organizations and government agencies by way of the Prehospital Blood Transfusion Coalition (PHBTC) to address the barriers limiting widespread availability of prehospital blood transfusions, including scope of practice and reimbursement. As a member of the PHBTC, ABC is focused on improving the access of this lifesaving initiative to those who need it. Please contact us with questions or if you have trouble accessing the survey.

Register Today for the *Rise & Lead Workshop* November 13th-14th

Rise & Lead
A WOMEN'S LEADERSHIP WORKSHOP

Registration is open for the America's Blood Centers (ABC) 2025 ABC Women's Executive Leadership Community (WELC) *Rise & Lead Workshop* taking place November 13th-14th in San Antonio, Texas at the Westin Riverwalk. Book now to secure the discounted rate by the October 21st deadline. Check out the schedule as this workshop is designed for women in leadership positions, emerging leaders, and professionals seeking personal and career growth. It also welcomes individuals who want to cultivate diverse perspectives. Attendees will engage in an intimate, engaging, and interactive environment focused on networking, mentorship, and meaningful discussions on leadership and growth. Please contact us with questions.

ABC Executive Fellows Program Call for Applicants Closes October 27th

Executive Fellows Program
An Initiative of America's Blood Centers

Apply to participate in the 2026 ABC Executive Fellows Program (EFP) by the October 27th deadline. ABC is partnering with Vanderbilt University's Owen School of Management. This groundbreaking initiative offers industry-specific, best-in-class leadership training to blood community executives, elevating individuals, organizations, and the nation's blood supply. The program will accept an annual cohort of up to 25 fellows who will participate in:

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- "a week-long leadership residency at Vanderbilt;
- three additional in-person learning immersions;
- virtual seminars taught by Vanderbilt faculty;
- a 360-leadership assessment;
- individual executive coaching; and
- a capstone project presented at ABC Annual Meeting 2027.

The EFP strives to accept participants from a wide variety of backgrounds and leadership roles. Final selections for the 2026 cohort will occur by December 2025. An independent selection committee is responsible for choosing each year's cohort. Senior leaders from ABC member blood centers, hospital-associate members, affiliate organizations, and industry partners are encouraged to apply. The Foundation for America's Blood Centers (FABC) is pleased to announce up to $20,000 in partial scholarships for individuals employed by ABC active member blood centers. Additional information regarding tuition rates is available here.

Input Requested: ADRP Member Satisfaction Survey

Take part in shaping the future of ADRP by completing the ADRP Member Satisfaction Survey! We encourage all ADRP members to participate as this is your opportunity to let your voice be heard, as your input will help shape our strategic priorities for the next three years. ADRP values and welcomes all member feedback and are asking you to please complete the survey by Monday, October 27th. If you have any questions or have trouble accessing the survey, please contact us.

2025 International Showcase Set for November 12th

Registration is now open for the 2025 ADRP International Showcase and complimentary for all blood center staff! This virtual event will take place on Wednesday, November 12th at 1 p.m. EST and includes blood community professionals worldwide taking part in our annual forum to share, connect, and learn from each other! Stay tuned for additional details in the coming weeks as the International Showcase is a unique, cross-cultural exchange that fosters new connections and perspectives on donor motivation and retention strategies that can potentially be adaptable across the global blood community. A recording of this event will be made available to all registrants.

GLOBAL NEWS

A report published by *The Guardian* stated that the Nigerian Institute of Medical Research (NIMR), "[h]as raised new concerns about the safety of blood transfusions across the country following fresh findings on a largely undetected form of Hepatitis B infection." According to Oluwatoyin Awoderu, a research fellow at NIMR's Cent[er] for Infectious Diseases and Research, "[w]e discovered a group of individuals who tested negative for the Hepatitis B surface antigen, which is what is used in routine screening, but still carried the virus. These are what we call occult Hepatitis B cases. [Despite sustained efforts] to curb Hepatitis B, Ms. Awoderu noted to [*The Guardian*] that Nigeria has remained endemic for over six decades, prompting researchers to investigate hidden drivers of its persistence. As part of the NIMR study, blood samples were collected from apparently healthy individuals across several states and screened for multiple Hepatitis B biomarkers beyond the standard surface antigen test. The team identified a small but significant subset of individuals who harb[o]red the virus without showing up positive on regular screening. While the group represents less than one percent of those tested, Ms. Awoderu warned that their presence within the blood

