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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2026 #6 **February 17, 2026**

INSIDE:

Please Note: The *ABC Newsletter* will not be published on Feb. 23rd. We will resume regular publication on Monday, March 2nd. Thank you for your continued interest.

AHRQ Releases Systematic Review: Prehospital EMS Blood Transfusion and Fluid Interventions for Hemorrhagic Shock

The Agency for Healthcare Research and Quality (AHRQ) has published a systematic review titled "Prehospital EMS Blood Transfusion and Fluid Interventions for Hemorrhagic Shock." The review aimed to, "assess the effectiveness and potential harms of blood transfusion and fluid interventions for hemorrhagic shock in the prehospital setting." The authors of the review described the key findings as:

- "[a]cross transfusion or infusion interventions, the most common finding was of no difference in primary outcomes when prehospital whole blood, blood products, or crystalloid fluids were compared with active interventions or usual care, though the strength of evidence (SOE) was often low or insufficient to make inferences;
- [o]ne transfusion strategy — the Advanced Resuscitative Care (ARC) Bundle consisting of Calcium, tranexamic acid, and packed red blood cells (PRBC) — demonstrated a moderate to large reduction in mortality at hospital discharge when compared with usual care, with moderate SOE;
- [a]ssessment of implementation barriers and facilitators for prehospital blood transfusion programs indicated leverage points including trauma center and blood bank partnerships, organizational buy-in, clinician training, and data evaluation;
- [f]uture research should focus on increased rigor, generalizability, and system implementation; [and]
- [i]mplications based on the current body of evidence are: [n]o transfusion or infusion intervention was shown to be consistently superior (the insufficiency of the evidence is due primarily to lack of published studies and weaknesses in the existing body of literature); [and] [t]he ARC Bundle strategy appears to be effective in reducing mortality from hemorrhagic shock."

The review concluded that, "[t]here is insufficient information from published studies included in this review demonstrating which blood transfusion or fluid interventions provide the greatest benefit to support clinical guidelines or policy recommendations. This underscores the need for research directly comparing patient-centered outcomes with sufficient rigor and adequate representation of diverse patient populations. Continued efforts are needed to identify effective strategies for implementing, sustaining, and evaluating prehospital blood transfusion and fluid resuscitation programs."

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AHRQ Releases Prehospital Blood Systematic Review (continued from page 1)

Improving patient access to prehospital blood transfusions is a priority of ABC's Advocacy Agenda. We will continue to provide updates on our advocacy efforts as they become available. Previously, ABC responded to an AHRQ request for "Supplemental Evidence and Data Submission on Prehospital EMS Blood Transfusion and Fluid Interventions for Hemorrhagic Shock" and highlighted the important role that ABC member blood centers play in prehospital blood transfusion programs nationwide and described impediments to implementing and maintaining such programs. The comments also explained that, [t]he most consistent barrier for ABC member blood centers regarding prehospital blood transfusion programs, "is [a] lack of funding [with] operational costs at blood centers already [being] strained. [While additional barriers] that contribute to the reluctance by blood centers to implement a prehospital blood program are the risk of product wastage and the logistical burdens of rotating product between locations to prevent wastage." As part of our work on the ABC Advocacy Agenda, we have developed partnerships with EMS organizations and government agencies, including the Prehospital Blood Transfusion Coalition (PHBTC), to address the barriers limiting widespread availability of prehospital blood transfusions, including scope of practice and reimbursement. PHBTC also previously submitted comments to AHRQ encouraging the authors of the review to, "strengthen the manuscript by emphasizing the role of blood centers as key stakeholders." The comments also advocated that, "[the] inclusion of blood centers should be explicit across all relevant sections, underscoring the importance of the blood center's role."

