America's Blood Centers
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NEWSLETTER

A weekly chronicle of events and issues impacting the blood community

2026 Issue #21 **July 13, 2026**

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Blood Community Release Joint Statement Encouraging Blood Donations

America's Blood Centers, the Association for the Advancement of Blood & Biotherapies (AABB), and the American Red Cross issued a July 10th joint statement encouraging individuals to schedule appointments to donate blood to help boost the nation's strained blood supply this summer.

The national blood community explained in the statement that, "[t]he nation's blood supply is currently strained, and eligible individuals are asked to donate blood or platelets to ensure an adequate supply is available to meet patients' needs. Reports from the past month indicate that the blood supply in the U.S. is lower than it should be for routine and emergency care. In fact, many blood collection organizations have faced, or are currently facing, a critical shortage this summer. The blood community strongly urges eligible individuals throughout the U.S. to schedule a blood or platelet donation appointment as soon as possible. Doing so will help build a stable and adequate blood supply, which saves lives and ensures patient needs are met."

We will continue to monitor the situation and provide additional updates as they become available.

(Source: Blood Community Joint Statement, 7/10/26)

Association between RBC Transfusion Morbidity or Mortality in Very-Low- Birth-weight Infants Reported

Authors of a study published in *JAMA Network Open* described the results of the Transfusion in Preterm Infants (TIPI) study that aimed to, "identify modifiable transfusion characteristics associated with serious morbidity and mortality in very-low-birth-weight (VLBW) infants, by generating a linked database spanning from the vein of the donor through to the vein of the infant." The researchers hypothesized that, "variation in blood donor characteristics, red blood cell (RBC) unit attributes, pretransfusion hemoglobin levels, or RBC transfusion volumes were associated with serious adverse outcomes [and] evaluated this in a prospective cohort study of VLBW infants receiving RBC transfusions admitted to U.S. hospitals participating in the Recipient Epidemiology and Donor Evaluation Study-IV-Pediatric (REDS-IV-P)."

The study took place between April 2019 and December 2023 and enrolled VLBW infants at five university-affiliated and three community birth hospitals

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Association between RBC Transfusion Morbidity or Mortality in Low Birth-weight Infants (continued from page 1)

following them until, "first occurrence of either death, hospital discharge, or 90 days of life." The researchers noted that the primary outcome was, "a composite measure that included occurrence of at least one of the following events: grade 3 or higher intraventricular hemorrhage (IVH), necrotizing enterocolitis (NEC) Bell stage 2 or higher, sepsis after day 3 of life, moderate or severe bronchopulmonary dysplasia (BPD) (defined by Vermont Oxford Network as oxygen requirement at 36 weeks postmenstrual age or, if discharged at 34-35 weeks, oxygen at discharge), stage 3 or higher retinopathy of prematurity (ROP), or death." They explained that the study included, "2,605 VLBW infants, of whom 1,283 (586 [45.7 percent] female; 713 [55.6 percent] <27 weeks' gestational age; 471 [36.7 percent] weighing <750 g; 966 [75.0 percent] born by cesarean delivery) received RBC transfusion."

The authors found that, "[o]f the 1,283 infants who received RBC transfusions, 436 (34.0 percent) survived without morbidity and 847 (66.0 percent) had the primary composite outcome (IVH grade 3 or 4, NEC stage 2 or higher, late-onset sepsis, moderate or severe BPD, ROP stage 3 or 4, and/or death). A total of 761 (59.3 percent) received RBC transfusions before the primary outcome. The common outcome in the infant cohort who received RBC transfusions was BPD (524 infants [40.8 percent]), followed by death (188 infants [14.7 percent]), ROP (164 infants [12.8 percent]), IVH (111 infants [8.7 percent]), sepsis (107 infants [8.3 percent]), and NEC (87 infants [6.8 percent])."

Most of the transfusions (7,183 transfusions [99.1 percent]) came from group O donors and 3,114 transfusions (43.4 percent) were from female donors. The study noted that, "[t]he mean (SD) RBC overall storage duration was 14.2 (7.6) days, and the median (IQR) duration was 12.4 (8.4-18.1) days. [Factors significantly] associated with the primary outcome included pretransfusion hemoglobin value (odds ratio [OR] per 1g/dL increase, 1.15; 95 percent CI, 1.07-1.25; $p < .001$) and proportion of RBC transfusions in the anticoagulant preservative solutions AS-1 or AS-5 (OR, 0.72; 95 percent CI, 0.53-0.97; $p = .03$) compared with citrate phosphate dextrose adenine (CPDA)-1 or citrate phosphate dextrose (CPD) as reference."

