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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2026 #2 **January 20, 2026**

INSIDE:

Optimal Interventions for Vasovagal Reactions Examined in *The Lancet Haematology*

Researchers in England have shared the findings of the Strategies to Improve Donor Experiences (STRIDES) trial. In a paper published in *The Lancet Haematology*, the authors wrote that the trial sought to, "determine the optimum intervention or combination of interventions to prevent vasovagal reactions in whole blood donors. [Specifically, STRIDES was a] cluster-randomi[z]ed, stepped-wedge, crossover trial evaluating four interventions to prevent vasovagal reactions compared with standard English National Health Service Blood and Transplant (NHSBT) practice in England. The interventions were 500 mL isotonic drink before donation (versus (*vs.*) current 500 mL plain water), 3-minute rest on donation chair after donation (*vs.* current 2-minute rest), modified AMT exercises (*vs.* current AMT exercises); [and] a psychosocial intervention using preparatory materials (*vs*. current practice of no materials). The trial randomi[z]ed all 73 NHSBT blood donation sites (including mobile teams and fixed donor cent[ers].)"

The primary outcome of STRIDES was, "the number of in-session vasovagal reactions with loss of consciousness (i.e., episodes involving loss of consciousness of any duration, with or without additional complications) per donation. Secondary outcomes were total in-session vasovagal reactions (i.e., with and without loss of consciousness); all delayed vasovagal reactions (i.e., vasovagal reactions with and without loss of consciousness after leaving the donation venue); delayed vasovagal reactions with loss of consciousness; and any in-session non-vasovagal adverse events or reactions, such as bruising and rebleeds." Close to 1.4 million individuals presented to donate at the 73 NHSBT sites resulting in more than 4.1 million blood donations between November 2019 and November 2022. The paper noted that, "the median age of donors at time of baseline trial visit was 41 years (IQR 30–54), 785,271 (56·9 percent) of 1,379,095 donors were female and 593,824 (43.1 percent) were male. 461,954 (33.5 percent) were first-time donors."

The authors reported that, "4,388 primary outcome events (i.e., in-session vasovagal reactions with loss of consciousness) were recorded in 4, 134,712 blood donations, with an overall event rate of 0.11 percent (95 percent CI 0.10–0.12). Compared with standard practices, none of the four interventions had a statistically significant effect on the primary outcome (joint p=0.21), with OR of 0.98 (95 percent CI 0.92–1.04; p=0.50) for isotonic drink, 0.99 (0.92–1.06; p=0.76) for chair time, 1.12 (1.00–1.26; p=0.049) for modified AMT, and 1.03 (0.93–1.14; p=0.63) for psychosocial intervention. Similarly, no significant differences in intervention effects were observed across baseline site-level characteristics or trial period."

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Optimal Vasovagal Reaction Interventions Studied in *The Lancet Haematology* (continued from page 1)

Additionally, paper explained that, "[t]here were 60,517 in-session vasovagal reactions with or without loss of consciousness recorded among 4,134,712 blood donations, with an overall event rate of 1.46 percent (95 percent CI 1.45–1.48). Again, none of the four interventions had a statistically significant effect on this secondary outcome (joint p=0.27), with OR of 0.98 (0.95–1.01; p=0.14) for isotonic drink, 1.02 (0.97–1.06; p=0.45) for chair time, 1.05 (0.99–1.10; p=0.099) for modified AMT, and 0.97 (0.91–1.03; p=0.29) for psychosocial intervention. Intervention main effects were also null for the three other prespecified secondary outcomes, namely: all delayed vasovagal reactions with and without loss of consciousness after leaving the donation venue; delayed vasovagal reactions with loss of consciousness; and any in-session non-vasovagal reaction adverse events or reactions, such as bruising and rebleeds."

The researchers concluded that, "[w]e found no clear benefit for any of [the] interventions compared with standard practices in England, either in relation to the primary endpoint (in-session vasovagal reactions with loss of consciousness) or secondary endpoints (total in-session vasovagal reactions with or without loss of consciousness). In summary, the STRIDES trial demonstrated that pre-donation isotonic hydration, extended post-donation rest, modified AMT exercises, and a leaflet-based psychosocial intervention do not reduce vasovagal reactions in whole blood donors compared with NHSBT's existing strategies, suggesting potential policy implications for blood services worldwide to streamline donation practices and save resources."

Limitations of the STRIDES trial acknowledged by the authors included the, "[i]nability to mask donors to the trial interventions could have influenced subjective experiences of vasovagal reactions, although standardi[z]ed communication strategies were employed to reduce such bias; [e]ngagement with modified AMT or psychosocial interventions was not formally assessed at the individual level, although spot-checks of study sites suggested high adherence; [t]he COVID-19 pandemic led to a few deviations from the study protocol (e.g., temporary modifications to donor site operations), but these disruptions were infrequent and minor; [a]lthough our findings suggest little added value from additional interventions, a full economic evaluation is needed to weigh implementation costs against the medicolegal and safety costs of vasovagal reactions; [and] the evidence generated here applies to whole blood donation and should not be assumed to extend to plasmapheresis procedures."