(Source: AHRQ Prehospital Blood Systematic Review, 2/4/26)

WORD IN WASHINGTON

The U.S. Department of Health and Human Services (HHS) announced several changes to the HHS management team. A February 12th news release from HHS Secretary Robert F. Kennedy, Jr. stated that, "Chris Klomp will become Chief Counselor at HHS and oversee all operations of the [agency.] Mr. Klomp brings decades of management and leadership experience to the role. In addition, Kyle Diamantas and Grace Graham [have been named] Senior Counselors for the U.S. Food and Drug Administration (FDA) and John Brooks as Senior Counselor for the Centers for Medicare & Medicaid Services (CMS)."

(Source: HHS News Release, 2/12/26)

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The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail.

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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WORD IN WASHINGTON (continued from page 2)

The FDA has published a final guidance document titled "Cybersecurity in Medical Devices: Quality Management System Considerations and Content of Premarket Submissions." According to the agency announcement, the final guidance describes, "FDA's recommendations to industry regarding cybersecurity device design, labeling, and the documentation that FDA recommends be included in premarket submissions for devices with cybersecurity risk. These recommendations are intended to promote consistency, facilitate efficient premarket review, and help ensure that marketed medical devices are sufficiently resilient to cybersecurity threats. This guidance also addresses FDA's recommendations regarding section 524B of the FD&C Act for cyber devices. This document supersedes the final guidance 'Cybersecurity in Medical Devices: Quality System Considerations and Content of Premarket Submissions,' issued [in] June 2025."

(Source: FDA Announcement, 2/3/26)

***Nature* is reporting that staff members from the National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID), "have been instructed to remove the words 'biodefense' and 'pandemic preparedness' from NIAID's webpages."** The publication noted that NIAID is, "expected to deprioritize the two topics in an overhaul of its funded research projects. NIH Director Jay Bhattacharya, MD, PhD explained the restructur[ing] at an event with other top agency officials on January 30th," saying, "'[i]t's a complete transformation of [the NIAID] away from this old model' that has historically prioritized research on HIV, biodefen[s]e, and pandemic preparedness. The institute will focus more on basic immunology and other infectious diseases currently affecting people in the United States, he added, rather than on predicting future diseases."

(Source: *Nature*, "Exclusive: Key US infectious-diseases centre to drop pandemic preparation," 2/13/26)

The FDA's Center for Biologics Evaluation and Research (CBER) sent a letter to Moderna, Inc., "notif[ying] the [c]ompany that it will not initiate a review of the biologics license application (BLA) for Moderna's investigational influenza vaccine, mRNA-1010, and has issued a Refusal-to-File (RTF) letter." An announcement from Moderna indicated that the company had, "exercised a Priority Review Voucher to facilitate a timely review of the application. CBER's RTF letter, signed by CBER Director Vinayak Prasad, MD, MPH, identified the choice of a licensed standard-dose seasonal influenza vaccine comparator as the sole reason for the refusal to initiate the review of Moderna's application. Specifically, the letter cited the lack of an 'adequate and well-controlled' study with a comparator arm that 'does not reflect the best-available standard of care.' Neither the relevant regulation, 21 C.F.R. § 314.126 (adequate and well-controlled studies), nor the FDA's guidance for industry on seasonal influenza vaccines contain any reference to the use of a comparator reflecting the 'best-available standard of care.' The letter did not identify any specific safety or efficacy concerns regarding mRNA-1010."

(Source: Moderna, Inc. News Release, 2/10/26)

BRIEFLY NOTED

***NBC News* published a February 12th article titled "Middle-class Americans are Selling Their Plasma to Make Ends Meet."** The story reports that the plasma industry is, "a multibillion-dollar business fueled by a growing number of Americans willing to trade their blood for money in an economy where many have seen their job prospects weaken [and] costs rise. [Last year, people] in the U.S. made an estimated $4.7 billion selling about 62.5 million liters of their plasma, a more than 30 percent increase in the amount of plasma collected since 2022, according to Peter Jaworski, a professor at Georgetown University who studies the ethics and economics of the plasma business." He added that, "[w]hile there are altruistic reasons for giving