Additionally, the researchers reported that, "188 infants who received RBC transfusions died (with 179 included in the modeling after missing data exclusions), 87 received transfusions prior to developing NEC (with 83 included in the modeling), 111 received transfusions prior to developing IVH (with 105 included in the modeling), and 107 received transfusions prior to developing sepsis (with 103 included in the modeling) Higher RBC transfusion number (hazard ratio [HR], 1.12; 95 percent CI, 1.09-1.16) and dose (HR per 5 mL/kg, 1.25; 95 percent CI, 1.17-1.35) were associated with increased rate of death, whereas older donor age (≥60 years; HR, 0.63; 95 percent CI, 0.44-0.92) and longer RBC storage age (>28 days; HR, 0.25; 95 percent CI, 0.08-0.76) were associated with a lower rate of death. A shorter irradiated storage

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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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Association between RBC Transfusion Morbidity or Mortality in Low Birth-weight Infants (continued from page 2)

duration (<1 day) was associated with a lower rate of NEC (HR, 0.44; 95 percent CI, 0.22-0.89), whereas anticoagulant preservative solution (reference, CPDA-1 or CPD) was associated with a higher rate of NEC (hazard ratio for AS-3, 5.33; 95 percent CI, 1.22-23.29)."

The paper concluded that, "[i]n this cohort study of 1,283 VLBW infants receiving RBC transfusions, pretransfusion hemoglobin and anticoagulant preservative solution were associated with a composite of morbidities and/or mortality, unlike other modifiable blood banking practices. For individual outcomes, we identified select donor and blood banking factors that may be targets for further evaluation. [The impact] of blood donor sex on neonatal outcomes has been previously reviewed, with some studies suggesting RBCs from female donors may be protective in infants and others showing no difference in outcome. We did not find RBCs from female (or older) donors to be protective of the primary composite outcome or most secondary outcomes, although female donor sex was associated with a lower risk of IVH. This could potentially be viscosity or rheology related, given greater deformability and decreased fragility of RBCs from female donors compared with male donors. Since our analysis accounted for donor hemoglobin content, it is unlikely to be explained by differences in hemoglobin between donors, but prior studies have shown decreased hemoglobin increments after transfusions from female compared with male donors."

Limitations of the study acknowledged by the authors included, "a composite outcome that simultaneously included several time-varying and time-invariant events; [and] unmeasured confounding, including variables such as bleeding at the time of the transfusion or clinical care differences."

Citation: Hendrickson, J.E., Birch, R.J., Rowley, E.A.K., *et al*. "Red Blood Cell Transfusion Characteristics and Morbidity or Mortality in Very-Low-Birth-Weight Infants." *JAMA Network Open*. 2026.

WORD IN WASHINGTON

***Bloomberg News* recently reported that the Administration has added, "two new pandemic response officials—including a former top U.S. Food and Drug Administration (FDA) official—[to the White House team] as the Trump administration faces multiple infectious disease threats.** Sara Brenner is leading the Office of Pandemic Preparedness and Response. [She] is a senior public health adviser at the U.S. Department of Health and Human Services (HHS) who has held multiple positions at the FDA, including acting commissioner, and worked on COVID-19 response efforts during the first President Trump and President Biden administrations respectively. The White House also tapped U.S. Public Health Service officer Rachel Idowu as the director for Bioresponse at the National Security Council. [She was] part of the U.S. response to the largest Ebola outbreak, which started in 2014."

(Source: *Bloomberg News*, "White House Adds Pandemic Response Staff as Ebola Cases Rise, 7/1/26)

INFECTIOUS DISEASES UPDATE

EBOLA

On July 3rd, the World Health Organization (WHO) updated the status of the Ebola disease outbreak in the Democratic Republic of the Congo (DRC). As of July 2nd, "a [total] of 1,460 confirmed cases, including 452 deaths, have been reported from the DRC. [Uganda also] reported 20 confirmed cases including two deaths, as well as one probable case [as of July 2nd. The Ugandan outbreak remains epidemiologically linked to transmission originating in the DRC, with evidence of both imported infections and secondary transmission among contacts and healthcare workers. Uganda has not reported any new cases since June

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INFECTIOUS DISEASES UPDATE (continued from page 3)

24th." Last month, the WHO declared the Ebola disease outbreak in the DRC and Uganda caused by Bundibugyo virus a, "public health emergency of international concern (PHEIC), but [noted that it] does not meet the criteria of pandemic emergency, as defined in the International Health Regulations (2005) (IHR)." The U.S. Centers for Disease Control and Prevention (CDC) published an update on July 13th stating that the U.S. "is responding to an outbreak of Ebola disease in remote areas of the (DRC and Uganda.) To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak. The overall risk to the American public and travelers remains low." On May 18th, the CDC announced that it had, "enhanced travel screening, entry restrictions, and public health measures to prevent Ebola virus disease from entering the United States amid ongoing outbreaks in East and Central Africa." The CDC has not classified the affected region as having "widespread transmission of Ebola virus," which would trigger donor interventions in the United States. The Food and Drug Administration (FDA) updated its guidance document on June 29th and published a communication explaining that"[b]ecause of the severity of [Ebola disease] and the potential risk of transmission by blood and blood components, Ebola disease meets the definition of transfusion-transmitted infection 21 CFR 630.3(l); however, transmission of Ebola disease by blood transfusion has not been reported. Routine measures used to screen every blood donor effectively prevent individuals with symptomatic Ebola disease from donating blood. [Considering] the current Ebola disease outbreak in the DRC and Uganda, we refer blood establishments to the recommendations in our guidance document to update their donor eligibility processes accordingly, including asking donors about residency or travel to DRC and Uganda."