Citation: Kaptoge, S., McMahon, A., and Wu, Yaning, *et al*. "Preventive interventions for vasovagal reactions in whole blood donors: a cluster-randomised, stepped-wedge, crossover trial of 73 sites involving 1.4 million donors in England." *The Lancet Haematology*. 2026.

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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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JAMA Editorial Contextualizes Findings of TOP Randomized Clinical Trial on Transfusion Strategy in Cardiac Patients

Authors of a recent editorial published in *JAMA* provide context for the results from the Transfusion Trigger After Operations in High Cardiac Risk Patients (TOP) trial. They highlight that, "[f]or three decades, randomized trials have provided evidence for and steadily moved practice toward restrictive red blood cell (RBC) transfusion strategies (i.e., transfusing at hemoglobin thresholds of 7-8 g/dL instead of 9-10 g/dL). With rare exception, these studies have demonstrated that restrictive transfusion confers similar or even more favorable clinical outcomes than liberal transfusion." The editorial noted that the researchers in the TOP trial, "concluded that a liberal strategy did not significantly reduce major ischemic events or death relative to a restrictive approach. Although not statistically significant, the point estimates for all elements of the primary composite outcome consistently favored the liberal strategy."

The authors of the editorial explained that, "the TOP trial joins a growing number of studies comparing restrictive and liberal transfusion practice in cardiac populations, whereby primary outcomes may not meet the threshold for statistical significance, yet heterogeneity in the primary outcomes coupled with conflicting findings in regard to the reported point estimates and secondary outcomes, complicate clinical recommendations." They suggested that, "[i]ndividual patient factors, including symptom burden, hemodynamic stability, and hemoglobin trend, should be weighed in the decision to transfuse rather than rigid adherence to a hemoglobin threshold alone." The editorial added that future research on this topic should, "target those subsets of patients who are at greatest risk of anemia-related cardiac complications (e.g., heart failure with reduced ejection fraction with limited preload reserve, severe stenotic valvular disease); incorporate physiological monitoring (such as electrocardiographic changes or biomarkers) to identify individual patients who may benefit from higher transfusion thresholds; and test protocols that integrate transfusion thresholds with fluid management and diuretic strategies to address the interplay between anemia and volume status." The authors concluded that, "[a]lthough liberal transfusion did not significantly reduce the primary outcome, the findings suggest that individualized approaches that integrate both clinical (e.g., cardiac risk profile, symptom burden, and postoperative course) in concert with laboratory indexes (e.g., hemoglobin and biomarkers such as brain natriuretic peptide) — rather than universal application of restrictive transfusion thresholds alone — may better serve this complex population."

Citation: Jacobs, J. and Bloch, E. "Postoperative Transfusion in Patients at High Cardiac Risk Evidence, Uncertainty, and Nuance." *JAMA*. 2025.

WORD IN WASHINGTON

The U.S. Department of Transportation has announced grant awards totaling more than $686 million including, "48 projects involv[ing] emergency medical services (EMS) and whole blood projects to improve post-crash care." The grant money is a part of $1 billion in federal funding announced last month by U.S. Department of Transportation Secretary Sean P. Duffy. As part of America's Blood Center's (ABC) Advocacy Agenda, we have developed partnerships with EMS organizations and government agencies, including work with the Prehospital Blood Transfusion Coalition (PHBTC), to address the barriers limiting widespread availability of prehospital blood transfusions, including scope of practice and reimbursement. ABC is committed to improving access to prehospital blood transfusions and will continue to provide updates on our advocacy efforts as they become available.

(Source: U.S. Department of Transportation Announcement, 12/23/25)

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WORD IN WASHINGTON (continued from page 3)

A paper published in *Health Affairs* titled, "National Health Care Spending Increased 7.2 Percent In 2024 As Utilization Remained Elevated," explained that, "healthcare spending reached $5.3 trillion, or $15,474 per person, growing 7.2 percent in 2024. This was the second consecutive year of growth above 7 percent (growth was 7.4 percent in 2023), after growth of 4.1 percent in 2021 and 4.8 percent in 2022. The strong growth in both 2023 and 2024 was driven by nonprice factors (such as increased demand for care and changes in the composition of the healthcare goods and services consumed), as evidenced by growth in personal healthcare spending that averaged 8.9 percent per year, the highest average growth rate for two consecutive years since 1991–92, when it was 9.1 percent. The increased use of healthcare goods and services in 2024 was somewhat higher than many health insurers anticipated." Also of note, "[s]pending for hospital care (31 percent of total health spending) was $1.6 trillion in 2024 and increased 8.9 percent, for a second year of strong growth after 10.6 percent growth in 2023. The substantial growth in both 2023 and 2024 resulted from a rebound in nonprice factors, such as the use and intensity of services, that were somewhat depressed during the public health emergency. In 2024, demand for hospital care showed signs of continued strength, as hospital days increased 1.5 percent and hospital discharges increased 3.2 percent. The strong growth in 2024 was observed for the key payers of hospital care services: private health insurance (10.4 percent), Medicare (6.9 percent), and Medicaid (8.5 percent)." The authors concluded that, "[h]ealthcare spending continued to account for an increasing share of GDP, at 18.0 percent in 2024, up from 17.7 percent in 2023, as health spending continued to outpace growth in GDP. [The future of health care spending] remains uncertain. Although some of the recent factors affecting utilization and insurance coverage might not persist, health spending trends are certain to be affected by future economic and demographic changes, as well as by new technologies and innovations. For example, developments in artificial intelligence and cancer treatment, as well as expanding policies and use around weight loss treatments and other healthy behavior initiatives, may affect the health care system in unexpected ways."