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BRIEFLY NOTED (continued from page 3)

plasma without the financial incentive, there wouldn't be enough supply to meet the demand for plasma-based treatments. Countries that don't allow payment for plasma, such as Australia and the U.K., don't have enough plasma-based therapies available to treat patients, making them dependent on plasma from the U.S., he said. The model of not compensating people just doesn't lead to enough plasma. [In the United States,] we don't pay people to donate blood, but we have enough blood. However, when it comes to plasma, we need much more participation, and we need people to donate much more often," he added according to *NBC News*. The chief executive officer of the Plasma Protein Therapeutics Association stated in the article, "[w]e hope that when people consider donating plasma, it is not only something that you would consider at a time of need, but something that you might make part of your altruistic endeavors. People think about blood donation that way, and we hope that more people [will] think about plasma donation."

(Source: *NBC News*, "Middle-class Americans are selling their plasma to make ends meet," 2/12/26)

MEMBER NEWS

LifeSouth Community Blood Centers and the Georgia Health Information Network (GaHIN) and have, "launched a first-of-its-kind statewide integration that connects LifeSouth's red blood cell (RBC) antigen and antibody data directly into Georgia's health information exchange (HIE)." According to the announcement, "[f]or the first time, critical blood and antibody information can move with the patient across hospitals, emergency rooms, and care settings statewide. This strengthens transfusion safety, accelerates emergency response, and improves care for patients who rely on frequent transfusions, including those living with sickle cell disease. By integrating LifeSouth's transfusion and antibody data into GaHIN, a secure statewide pathway now ensures the right information reaches the right clinician at the right moment. Chris Lough, MD, vice president of Medical Services at LifeSouth, added in the news release, "[f]or decades, the inability to seamlessly access a patient's transfusion and antibody history across different care locations has been a critical gap in healthcare. We are proud to launch this first-of-its-kind partnership to finally bridge that divide. By exchanging data between blood centers and healthcare systems, we are immediately enhancing the speed, quality, and safety of patient care — setting a new standard that we hope will inspire similar advancements nationwide."

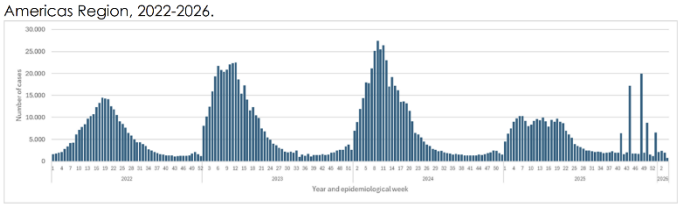
(Source: LifeSouth Community Blood Centers & GaHIN Announcement, 1/28/26)

INFECTIOUS DISEASES UPDATE

CHIKUNGUNYA

The Pan American Health Organization (PAHO) issued a February 10th epidemiological alert due to, "a sustained increase in chikungunya cases in several countries in the Americas since late 2025 and into early 2026." The agency explained that the alert also highlights the re-emergence of local transmission in areas that had not reported virus circulation in several years." Specifically, the communication noted that there have been, "7,150 cases of chikungunya [reported,] of which 2,351 were confirmed, including one

Figure 1. Distribution of chikungunya cases by year and epidemiological week in the Americas Region, 2022-2026.



Source: Adapted from Pan American Health Organization. PLISA Health Information Platform for the Americas, Chikungunya Indicators Portal. Washington, D.C.: PAHO/WHO; 2026 [Cited 5 February 2026]. Available from: https://www.paho.org/es/arbo-portal/chikunguna-datos-analisis/chikunguna-analisis-por-pais *(3)*.