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GLOBAL NEWS (continued from page 8)

donation system could have serious public health consequences, especially for newborns and immunocompromised patients. [She explained that] Nigeria's current blood screening protocols focus solely on detecting the surface antigen, which, although standard practice, fails to capture Occult Hepatitis B Infection cases [and called for] urgent reforms in national blood safety policies, urging authorities to integrate broader Hepatitis B testing that includes multiple biomarkers to prevent hidden infections from slipping through."

(Source: *The Guardian*, "Fresh concerns over safety of blood transfusions nationwide," 10/9/25)

On October 5th, *The Brussels Times* published an op-ed from the Plasma Protein Therapeutics Association (PPTA) supporting ongoing plasma sustainability efforts in Europe. The column stated that, "[d]espite the strength of its health systems, Europe does not collect enough of its own plasma. Nearly 40 percent of the plasma used for European treatments is imported from the United States. This dependency is not about safety — which is already assured — but about supply security. Relying heavily on imports poses a clear vulnerability. Any disruption in global supply could leave European patients without the therapies they depend upon. This is why ongoing policy developments in Brussels — particularly the forthcoming Critical Medicines Act — will play a crucial role. If Europe is serious about its health security and open strategic autonomy, the legislation must recogni[z]e the diversity of pharmaceutical supply chains; it shall distinguish between traditional pharmaceuticals and plasma-derived medicines (PMDPs). [Treating PDMPs] with a one-size-fits-all approach would risk undermining the very supply security the legislation [seeks. Achieving European plasma sufficiency] is not an abstract policy goal — it is an urgent imperative. [Public-private coexistence] and collaboration must also be part of the solution. Across Europe, plasma is collected by both public health systems and private sector organi[z]ations. Too often, however, these efforts operate in parallel rather than in partnership. Countries that allow regulated modest compensation for donors have demonstrated that can secure reliable, healthy donors without compromising safety or quality — a fact acknowledged by the European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP). [Meeting rising patient needs] will require boosting collection through all available models — public, private, and collaborative. Governments should recogni[z]e the value each sector brings, adopt policies that support donor education, recruitment, retention, and safety, and foster collaboration to build a robust and sustainable plasma supply chain. Europe has the collective capacity to reach plasma sufficiency — with both public and private sectors contributing trusted systems, proven expertise, and essential infrastructure. But capacity alone is not enough. What is needed now is urgency and coordination, from policymakers, healthcare systems, public and private actors, and citizens alike."

(Source: *The Brussels Times*, "Plasma donations: Europe's lifeline that policy must support," 10/5/25)

COMPANY NEWS

Terumo Blood and Cell Technologies (Terumo BCT) has announced a "strategic investment" in **Hemex Health**. A company news release explained that the companies are, "exploring opportunities to broaden access to Hb variant testing using Hemex Health's Gazelle™ — a critical tool for identifying and quantifying Hb types in the blood, including those associated with sickle cell disease and sickle cell trait. Identifying Hb variants in the blood enables early treatment, and ongoing measurement can help assess the impact of treatment." Additionally, Terumo BCT and Hemex Health are, "exploring several key areas of potential collaboration to enable a more personalized, connected, and comprehensive approach to patient care, including:

- [e]vidence generation;
- [d]igital solutions across the patient journey; [and]
- [p]atient access through strategic collaboration."