Citation: Hartman, M., Martin, A. Lassman, D., *et al*. "National Health Care Spending Increased 7.2 Percent In 2024 As Utilization Remained Elevated." *Health Affairs*. 2026.

The National Institutes of Health's National Heart, Lung, and Blood Institute (NHLBI) Director Gary H. Gibbons, MD is retiring effective January 31st. An NHLBI announcement stated that, "Dr. Gibbons has led NHLBI since 2012, dedicating his time to championing research in the prevention and treatment of heart, lung, and blood diseases and sleep diseases and disorders. Under Dr. Gibbons' leadership, NHLBI has made many scientific contributions in the fields of vascular biology, genomic medicine, and the pathogenesis of vascular diseases. Some of his most notable efforts include the NHLBI-supported Systolic Blood Pressure Intervention Trial (SPRINT), which showed that intensive blood pressure management, below a commonly recommended target, significantly reduces the risk of death from cardiovascular events across all age groups. Remarkable progress was made towards finding a cure for sickle cell disease (SCD) through the Cure Sickle Cell Initiative, which launched in late 2018. Notably, less than five years after its launch, the FDA approved the first gene therapies for SCD in December 2023." The announcement also noted that, "David Goff, MD, PhD, will serve as Acting NHLBI Director while a search for a new director is conducted."

(Source: NHLBI Announcement, 1/12/26)

RESEARCH IN BRIEF

Tickborne *Neoehrlichia mikurensis* Incidence in Blood Donors. A paper published in the Centers for Disease Control and Prevention's *Emerging Infectious Diseases* describes the findings of a study that, "aim[ed] to investigate the prevalence of *Neoehrlichia mikurensis* (*N. mikurensis*) in healthy blood donors living in southern Norway, an area highly endemic for *N. mikurensis* infection, and to analyze recipients of blood components from infected donors for possible infection with *N. mikurensis*." The authors reported that *N. mikurensis* is, "the cause of the infectious disease neoehrlichiosis. This tickborne bacterium is widespread in Europe and northern Asia. *Ixodes ricinus* ticks are the main vector in Europe." They noted that, "[the] growing body of evidence suggests that *N. mikurensis* may give rise to asymptomatic infections, presumably persisting for months. [Carriage of *N. mikurensis*] in the blood of asymptomatic healthy persons raises the possibility of *N. mikurensis* transmission through blood transfusion." The paper explained that, "[t]he study included 499 blood donors, most of them living near or in Kristiansand city on the southern coast of Norway. The male-to-female ratio was 1.03:1, and the median age was 44 years (range 18–66 years). Most (82 percent) of the blood donors had a history of tick exposure. [The researchers] analyzed DNA from the plasma/buffy coat (n=490) or whole blood (n=9) from blood donors by two different real-time PCR methods for detection of *N. mikurensis*. We detected *N. mikurensis* DNA in 45/499 (9.0 percent) of the blood samples. All 45 blood donors had PCR cycle threshold values >34. [None of the] infected donors experienced fever at the time of first blood sampling and donation. We offered treatment with doxycycline (200 mg/d for 3 weeks) and retesting by PCR after treatment to the 31 blood donors with *N. mikurensis* DNA detected in two repeated blood samples. We retested most (29/31) blood donors and did not detect *N. mikurensis* DNA in any of them." The findings suggest that, "[t]he observed rate of *N. mikurensis* infection was considerably higher than that reported in previous studies of blood donors in Sweden (0.7 percent) and Denmark (0 percent). The high rate of *N. mikurensis* in blood donors in our study may be partly explained by our region being highly endemic for *N. mikurensis* infections and with <25 percent *N. mikurensis*–infected ticks. [More than] 80 percent of the blood donors in our area had a history of tick bite, similar to the cohort of blood donors in Sweden." The authors wrote that, "[a]ll recipients of blood in our study received transfusions of leukocyte-reduced components. Leukocyte reduction of cellular blood components has been shown to lower the risk for transmission of tickborne *Anaplasma phagocytophilum*, which is known to infect granulocytes, although experimental models indicate that the risk is not eliminated." The researchers concluded that, "[s]urvival of *N. mikurensis* in blood components should be investigated to clarify the ability of *N. mikurensis* to be transmitted via blood transfusion. [It is too early] to decide whether *N. mikurensis* can be transmitted by blood transfusion. However, the high incidence of *N. mikurensis* among blood donors in our highly endemic area is an alarming finding that requires further study. Many factors could influence the risk for transmission and the putative establishment of persistent infection with *N. mikurensis* bacteremia among blood recipients; among those are the ability of this emerging bacterial pathogen to stay alive during preparation and storage of the blood components."