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INFECTIOUS DISEASES UPDATE (continued from page 4)

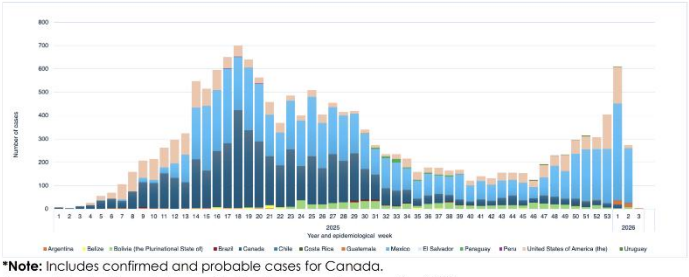
death" in 2026. [Since late 2025], there has been a sustained increase in chikungunya cases in countries and territories in the Americas Region, as well as the resumption of autochthonous transmission in areas that had not reported circulation of the virus for several years. During this period, significant circulation was documented in the central-western and southeastern regions of Brazil, southern Bolivia, and the reappearance of cases in the Guiana Shield area." PAHO recommends that, "countries strengthen epidemiological and laboratory surveillance to detect cases and outbreaks early, ensure proper clinical management — especially for vulnerable groups such as pregnant women, children under one year of age, older adults, and people with underlying health conditions — and intensify integrated vector management actions, including the elimination of mosquito breeding sites. Chikungunya is a virus transmitted by *Aedes aegypti* and potentially *Aedes albopictus* mosquitoes, which also spread dengue, Zika, and other arboviruses." Transfusion-transmission of chikungunya has not been documented and any risk to the blood supply is believed to be theoretical.

(Source: PAHO Alert, 2/10/26)

MEASLES

PAHO published a February 4th epidemiological alert for the Region of the Americas, "calling on countries to intensify epidemiological surveillance, vaccination, and rapid outbreak response activities to interrupt transmission and protect vulnerable populations." The agency reported that at the time of the alert, "1,031 cases of measles were confirmed in the Americas Region, with no deaths reported. The cases were reported by Bolivia (n=10 cases), Canada (n= 67 cases), Chile (n=1 case), the United States of America (n=171 cases), Guatemala (n=41 cases), Mexico (n=740 cases), and Uruguay (n=1 case). This total represents a 45-fold increase compared with the 23 measles cases reported during the same period in 2025. PAHO recommends strengthening surveillance and active case finding, including laboratory diagnosis; implementing supplementary immunization activities to close immunity gaps; and ensuring a timely response to any suspected measles case. [Available evidence] indicates that, among confirmed cases with vaccination information, 78 percent were unvaccinated and 11 percent had an unknown vaccination status. While the largest proportion of cases occurred among adolescents and young adults, the highest incidence rates were observed in infants under one year of age, followed by children aged 1–4 years and 5–9 years. Globally, the World Health Organization (WHO) reported that during 2025 more than 552,000 suspected measles cases were notified across 179 countries, of which nearly 45 percent (247,623) were confirmed, reflecting a global resurgence of the disease amid persistent immunization gaps." Transfusion-transmission of measles has never been demonstrated, and any risk to the blood supply is believed to be theoretical.

Figure 2. Confirmed* measles cases per epidemiological week of rash onset or notification and country in the Americas Region, 2025-2026 (as of EW 3 of 2026).



***Note:** Includes confirmed and probable cases for Canada.
Source: Adapted from data provided by the respective countries *(3-21)*.

(Source: PAHO Alert, 2/4/26)

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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.

Time Running Out to Register for the 2026 ABC Annual Meeting

Register and join us in Tucson, Ariz. for the 2026 America's Blood Centers (ABC) Annual Meeting! Don't miss being part of the conversation at this premier gathering March 9th-12th at the Loews Ventana Canyon Resort. 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.

Hear our keynote speaker Lisa Goldstein, managing director of Kaufman Hall, discuss "Navigating Disruption: How Hospital Industry Shifts Reshape Blood Center Strategy." She will explore:

- the key financial challenges hospitals are facing;
- lessons learned from recent industry disruptions; and
- how hospital pressures are reshaping reimbursement, partnerships, and expectations for blood centers.

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!" Part two will take place on Wednesday, 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.