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COMPANY NEWS (continued from page 9)

Terumo BCT has also signed a memorandum of understanding (MOU) with the Ministries of Health of Kenya and Côte d'Ivoire, together with Uganda's Joint Clinical Research Cent[er] (JCRC) under the stewardship of the Uganda Ministry of Health. According to a news release, the MOU is meant to, "buil[d] coordinated national frameworks to address sickle cell disease (SCD). [Areas of collaboration include:]

- [i]ncreasing public awareness to reduce stigma and promote early intervention, such as early diagnosis and effective disease management;
- [e]nhancing facility capacity and healthcare worker training using advanced technologies;
- [c]onducting joint research to shape care strategies and standards;
- [i]ntegrating SCD into national health systems for long-term sustainability; [and]
- [m]obilizing resources to ensure adequate disease management.

(Sources: Terumo BCT News Release, 10/9/25; 9/30/25)

BBG Advanced Therapies, a subsidiary of **BioBridge Global** (San Antonio, Texas, USA), has partnered with **CELLforCURE**, part of **SEQENS Group**, (Les Ulis, France), to "support[t] the development and large-scale production of Advanced Therapy Medicinal Products (ATMPs)." A news release describing the collaboration noted that the partnership, "creates a fully scalable, global CDMO partnership between USA and Europe that accelerates the journey from concept to commercialization. By combining transatlantic expertise and infrastructure, the partnership enables therapy developers to scale rapidly, launch multinational trials, and reach patients more effectively. Together, BBG Advanced Therapies and CELLforCURE now offer state-of-the-art GMP manufacturing space, providing unmatched capacity to support global clients."

(Source: BBG Advanced Therapies News Release, 10/7/25)

Eli Lilly and Company has hired Peter Marks, MD, PhD as senior vice president of Molecule Discovery and head of Infectious Disease. Dr. Marks had previously served as director of the U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) since 2016 until his resignation March 2025.

(Source: *Reuters*, "Eli Lilly taps former US FDA official Peter Marks to head infectious disease," 10/7/25)

The **American Hospital Association (AHA)** recently issued a statement of record for the U.S. Senate Special Committee on Aging's October 8th hearing regarding the pharmaceutical and medical device supply chains. In the statement, AHA explained that, "[t]he medical supply chains for pharmaceutical products and medical devices are highly complex, requiring hospitals to draw on domestic and international sources. These supply chains are prone to significant disruption from a wide range of factors, including transportation interruptions, natural disasters, raw materials shortages, and production breakdowns. Despite ongoing efforts to bolster the domestic supply chain, international sources still supply a significant proportion of essential medical goods. [R]eshoring cannot, on its own, provide the supply chain stability needed to ensure unrestricted access to necessary drugs and devices for patient care. [The AHA believes] it is necessary to strengthen the domestic supply chain for essential pharmaceutical and other medical products and recognizes the value of reducing reliance on international sources; the AHA also acknowledges that domestic disruptions highlight the need for a diverse supply chain that includes international sourcing. Achieving both safety and diversity will require significant time, effort and ingenuity due to the logistical complexity and resources involved in reorienting pharmaceutical and medical supply chains. To that end, a critical step toward protecting America's pharmaceutical and medical supply chains is understanding vulnerabilities from the beginning of production to the moment a drug is administered to a patient or a device is used to

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COMPANY NEWS (continued from page 10)

deliver care. Supply chain vulnerabilities often only become apparent when the chain has been broken, as in the case of the IV fluid shortage that resulted from Hurricane Helene. Proactively mapping and assessing the pharmaceutical supply chain, as well as supply chains for other medical devices and equipment, is an important step to improving resiliency in U.S. supply chains and protecting patients' access to care."

(Source: AHA Statement, 10/8/25)

CALENDAR

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

2025

Oct. 14-15. **International Protein Forum. Old Town Alexandria, Va.** Registration is open. More information is available here.

Oct. 22. **FDA CBER OTP Town Hall: "Gene Therapy Manufacturing CMC and Facility Readiness for BLAs and Post-licensure Changes" (Virtual).** Registration is open. More information is available here.