Citation: Quarsten, H., Ryen, C., Mørk, L., *et al*. "Tickborne *Neoehrlichia mikurensis* in the Blood of Blood Donors, Norway, 2023." *Emerging Infectious Diseases*. 2025.

RESEARCH BRIEFS

America's Blood Centers welcomes contributions or briefs from guest authors for scientific/medical peer-reviewed published papers. The views/comments expressed in submitted articles from external parties are those of the author(s) and are not to be interpreted as the viewpoint of America's Blood Centers. If you are interested in contributing a brief for potential publication please contact us here.

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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.

2026 ABC Annual Meeting Registration is Open

Register and join us in Tucson, Ariz. for the 2026 America's Blood Centers (ABC) Annual Meeting! Don't miss out on being part of the conversation at this premier gathering March 9th-12th at the Loews Ventana Canyon Resort. Be sure to book your hotel reservation early to secure the group rate before Friday, February 13th. View the program as the ABC Annual Meeting unites leaders from blood centers, industry, and government, fostering connections and exploring the latest in advocacy, operations, science, medicine, quality, regulatory, and more. New in 2026, we are pleased to announce a Quality and Regulatory track, replacing the previous standalone ABC Quality and Technical Workshop. This series of sessions, developed for quality and regulatory professionals, will provide attendees with actionable insights and the opportunity to collaborate with peers facing similar challenges. Please contact us with any questions.

Register for the ADRP 3-Part Webinar Series on Planning, Supplementing, and Maximizing Staffing and Production

Registration is open for the next set of ADRP webinars titled "Doing More with Less: A 3-Part Series on Planning, Supplementing, & Maximizing Staffing and Production!" The first session, "Workforce Planning Model: Stabilize and Forecast your Collection FTEs," will take place on Wednesday, January 21st at 1 p.m. EST and focus on how to develop a functional workforce planning model as well as using the data and tools to stabilize the collections workforce. Speakers include:

- Renee Vansumeren (Versiti); and
- James Leclair, (Vitalant).

Session two will take place on February 18th at 1 p.m. EST and is titled "Maximizing Use of Volunteers for Scalability and Donor Experience to Supplement Staffing Resources." Speakers include:

- Susan Alexander-Wilson (We Are Blood)
- Sundee Busby, (Our Blood Institute); and
- Tara Scott (Our Blood Institute).

Session three will take place on March 18th at 1 p.m. EDT and is titled "Production Planning and Readiness: Aligning DR and DS for Efficient Use of Resources." Speakers include:

- Kaila DiNallo (Versiti); and
- Julie Eaton (Vitalant).

A recording of the webinar will be available for all registrants. Please contact us with questions.

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INSIDE ABC (continued from page 6)

Executive Compensation Survey Results Are Available

The results of the Executive Compensation Survey are in! Authorized individuals from participating blood centers received an email on December 3rd from benchmarking@americasblood.org with instructions to access the survey data. If you participated and did not receive the results email, please contact us. Non-participants can purchase the results by clicking here. The Executive Compensation Survey serves as a resource for blood center chief executive officers (CEOs) and their boards in setting executive salaries/benefits, as well as meeting the Internal Revenue Service (IRS) Form 990 requirements to demonstrate comparability of executive compensation.

STATE ADVOCACY BRIEFS

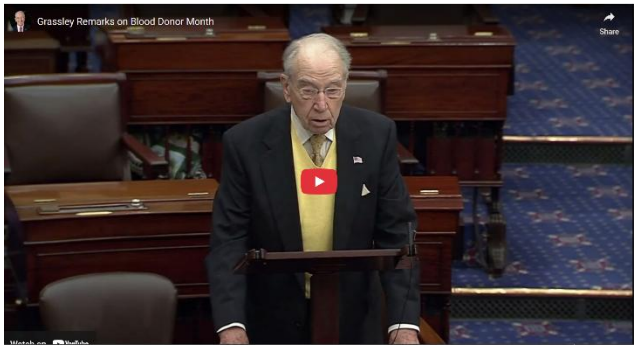
The New Jersey State Senate has passed bipartisan legislation (S.4338) that, "[e]stablishes licensure requirement for source plasma donation centers." According to a news release from the bill's sponsor, Sen. Robert Singer (R-30), the legislation would, "require source plasma donation centers to obtain an annual license from the Department of Health and meet state safety, staffing and operational standards tailored to plasma collection. The bill also authorizes the Commissioner of Health to conduct inspections, enforce compliance, and suspend or revoke licenses when public health is at risk. Existing centers would be eligible for a streamlined initial licensing process."

(Sources: New Jersey State Legislature Bill, 1/12/26; Sen. Robert Singer News Release, 1/12/26)

The Utah State Legislature has reintroduced directed donation legislation. House Bill 156 titled "Blood Transfusion Amendments" would, "except in certain situations, disallo[w] a health care facility or provider from prohibiting a patient from providing the patient's own blood product or the blood product of the patient's directed donor for any potential transfusion related to the patient's health care; provides immunity from liability to health care providers and facilities for a patient's injury, damages, or death occurring in connection with a transfusion of blood product provided by the patient."