Register for the 2026 ADRP Annual Conference

ADRP encourages you to register now for the 2026 ADRP Annual Conference in Minneapolis, Minn., May 12th-14th, at the Hyatt Regency Minneapolis. Remember to book your hotel room by April 10th for the discounted rate. This conference offers a chance to learn about industry trends, share ideas, and connect with other donor recruitment, donor services, collections, marketing, and communications professionals. Join

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more than 300 of your peers by participating in pre-conference workshops, attending compelling educational sessions, engaging in roundtable discussions, and exploring an expansive exhibit hall filled with innovative solutions. Seize this extraordinary opportunity to learn, share, and grow within the blood community. Please contact us with any questions as we look forward to seeing you!

ADRP Trends in Donor Relations Study Is Now Open

ADRP is pleased to announce the launch of the *ADRP Trends in Donor Relations Study*. This survey is a strategic tool for blood centers to use in evaluating the performance of collection and recruitment operations and marketing strategies in comparison to your domestic and international colleagues. ADRP has partnered with a third-party company, Dynamic Benchmarking, to improve the data collection and reporting experience. As always, our top priority is the confidentiality of your data. The information in this report will only be reported in aggregate and in accordance with anti-trust regulations. A key feature of the reporting platform is the ability to view how your operations compare to others using a variety of dynamic filters, including blood center location, collection levels, and employee count. Only centers that participate in the survey will have access to this information. Complete the survey by April 1st and only submit one response per blood center, so please coordinate your responses accordingly. Contact us with any questions.

GLOBAL NEWS

The Serious Hazards of Transfusion (SHOT), the United Kingdom's (UK), independent, professionally-led h[e]movigilance scheme, has developed a "Major Haemorrhage (MH) Simulation Toolkit." This resource aims to, "support organi[z]ations in standardi[z]ing MH response pathways, reducing errors, minimi[z]ing delays, and improving outcomes for patients experiencing major h[e]morrhage. It also helps organi[z]ations demonstrate compliance with key SHOT Transfusion Safety Standards. The toolkit includes:

- "[g]uidance on a range of simulation formats, from traditional scenario-based sessions to digital, virtual, and augmented reality options;
- [p]ractical tools for planning, facilitating, and debriefing simulations;
- [r]ecommendations for inclusive training involving clinical, laboratory, transfusion, and support teams; [and]
- [r]esources that promote structured practice, team communication, and continuous improvement through audits and action plans."

(SHOT MH Simulation Toolkit, 2/10/26)

A paper published in *Vox Sanguinis* analyzes the finding of, "all blood components (BC) bacterial testing program[s] carried out at the Croatian Institute of Transfusion Medicine (CITM) Department of Microbiology during the period from 2011–2024." The study included the screening of a total of 20,231 BC for bacterial contamination as part of statistical quality control (QC). "The tested components[contained] 8,345 red blood cell concentrates (RCCs), 5,729 platelet concentrates (PCs), and 6,157 plasma products. There were 61 initially positive (IP) results, out of which 18 were confirmed positive (CP) (0.09 percent), three unconfirmed positive (UP) (0.01 percent) and 40 false-positive (FP) (0.20 percent). Confirmed bacterial contamination was mostly recorded in PCs (0.14 percent, n = 8). [There was no] statistically significant difference between the contamination rate of platelets collected by aph[e]resis and platelets obtained from whole blood donations (p = 0.3). Furthermore, no statistically significant difference was found between contamination rates before and after 100 percent screening implementation (p = 0.5)." The researchers found that, "[t]he most common bacterial isolate detected in BC prepared at CITM was *Cutibacterium (C.) acnes*. It was present in all CP RCCs and was the most common in both CP and UP

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GLOBAL NEWS (continued from page 7)