Oct. 25-28. **AABB Annual Meeting. San Diego, Calif.** Registration is open. More information is available here.

Oct. 26-29. **Blood 2025 and the ISBT 36th Regional Congress. Perth, Australia.** More information available here.

Nov. 6-7. **National Institutes of Health's (NIH) National Heart, Lung, and Blood Institute (NHLBI) Cardiopulmonary Complications of Hematopoietic Stem Cell Transplantation (HCT) and Gene Therapy Workshop (Hybrid).** Registration is open. More information is available here.

Nov. 12. **2025 ADRP International Showcase.** Registration is open. More information is available here.

Nov. 13-14. **2025 ABC Women's Executive Leadership Community (WELC) *Rise & Lead Workshop*.** Registration is open. More information available here.

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

2026

Feb. 11-12. **4th Biennial International Plasma and Fractionation Association (IPFA) & EBA Symposium on Plasma Collection and Supply. Leuven, Belgium**. Registration is open. More information is available here.

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

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

Oct. 4-7. **American Association of Tissue Banks (AATB) Annual Meeting. San Francisco, Calf.** 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

POSITIONS

Director of Donor Services and Donor Recruitment (Fresno, CA). The Central California Blood Center (CCBC) provides blood and services to patients who receive care at over 20 hospitals and their network of facilities in Central California. CCBC has five donor collection centers in Central California and currently employs over 150 team members. This position is responsible for the strategic operational oversight of all processes and procedures related to blood collection activities (including resource management, training programs, and process improvement management and initiatives) and volunteer blood donor recruitment strategies for mobile and donor center blood collections to ensure the organization maintains a robust, quality-focused blood supply. Through direct or delegated oversight, ensures financial viability, operational feasibility, and customer, donor, and team member desirability of business decisions. Creates and fosters a collaborative environment that supports the organization's goals and objectives. Serves as a member of the organization's senior management team responsible for guiding the organization's mission of saving lives. To view the full job description and apply, please click here. **The deadline to apply is October 31, 2025.**

Cell Therapy Technologist (Carter BloodCare). The Cellular Therapy Technologist (CTT) participates in activities in the Cellular Therapy Laboratory. These activities include, but may not be limited to, cellular therapy (CT) processing, performing and troubleshooting quality control of reagents and equipment, participating in educational instruction of students and new employees, familiarity and full compliance with all CT and general laboratory regulations, and participating in design and implementation of new methodology for processing CT products. A CTT ensures daily operations within the department meet and follow all established guidelines and provide excellence in service and patient care. Ability to work a flexible schedule, long and/or odd hours with little notice. Regular full-time attendance is required during normal working hours. This position requires a valid driver's license. **Education:** MT (ASCP), MLS (ASCP) or equivalent, or eligible with certification obtained within 90 days of hire. Bachelor of Science Degree in Clinical Laboratory Science, Medical Laboratory Science, Medical Technology, or a related field in laboratory science. **Experience:** Minimum of one year of experience as an MT/MLS. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job Cell Therapy Tech or Cell Therapy Technologist (MLS).

Manager of Product Quality Control (Carter BloodCare). The Manager of Product Quality Control will be responsible for all Product Quality Control related activities of the blood center. These activities may include, but are not limited to, equipment/instrument maintenance and quality control, product testing, review of testing results, review of donor center activities, as related to Product Quality Control testing, training, and education of Product Quality Control testing staff. The Manager will monitor budget and other administrative activities for the department, as assigned by the Technical Director. Additionally, the position will be actively involved in strategic planning and collaborating with other blood centers on projects and other corporate initiatives. The Manager will report to the Technical Director. Regular full-time attendance is required during normal working hours. **Education:** Bachelor of Science Degree, or related field. MT (ASCP), MLS (ASCP) or equivalent. **Experience:** Minimum three (3) years general laboratory experience, required. Minimum one (1) year of blood banking, required. Minimum one (1) year of supervisory experience, preferred. Previous management experience, preferred. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job Manager of Product Quality Control (MLS).