(Source: Utah State Legislature House Bill 156, 1/6/26)

MEMBER NEWS



Senator Chuck Grassley (R-Iowa) recently recognized Brenna Teerlinck, an **ImpactLife** blood donor, who was inducted into the Fresenius Kabi National Blood Donation Hall of Fame in 2025, during a floor speech. In his remarks, Sen. Grassley stated, "I'm here to honor a young Iowan. I do it during this month of January. January is National Blood Donor Month. An Iowan who can inspire us all to donate blood is Brenna Teerlinck. Last fall, Brenna, a St. Ambrose University student in Davenport, Iowa, was inducted into the National Blood Donation Hall of Fame. She is the youngest person ever to receive this honor. At age 16, [Brenna] was inspired to donate blood for her cousin, who was battling a rare immune disorder. She is now a freshman

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MEMBER NEWS (continued from page 7)

in college. Even though she's in college, [Brenna] continues to donate blood regularly. Her bravery and dedication ought to inspire us all to donate blood. Congratulations, Brenna!"

(Source: Sen. Chuck Grassley News Release, 1/13/26)

LifeSouth Community Blood Centers celebrated the grand opening of their new donor center in Oldsmar, Fla. last month. This is the second LifeSouth location in the Tampa Bay area, marking their continued growth in this community. The blood center was joined at the event by the local Chamber of Commerce, community, and hospital representatives. LifeSouth supplies Moffitt Cancer Center in Tampa, and the new center provides local donors a convenient and welcoming location to donate blood to help patients. "We are honored to welcome the community of Oldsmar to our new center," said LifeSouth President and Chief Executive Officer Kim Kinsell, JD, MBA in the announcement. "We look forward to increasing our services to Tampa and being a part of the community for many years to come."

(Source: LifeSouth Community Blood Centers Announcement, 1/19/26)

Contributed by Brite Whitaker, Director of Communications and Outreach at LifeSouth Community Blood Centers

GLOBAL NEWS

Switzerland is revising its donor eligibility criteria for individuals regarding variant Creutzfeldt-Jakob disease (vCJD). An announcement from the country's regulatory authority stated that, "[t]he general deferral for blood donation is being lifted for people who:

- have received a blood transfusion in the past;
- spent extended periods of time in the United Kingdom between 1980 and 1996;
- have undergone a neurosurgical procedure in Switzerland; [or]
- received dental implants in Switzerland after 1993.

In certain situations, temporary deferrals may still apply; please refer to the detailed information provided by Swiss Transfusion SRC." The deferral change is, "[b]ased on the evidence now available [in] Switzerland, like other countries, [that] carried out a comprehensive reassessment of the existing donor deferral criteria by an expert group comprising specialists in transfusion medicine and infectious diseases [and a] request from Swiss Transfusion SRC [who took] the expert group's recommendation [into consideration.]"

(Source: SwissMedic Announcement, 1/13/26)

Brazil has approved a vaccine (Butantan-DV) to combat dengue, according to a report from the *National Institutes of Health (NIH) Record*. The article explained that the vaccine was developed at NIH's National Institute of Allergy and Infectious Diseases (NIAID) and is the "world's first single-dose dengue vaccine. [and was approved by Anvisa, Brazil's National Health Regulatory Agency for use in the Brazilian population [for individuals] ages 12 to 59. [The official launch] of Butantan-DV in Brazil begins this month with an expected 30 million doses this year."

(Source: *NIH Record*, "Brazil Approves Dengue Vaccine Developed at NIH," 1/16/26)

COMPANY NEWS

Valneva SE recently "voluntarily withdrew" its U.S. Food and Drug Administration (FDA) biologics license application (BLA) and investigational new drug application (IND) for the company's chikungunya vaccine (Ixchiq®). The announcement explained that the decision comes in the wake of the FDA suspending the license in August 2025. The news release also noted that, "[Valneva] had been awaiting further information with respect to its formal response to the vaccine license suspension. [The company] was recently informed of the FDA's further decision to now place the IND on clinical hold pending an investigation of a newly reported foreign Serious Adverse Event (SAE). There are currently no clinical studies involving Ixchiq® that are actively vaccinating participants, and [Valneva] intends to move forward with its planned post-marketing clinical activities, subject to further discussions with relevant regulatory authorities. The SAE occurred outside of the U.S. and involved a younger adult who received three concomitant vaccines, including Ixchiq®. Based on the information made available to Valneva, which the Company submitted to the U.S. Vaccine Adverse Event Reporting System (VAERS) as well as to all other pharmacovigilance systems in accordance with the products license, the case may be plausibly related to Ixchiq® vaccination, but causality has not been determined. The Company is actively seeking additional information to further characterize the case. Valneva is committed to upholding the highest safety standards, and the Company continues to engage proactively with health authorities in all territories where Ixchiq® is licensed, including Europe, Canada, the United Kingdom, and Brazil."