PCs. *C. acnes* is an anaerobe, and accordingly, the largest number of positive bottles were anaerobic. The longest average detection time was recorded for *C. acnes*, 4.3 days. In general, Gram-negative bacteria were detected rapidly, *E. coli* after 2.4 h and *E. cloacae* 3.8 h of incubation in aerobic bottles. [In our study,] the longest detection times for *C. acnes* was 297.5 h (more than 12 days) in pooled PC and 218.6 h in aph[e]resis PC, both in aerobic bottles during prolonged cultivation. [The highest number of FP] results (84) were detected during the implementation of 100 percent PC screening. The increase in positive results was associated with faster loading of a higher number of culture bottles. [More FP signals] were observed in aerobic vials than in anaerobic vials. FP signals within 24 h occurred in 36.8 percent of anaerobic (14/38) and 91.2 percent of aerobic bottles (83/91)." The authors of the paper concluded that, "while BC screening for bacteria along with other implemented measures has helped decrease the number of transfusion-associated morbidity and mortality to an all-time low, the risk remains. Even though most isolates were low pathogenic microorganisms, such as *C. acnes*, with a questionable clinical impact, transfusion of bacterially contaminated BC presents an important health risk for transfused patients. Active monitoring of BC, along with other measures, remains a critical step for ensuring transfusion safety and preventing transfusion-transmitted infections."

Citation: Batarilo, I., Slade-Vitkovic, M., Rukavina, L. *et al*. "Monitoring bacterial contamination of blood components at the Croatian Institute of Transfusion Medicine—Evolution of strategies and results in a 14-year period (2011–2024)." *Vox Sanguinis*. 2026.

Valneva SE recently has announced that, "following a review of the benefits and risks of the company's single-dose chikungunya vaccine, Ixchiq®, the United Kingdom's (UK) Commission on Human Medicines (CHM) has updated its recommendations for use of the vaccine. The updated Prescribing Information (PI) will reflect these recommendations, which now include a restriction for individuals over 60 years of age, for people with specified health conditions, as well as timing of vaccination prior to travel. The Medicines and Healthcare products Regulatory Agency (MHRA) confirmed that the benefit–risk profile of Ixchiq® remains favorable for individuals aged 18 to 59 years who are at risk of chikungunya infection and do not have the contraindicated underlying medical conditions. The update follows MHRA's temporary suspension on the use of Ixchiq® in older individuals, which was based on reports of serious adverse events (SAEs), mainly in elderly people with significant underlying medical conditions during an outbreak vaccination campaign on the French island of La Reunion." Valneva SE previously announced that the company "voluntarily withdrew" its U.S. Food and Drug Administration (FDA) biologics license application (BLA) and investigational new drug application (IND) for Ixchiq® in the wake of the FDA suspending the license in August 2025 as the agency investigated reports of serious adverse events.

(Source: Valneva SE News Release, 2/13/26) ♦

COMPANY NEWS

The **American Hospital Association (AHA)** has published its 2026 Advocacy Agenda. The document specifically references mitigating blood and blood product shortages within the "Ensure Access to and Affordability of Care" priority of the agenda stating, "[p]revent and address shortages of critical medical drugs, devices, blood and blood products, and supplies to bring about policy changes that will avert future shortages by strengthening the medical supply chain." Other main priorities highlighted in the advocacy agenda are:

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- "Strengthen and Support the Health Care Workforce;
- Spearhead Innovation to Advance Health; [and]
- Reduce Burdensome and Unnecessary Regulations."

(Source: AHA Advocacy Agenda, 1/28/26)

The **American Medical Association (AMA)** and the **Vaccine Integrity Project** are partnering to, "establish a structured and durable process for evaluating the science underpinning respiratory virus immunization." Through this collaboration, "the Vaccine Integrity Project, based at the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP), and the AMA will convene leading medical professional societies as well as public health and health care organizations to help define a comprehensive set of policy questions. The goal of this work is to ensure a deliberative, evidence-driven approach to produce the data necessary to understand the risks and benefits of vaccine policy decisions for all populations." For the upcoming 2026-2027 virus season, "[t]he review will focus on immunizations for influenza, COVID-19, and respiratory syncytial virus (RSV)."