Senior Manager of Technical Operations (Carter BloodCare). The Senior Manager of Technical Operations (SMTO) provides leadership and oversight across Distribution/Hospital Services, Product Quality Control (PQC), Component Production, and Testing and Labeling departments in North, East, and Central Texas. The SMTO serves as a key operational leader with delegated authority from the Technical Director, ensuring continuity of operations, consistency of processes, and compliance with all regulatory standards. The SMTO directly supervises managers across all departments and locations, guiding daily operations, hiring, and developing staff, managing training programs, and ensuring high performance standards. In partnership with the Technical Director, the SMTO leads the implementation of departmental procedures, validations, and regulatory requirements. Periodic travel between assigned work areas in North, East and Central Texas is required. **Education:** Bachelor of Science Degree or related field. MT (ASCP), MLS (ASCP) or equivalent. **Experience:** Minimum of four (4) years of experience in blood bank management or supervisory position with an emphasis on inventory management and hospital services. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search for job Senior Manager of Technical Operations (MLS).

Reference Lab Manager. OneBlood is currently recruiting for a Lab Manager in our AABB-Accredited Immunohematology Reference Laboratory. This position provides leadership and technical expertise, manages staff, and performs training and quality activities for the staff responsible for performing basic through advanced testing procedures on patient and/or donor samples. Applicants must have a bachelor's degree in medical technology, biological science, or related scientific field

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POSITIONS (continued from page 12)

from an accredited college or university. Five or more years in a clinical laboratory, preferably blood banking environment, or an equivalent combination of education, certification, training and/or experience. Applicants must have SBB certification, as well as a valid and current Florida Clinical Laboratory Supervisor license, or eligible, in Immunohematology or Blood Banking. To apply and view a complete Job Description of this position, go to www.oneblood.org and click on the **Careers** tab. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Director of Laboratory and Technical Services. The Blood Bank of Alaska is looking for a Director of Laboratory and Technical Services. The Director of Laboratory and Technical Services is responsible for ensuring alignment of organizational goals and compliance with regulatory guidelines within the laboratory environment. This position participates as a member of the blood bank's management team in planning, program formulation and decision making with reference to the role, functions and technical support of the blood collection and processing operations throughout the Blood Bank of Alaska. Ensures all procedures are followed and promotes a positive work environment. This position is full-time exempt. The Blood Bank of Alaska offers competitive wages and an exceptional benefits plan. We offer medical, dental, vision, life, and short/long-term disability programs to qualified employees. Paid time off (PTO), paid sick leave (PSL), holidays and a 401 (k) program are also available. The Blood Bank is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, age, disability, marital/veteran status, or any other legally protected status. Interested candidates can please apply online at: https://bloodbankofalaska.apscareerportal.com. A complete job description can be found there as well.

Medical Director. Blood Assurance is seeking to fill a job opening for **Medical Director** based in our downtown Chattanooga home office. The Medical Director will provide medical and professional guidance to employees of the company and to area medical professionals. Minimum qualifications for consideration include: MD degree required; board certification or eligibility in pathology required (board certification must be secured within 1 year of hire); Transfusion Medicine board certification or eligibility preferred. Must be licensed to practice medicine in the states of our fixed facilities if required by that state (state licensure can be secured after hire). Blood bank management and advanced therapy experience preferred. Success in this will require advanced skills in all of the following areas: verbal and written leadership communications with a servant-leadership philosophy, staff management/development, customer service, conflict resolution, decision-making, strategic planning, collaborative teamwork, flexibility, and adaptability. Proficiency in making Board room presentations and resolving complex medical issues is also required. We offer many benefits including: Health/Dental/Vision Insurance, Flexible Spending Account, Employee Assistance Program for you and your family, Company Paid Time Off, 401K with Company Match, Wellness Program, and Relocation Assistance. Qualified candidates are encouraged to submit an online application for consideration at www.bloodassurance.org. Blood Assurance is an Equal Opportunity Employer and a Tobacco Free Workplace.