(Source: Valneva SE News Release, 1/19/26)

Orca Bio has announced the publication of new data in *Blood* from a phase III trial of its "investigational allogeneic T-cell immunotherapy (Orca-T)." The findings from the study showed that, "Orca-T plus single-agent tacrolimus (TAC) demonstrated a significant improvement in the primary endpoint of survival free from moderate-to-severe chronic graft versus host disease (cGFS) compared to alloHSCT plus tacrolimus/methotrexate (TAC/MTX). The rate for patients who received Orca-T was 78 percent (95 percent CI: 65 percent, 87 percent) compared to 38.4 percent (95 percent CI: 26 percent, 51 percent) for patients who received an alloHSCT (HR 0.26; p<0.00001), an improvement driven by a reduction in moderate-to-severe chronic graft versus host disease (cGvHD) and fewer patient deaths. In the study, all patients (n=187) with a median age of 43.6 years (range 19-65 years) were randomized 1:1 to Orca-T plus TAC or alloHSCT plus TAC/MTX. Patients across both groups received myeloablative conditioning and used a related or unrelated matched donor. Patients had a median follow-up time of 11.4 months (range 0.2-24.3 months) across both arms. Additional results from the Precision-T study at one year include:

- "[a] secondary endpoint of cumulative incidence of moderate-to-severe cGvHD was 12.6 percent (95 percent CI: 5 percent, 23 percent) and 44.0 percent (95 percent CI: 31 percent, 56 percent) in the Orca-T and alloHSCT arms, respectively (HR 0.19; p<0.00002);
- [t]he overall survival (OS), another secondary endpoint, was 93.7 percent (95 percent CI: 86 percent, 97 percent) in the Orca-T arm and 83.2 percent (95 percent CI: 73 percent, 90 percent) in the alloHSCT arm (HR 0.49; p=0.11823);
- [a] secondary endpoint of GvHD and relapse-free survival (GRFS) was 63.1 percent and 30.9 percent with Orca-T and alloHSCT (p<0.001 in a post hoc analysis), respectively; [and]
- [t]he cumulative incidence of non-relapse mortality (NRM) was 3.4 percent (95 percent CI: 0.9 percent, 8.8 percent) for Orca-T versus 13.2 percent (95 percent CI: 6.8 percent, 21.6 percent) for alloHSCT (HR 0.27 [95 percent CI: 0.08, 0.93]; p=0.03 in a post hoc analysis)."

Orca Bio also noted in the announcement that, "[t]he safety and efficacy of Orca-T have not been determined by any regulatory authority. Orca-T is currently being evaluated under Priority Review by FDA

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COMPANY NEWS (continued from page 9)

with a Prescription Drug User Fee Act (PDUFA) target action date of April 6th.

(Source: Orca Bio News Release, 12/15/25)

The Infectious Diseases Society of America (IDSA) has named Jeanne Marrazzo, MD, MPH, FIDSA as chief executive officer (CEO). According to a news release from the organization, she began her new role on January 12th and is, "an internationally recognized infectious diseases physician, researcher and public health leader who most recently served as the director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. Her appointment marks a pivotal moment for IDSA as the field continues to face rapidly evolving challenges, emerging pathogens and increasing demands on the nation's health system infrastructure. [Dr. Marrazzo] has been a prominent voice for the infectious diseases community, frequently providing expert insight into transmission dynamics, public health measures and the sustained strategies needed to prepare for and respond to infectious diseases threats. She is recognized for her work in HIV prevention, sexually transmitted infections, reproductive health, and the genital microbiome. She has authored or co-authored hundreds of peer-reviewed publications and continues to champion science-driven public health, health equity, and innovation in infectious diseases research."

(Source: IDSA News Release, 12/18/25)

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.)*

2026

Jan 21. **ADRP "Doing More with Less: A 3-Part Series on Planning, Supplementing, & Maximizing Staffing and Production" Webinar Series Part I: Workforce Planning Model: Stabilize and Forecast Your Collection FTEs.** Registration is open. More information is available here.

Jan. 29-30. **National Institutes of Health (NIH) Cardiopulmonary Complications of Hematopoietic Stem Cell Transplantation (HCT) and Gene Therapy (Hybrid).** Registration is open. More information is available here.

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.

Feb. 18. **ADRP "Doing More with Less: A 3-Part Series on Planning, Supplementing, & Maximizing Staffing and Production" Webinar Series Part II: Maximizing Use of Volunteers for Scalability and Donor Experience to Supplement Staffing Resources.** Registration is open. More information is available here.

Feb. 23. **U.S. Food and Drug Administration (FDA) Public Meeting: FDA Rare Disease Day 2026 (Virtual).** Registration is open. More information is available here.

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.** Registration is open. More information available here.

Mar. 18. **ADRP "Doing More with Less: A 3-Part Series on Planning, Supplementing, & Maximizing Staffing and Production" Webinar Series Part III: Production Planning and Readiness: Aligning DR and DS for Efficient Use of Resources.** Registration is open. More information is available here.