(Source: AMA News Release, 2/10/26)

AdvaMed, the Medtech Association, recently announced Melisa Torres as executive vice president of Technology and Regulatory Affairs. According to a news release from the organization, she brings more than 20 years of leadership experience to the role having most recently served as, "[a]ssociate [d]irector for International Affairs at the U.S. Food and Drug Administration's (FDA) Center for Devices and Radiological Health (CDRH). Ms. Torres is widely recognized for her strategic vision and expertise in shaping regulatory frameworks for medical devices, both in the U.S. and globally. She has led high-impact teams in both premarket and postmarket activities, fostered collaboration among global regulatory authorities, and driven international harmonization efforts to expand patient access to safe and effective medical technologies. Her technical and executive competencies span regulatory policy development, global strategy, stakeholder engagement, and cross-functional leadership. Ms. Torres has managed FDA participation in key international initiatives, including the International Medical Device Regulators Forum (IMDRF) and the Medical Device Single Audit Program (MDSAP). She has also played important roles in developing the Quality Management System Regulation (QMSR) and participated in prior Medical Device User Fee Amendments (MDUFA) negotiations. Ms. Torres holds advanced degrees in engineering management and biomedical engineering from The Catholic University of America and an undergraduate degree in biomedical engineering from Vanderbilt University." She succeeds Janet Trunzo who retired after a 30-year career at AdvaMed."

(Source: AdvaMed News Release, 2/10/26) ♦

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

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.

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CALENDAR (continued from page 9)

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.

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.

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. **Association for Advancing Tissue and Biologics (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

Director of Finance. Shepeard Community Blood Center in Augusta, Ga. is seeking an experienced Director of Finance to lead the organization's financial, operational, and administrative activities. This executive-level role is responsible for financial stewardship, supply-chain management, operational efficiency, risk mitigation, and supporting organizational growth. The ideal candidate will be an analytical thinker with strong leadership skills and a commitment to excellence. Shepeard offers a competitive salary, generous PTO, relocation expense reimbursement, and a 403(b) retirement plan with a 9 percent match. Qualified candidates can apply at: https://shepeardblood.org/.

Director-Immunohematology Reference Laboratory. The Director of Immunohematology Reference Laboratories oversees clinical laboratory operations with a focus on technical excellence, timely result delivery, client satisfaction, quality assurance, and operational efficiency. The role ensures proactive communication with clients and stakeholders, addresses concerns promptly, and promotes a service-oriented culture. It also ensures ongoing compliance with CLIA, NYS-DOH, AABB, and FDA standards, leads proficiency testing, and implements corrective actions. Operational duties include managing staffing, budgets, SOPs, equipment, and safety while fostering staff engagement and development. Education: Bachelor's degree in clinical laboratory science, Medical Technologist, Immunology, or a related field. Experience: Six or more years of relevant technical and service-related industry experience in a high-complexity laboratory or blood bank setting with four or more years of supervisory/managerial experience in a laboratory setting. Licenses / Certification: New York State Clinical

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laboratory technologist license required. SBB certification is required. Click here to apply.

Manager-Immunohematology Reference Laboratory. This position is responsible for providing leadership and direction for the daily operations of the Immunohematology laboratory. The primary duties include overseeing the clinical laboratory testing procedures, timely result delivery, client satisfaction, and supervision of laboratory staff. As defined by CLIA/NYSDOH, this position is responsible for pre-analytic, analytic procedures, maintaining records of tests, and reporting test results in a high complexity laboratory. This position performs only those tests that are authorized by the CLIA/NYSDOH laboratory director and performs only those tests that require a degree of skill commensurate with the individual's education, training or experience, and technical abilities. Education: Bachelor's degree in clinical laboratory science, Medical Technologist, Immunohematology, or a related field. Experience: Six or more years of relevant technical and service-related industry experience in a high-complexity laboratory or blood bank setting with two or more years of supervisory/managerial experience in a laboratory setting. Licenses / Certification: New York State Clinical laboratory technologist license required. SBB certification is preferred. Click here to apply.