Hematology - Quality Control Specialist. Gulf Coast Blood is seeking a Hematology - Quality Control Specialist! This key role supports quality assurance by preparing and testing blood component samples to ensure safety and effectiveness for patients and hospitals throughout the Texas Gulf Coast region. It's ideal for detail-driven individuals who uphold high standards and contribute meaningfully to patient outcomes. Showcase your expertise by performing advanced quality control testing, managing lab operations in the absence of supervisors, and responding to critical situations such as positive bacterial cultures. You'll initiate recall procedures, track and trend QC results, train new hires, coordinate workflow, and recommend process improvements, all while ensuring compliance with lab standards and supporting patient safety. **Why join us?** We offer a competitive salary, full benefits, free parking at the Texas Medical Center, and opportunities for a sign-on bonus and relocation assistance to support a smooth transition. Enjoy professional development and career advancement opportunities while making a meaningful difference every day. **Qualifications:** MT/MLS certification (ASCP or equivalent) with at least two years of hematology experience. Flow cytometry experience is a plus. This role operates Monday through Friday, 7:00 AM to 3:00 PM. If you embody integrity, commitment, and respect, apply now and help make a difference!

Assistant Lab Manager, RRPL. Gulf Coast Blood is seeking an Assistant Lab Manager, RRPL! This key role leads operations in the Research and Recovered Product Laboratory, overseeing staff, blood component production, and research products to ensure quality, compliance, and timely delivery. Ideal for organized, detail-driven leaders who uphold high standards and contribute meaningfully to patient care and research. Lead the RRPL team to deliver high-quality blood components and research products while maintaining cGMP, AABB, and FDA compliance. Manage lab operations, optimize workflows, and allocate resources to meet client needs and production goals. Serve as the primary liaison for internal systems, client communications, and quality audits, using data-driven insights to track KPIs and enhance productivity. **Why join us?** Competitive pay, full

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POSITIONS (continued from page 13)

benefits, career advancement opportunities, and the chance to make a tangible difference in patient outcomes and research. **Qualifications:** Bachelor's in Biology, Chemistry, or related field with three years of lab or blood. Component manufacturing experience (plasma a plus). MT/MLS (ASCP or equivalent) strongly preferred. Minimum two years of supervisory or management experience. Strong knowledge of quality concepts, cGMP, AABB, and FDA regulations. If you embody Commitment, Integrity, and Respect, apply now to help save lives every day!

Medical Director (Miller-Keystone Blood Center (MKBC)). Are you a mission-driven leader seeking to integrate patient care with public health while improving work-life balance? Join MKBC, where we save lives daily by supplying blood to hospitals across Pennsylvania (PA) and New Jersey (NJ). As **Medical Director**, you'll lead clinical oversight for transfusion medicine and ensure the safety, quality, and regulatory compliance of our blood services. You'll guide donor eligibility, review protocols, supervise lab operations, advise on complex medical issues, and collaborate with hospitals and public health partners. You'll also support staff education, represent MKBC in professional forums, and provide executive leadership to promote excellence and innovation. **Requirements:** M.D. or D.O. with Board Certification in Clinical Pathology, Internal Medicine, or Hematology. Board Certified or Eligible in Transfusion Medicine. Five to seven plus years in healthcare with a focus in blood banking. Medical licensure in PA & NJ. Strong knowledge of AABB, FDA, CLIA, and cGMP standards. **Benefits include:** Medical/Dental/Vision, FSA, Life Insurance, Disability, PTO, Retirement Plan & more. Make a lasting impact—apply today to join our lifesaving mission and see the full position description here https://hcsc.isolvedhire.com/jobs/1583606.