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CALENDAR (continued from page 10)

May 12-14. **2026 ADRP Annual Conference. Minneapolis, Minn.** Registration is open. More information is available here.

May 20-21. **IPFA/Paul-Ehrlich Institut[e] (PEI) 32nd International Workshop on Surveillance and Screening of Blood-borne Pathogens. Bilbao, Spain.** Registration is open. More information available here.

June 8-9. **2026 ABC Advocacy Workshop. Washington, D.C.** More information is coming soon.

June 20-24. **International Society of Blood Transfusion (ISBT) 39th International Congress. Kuala Lumpur, Malaysia.** Registration is open. More information available here.

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

Oct. 17-19. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Atlanta, Ga.** More information is coming soon.

Nov. 17-20. **American Society for Clinical Pathology (ASCP) and Canadian Association of Pathologists- Association Canadienne des Pathologistes (CAP-ACP) Joint Annual Meeting. Montreal, QC .** Registration is open. More information available here.

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC members. There are charges for non-members: $139 per placement for *ABC Newsletter* subscribers and $279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, e-mail: newsletter@americasblood.org

POSITIONS

Consultation & Reference RDP Specialist. Gulf Coast Blood is seeking a **Consultation & Reference RDP Specialist** to join our mission-driven team in Houston. In this important laboratory role, you will help prepare special blood components and support patient testing that directly impacts lifesaving transfusions. This position requires good judgment, diplomacy, and strong communication with both internal and external partners. In this role, you will evaluate and process special component requests per established guidelines, communicate with external customers regarding patient and rare donor needs, and provide technical support to Collections, Marketing, and Recruitment teams. You will also collaborate with Hospital Services and Business Development to optimize the utilization of antigen-typed inventory and support effective clinical outcomes. We offer a **competitive compensation and benefits package**, a Texas Medical Center location with free parking, opportunities for career advancement, and mentoring toward Specialist certification (SBB). You'll work alongside dedicated professionals committed to saving and sustaining lives. If you embody **Integrity, Commitment, and Respect**, and are ready to make a meaningful impact every day, we encourage you to apply now and help us support patients, donors, and healthcare partners throughout our region. Apply Now!

Consultation & Reference Tech III. Gulf Coast Blood is seeking a skilled **Consultation & Reference Tech III** to join our mission-driven laboratory team in Houston. In this critical role, you will prepare special blood components and perform advanced immunohematology testing on both patient and donor samples. Your work will support over **170 hospitals and service partners** across the Texas Gulf Coast, directly contributing to lifesaving transfusion decisions and patient care. We're looking for professionals who work with precision, are naturally curious, and value quality. You'll demonstrate competency in core Tech II functions and perform moderately complex antibody identification, compatibility testing, and donor serological testing under the guidance of Specialists. You will also prepare consultation reports, evaluate and process sample requests, monitor blood component inventory, perform quality control and preventative maintenance, and follow all departmental SOPs and regulations. **Qualifications:** MT/MLS/SBB certification (ASCP or equivalent) required at time of hire. New graduates encouraged to apply. Recent Blood banking experience within an immunohematology reference laboratory (IRL) highly preferred. **Why join us?** We offer competitive pay and benefits, free parking at the Texas

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POSITIONS (continued from 11)

Medical Center, and opportunities for growth and advancement — all while making meaningful community impact every day. If you embody **Integrity, Commitment, and Respect**, apply now and help save lives with us! Apply Now!

Hematology – QC Specialist. Gulf Coast Blood is seeking a dedicated **Hematology – QC Specialist** to support our mission of providing safe, high-quality blood components to hospitals and patients across the Texas Gulf Coast region. This critical role operates within our Quality Control Laboratory and plays an essential part in ensuring blood products meet rigorous quality standards. As a Hematology – QC Specialist, you will prepare and test blood component samples, track and trend quality control results, and manage daily QC lab operations in the absence of supervisory staff. You'll communicate professionally with internal and external customers, especially during critical situations such as positive bacterial cultures, and initiate recall procedures when needed. You will also serve as a lead trainer and competency assessor, help coordinate workflow, and recommend process improvements to enhance efficiency and quality. **Qualifications:** We're looking for someone with **MT/MLS certification (ASCP or equivalent)** and **at least 2 years of hematology experience**. Strong organizational, communication, and team collaboration skills are essential, and experience with flow cytometry is a plus. **Why join us?** We offer a **competitive compensation and benefits package**, free parking at the Texas Medical Center, opportunities for career growth, and a supportive workplace focused on excellence and mission. Apply Today!