Component Production Tech I. Gulf Coast Blood is seeking a dedicated **Component Production Tech I** to support our mission of providing safe, high-quality blood components to hospitals and patients across the Texas Gulf Coast region. The Component Production Technician plays a vital role in producing and labeling blood components in a highly regulated environment. This position performs detailed, sequential tasks following strict standard operating procedures to ensure accuracy, safety, and quality with the blood products. Daily responsibilities include organizing and documenting component production, weighing and loading products for centrifugation, applying labels, and storing components with complete precision. Success in this position requires comfort with repetitive tasks, long periods of standing, and strict adherence to safety and regulatory requirements. **Qualifications:** We are looking for someone who has a High School Diploma or GED. Experience in a regulated or laboratory environment is a plus. We are looking for someone who has strong attention to detail, is reliable, and has integrity. **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. This role has a great impact on saving lives! Apply Today!

Medical Apheresis Nurse. Gulf Coast Blood is seeking a dedicated **Medical Apheresis Nurse** to support our mission of providing safe, high-quality blood components to hospitals and patients across the Texas Gulf Coast region. As an Apheresis Nurse, you will provide donor and patient care through apheresis and leukapheresis procedures. This role includes phlebotomy, peripheral IV and central line care, medication administration and monitoring the donors receiving mobilizing agents. The nurse will monitor patients throughout the procedure. The nurse ensures documentation meets regulatory standards and maintains compliance with AABB, FDA, FACT, and internal policies. **Qualifications:** We're looking for someone who has graduated from an accredited nursing program and has a current RN license (Texas or compact) with at least 3 years of recent direct patient care experience. Apheresis or dialysis experience is preferred. BLS or ACLS certification is required. This role is mainly based out of the Houston Medical Center with occasional travel to The Woodlands facility. **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!

Medical Apheresis LVN. Gulf Coast Blood is seeking a dedicated **Medical Apheresis LVN** to support our mission of providing safe, high-quality blood components to hospitals and patients across the Texas Gulf Coast region. As an Apheresis Nurse, you will provide donor and patient care through apheresis and leukapheresis procedures. This role includes phlebotomy, peripheral IV and central line care, medication administration and monitoring the donors receiving mobilizing agents. The nurse will monitor patients throughout the procedure. The nurse ensures documentation meets regulatory standards and maintains compliance with AABB, FDA, FACT, and internal policies. **Qualifications:** We're looking for someone who has graduated from an accredited vocational or nursing program with a current LVN license. Request at least three (3) years of recent direct patient care experience, preferably in acute care with strong peripheral IV skills. Apheresis or dialysis experience is strongly preferred. Must hold BLS or ACLS certification and have reliable transportation for travel to donor and group sites. **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!

Director, Operations Logistics & Data Analytics. ImpactLife is seeking a talented, passionate individual to join our leadership team as the **Director, Operations Logistics & Data Analytics**. The Director is responsible for the leadership of a team that will ensure efficiency within the Operations Division of ImpactLife. Logistics oversight includes streamlining a structure and processes to provide optimal scheduling of both human and capital resources across the Donor Outreach and Collections

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functions. The Director will also be responsible for analysis of data to create actionable plans and support projects and process improvement initiatives. Qualifications include bachelor's degree with preference given to candidates with a graduate degree and minimum five (5) years leadership experience in Supply Chain, Logistics, and/or Operations experience are required, blood center experience is helpful. This position will be located at one of ImpactLife's main hubs: Davenport, IA; Springfield or Urbana, IL; Earth City, MO; or Madison, WI. Candidates should expect some travel both within the ImpactLife geography as well as nationally. ImpactLife keeps our mission, vision, and values at the forefront. As a leader you will lead, inspire, and mentor with clear communication leading to collaboration within your team and across the organization remaining focused on achieving goals and fulfilling strategic initiatives. For more information including benefits and compensation, click here: Join Us!