Assistant Manager for the Research and Recovered Product Laboratory. Gulf Coast Blood is seeking a dedicated **Assistant Manager for the Research and Recovered Product Laboratory (RRPL)** to help lead operations in our component production area. This impactful role supports the delivery of high-quality blood components and services used for research and manufacturing. In this role, you'll supervise laboratory staff, maintain policies and procedures, and oversee quality control practices. You will coordinate client requirements, manage product processing, packaging, distribution, and accurate documentation of manifests, tests, and billing records. Key responsibilities include resolving production challenges, ensuring compliance with cGMP and SOP requirements, administering staff training, supporting process improvements, and collaborating with information systems for tools and reporting. **Qualifications**: We welcome professionals with a degree in biology, chemistry, or related science, at least three years of recent laboratory or blood component manufacturing experience, and two or more years of supervisory experience. Familiarity with quality concepts, regulatory standards (cGMP, AABB, FDA), and workflow leadership is essential. **Why join us?** We offer competitive compensation and benefits, career advancement opportunities, and the chance to meaningfully support patient care and scientific progress. If you embody **Integrity, Commitment, and Respect**, apply now and help make a difference at Gulf Coast Blood. Apply Today!

Donor Recruitment Manager. Blood Assurance is seeking a **Donor Recruitment Manager** to lead field recruitment efforts that build new and existing business in our North Georgia, Northeast Alabama, and Western North Carolina 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 a related field. Seven to 10 years of sales experience, preferably in blood banking. Three to 5 years of 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, Company Paid Time Off, 401K with Company Match, Wellness Program, and Relocation Assistance. Please visit Careers — Blood Assurance to view the full job description and apply.

Laboratory Services Manager. The Blood Bank of Alaska is looking for a Laboratory Services Manager. Under the general direction of the Director of Laboratory Services, this person is responsible for oversight of daily laboratory operations, ensuring that laboratory product QC and donor test results meet CLIA, AABB, and FDA compliance standards/regulations for the manufacture of blood products. The Laboratory Services Manager is also responsible for oversight of laboratory personnel. 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. Educational assistance, paid annual leave and 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,

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POSITIONS (continued from 12)

marital/veteran status, or any other legally protected status. Interested candidates, please apply online at: https://bloodbankofalaska.apscareerportal.com. A complete job description can be found there as well.

Quality Systems and Software Specialist. The Blood Bank of Alaska (BBA) is looking for a Quality Systems and Software Specialist. The person in this role is responsible for promoting organizational compliance with accrediting agency, state, and federal regulations. Managing the Blood Bank of Alaska's occurrence program, which includes performing investigations for occurrences. The Quality Systems and Software Specialist manages and performs internal audits, as well as facilitates changes to BBA's Standard Operating Procedures (SOPs). Acts as administrator for BBA's Blood Establishment Computer System (BECS) and any other applicable software programs. Also provides customer service to BBA's software users and manages as well as performs software upgrades and validations. 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. Educational assistance, paid annual leave and 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, please apply online at https://bloodbankofalaska.apscareerportal.com. A complete job description can be found there as well.

Senior Vice President, Legal Affairs (Fort Lauderdale, Fla). OneBlood seeks an accomplished Senior Vice President, Legal Affairs to design, build, and lead its in-house legal function. Reporting to the CEO, this executive will serve as a trusted advisor to senior leadership, shaping legal strategy, governance, compliance, and enterprise risk management within a complex healthcare and nonprofit environment. Responsibilities include overseeing healthcare regulatory compliance (including HIPAA and FDA matters), developing policies and contracting frameworks, and supporting strategic initiatives such as expansion projects, joint ventures, and major vendor agreements. The role requires a J.D., 10+ years of combined law firm and in-house experience, deep healthcare and nonprofit expertise, and admission to (or eligibility for) the Florida Bar. This is a unique opportunity to build a high-impact legal function aligned with a mission-driven organization. Apply here.

Director of Hospital Services (Fresno, CA). This position is a senior leadership role responsible for overseeing the manufacturing, distribution, testing, and coordination of quality blood products and services to hospital partners. This role is responsible for ensuring hospital partners have access to quality products and services in a 24/7 capacity. This leadership position is responsible for guaranteeing products and services are following all regulatory requirements designed to create and maintain a safe blood supply through the management and oversight of three separate and distinct business units. **For more information, go to:** https://talent.paylocity.com/Talent/Jobs/Details/3539641. **The deadline to apply is Friday, January 16, 2026.**

Quality Supervisor, Transfusion (ARUP Laboratories, Salt Lake City, UT). ARUP Laboratories is seeking a results-driven Quality Supervisor to lead quality initiatives and provide regulatory expertise within our Donor Services. As a national nonprofit and academic reference laboratory, ARUP is at the forefront of diagnostic medicine. We are FDA, CAP-, CLIA-, and ISO 15189-certified, with over 40 years of experience delivering exceptional quality and service. This is a unique opportunity to oversee and enhance quality systems in transfusion medicine. The Quality Supervisor will drive implementation of quality processes, standardization efforts, and best practices across the division. Key Responsibilities: Lead and coordinate quality initiatives for Donor Services and Transfusion Services. Support internal and external audits, risk assessments, and continuous improvement efforts. Serve as a liaison between ARUP and University of Utah staff to address quality issues and lead CAPA (Corrective and Preventive Actions). Oversee staff development, performance management, and promotions. What We're Looking For: Strong leadership and communication skills. Experience in donor services and/or transfusion services. A passion for quality and a commitment to organizational excellence. Interested candidates can apply at https://www.aruplab.com/careers.