(Source: WHO Update, 7/3/26; CDC Update, 7/13/26)

BRIEFLY NOTED

The University of Minnesota's Center for Infectious Disease Research & Policy *(CIDRAP) News* recently reported that a, "new poll suggests that, while relatively few Americans fully believe [vaccine myth] falsehoods, many remain uncertain about them—a finding that suggests opportunities to counter vaccine misinformation." The news outlet described the findings of research conducted by the Kaiser Family Foundation (KFF). The poll included, "a nationally representative sample of 2,480 U.S. adults and was conducted May 7th through May 31st. The survey [found] that two-thirds of adults (66 percent) have heard the false claim that measles, mumps, and rubella (MMR) vaccines have been proven to cause autism in children. Nearly half (46 percent) have heard the claim that more people have died from COVID-19 vaccines than from the virus itself, and 36 percent have heard that mRNA vaccines can alter a person's DNA. Twenty-nine percent have heard that measles vaccines are more dangerous than measles infection. Fewer than 1 in 10 adults said they firmly believed any of the myths, but many expressed doubts. 'When it comes to belief in these vaccine myths, more people are on the side of the truth, but we continue to find that at least half of people express uncertainty, falling in this malleable middle,'" KFF analyst and lead author of the study, Alex Montero, MA, told *CIDRAP News*. "Within the malleable middle, nuances exist. The poll pinpointed five distinct [segments] that make up this group. [Hispanic] and Black adults, Republicans, people without a college degree, and younger adults were more likely to belong to the mixed-middle group, 'making them an important focus for those looking to counter vaccine misinformation and dispel confusion,'" the analysts wrote. "The poll found a strong association between trust in healthcare providers and vaccine attitudes, with adults who have a provider they trust being less likely to believe vaccine myths. [The survey also] found that people who regularly use social media or artificial intelligence for health information were more likely to believe or lean toward believing vaccine myths."

(Source: *CIDRAP News*, "New U.S. poll identifies large 'malleable middle' on vaccine misinformation," 6/30/26)

MEMBER NEWS

Stanford Blood Center (SBC) has expanded its specialized laboratory services with the successful launch on July 1st of testing services, including infectious disease testing and immunohematology, for Organ Procurement Organizations and Tissue Banks. The new service builds on Stanford Blood Center's longstanding expertise in donor testing, infectious disease testing, immunohematology, histocompatibility, transplantation support, and specialized laboratory medicine, including flow cytometry. Through a partnership with Donor Network West, SBC is providing organ and tissue donor testing services supporting transplantation for more than 13 million people throughout Northern California and Northern Nevada. The expansion reflects Stanford Blood Center's continued investment in advanced laboratory capabilities beyond traditional blood collection and distribution. Alongside supplying lifesaving blood products, SBC provides comprehensive donor testing, histocompatibility and immunogenetics (HLA) laboratory services, and biologics support for research and clinical trials. "As the last remaining donor testing laboratory in California and one of only a small number of laboratories positioned to support Organ Procurement Organizations and Tissue Banks nationally, we're proud to expand our role in transplantation medicine," said Harpreet Sandhu, MBA, chief executive officer (CEO) of SBC, in the announcement. "Timely lab testing is a critical component of successful organ and tissue donation, and that means so much to patients and families waiting for a lifesaving transplant." The addition of this testing represents another step in Stanford Blood Center's strategy to leverage its laboratory expertise in support of transfusion medicine, transplantation, and emerging healthcare needs. Additional information is available at: https://sbclabs.org.

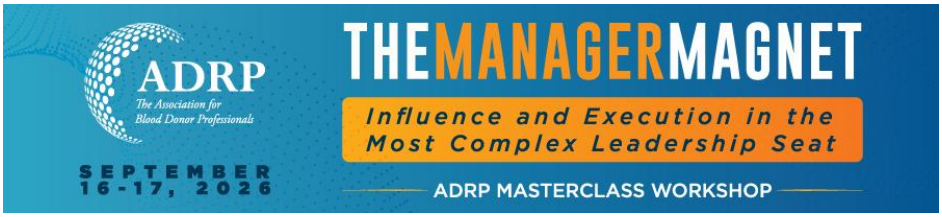
(Source: SBC Announcement, 7/7/26)



Congressman Sam Liccardo (D-Calif.) recently visited **SBC's** South Bay Donor Center in Campbell, California, on July 7th where he donated blood, met with staff, and chatted with SBC CEO Harpreet Sandhu, MBA to discuss the importance of maintaining a strong blood supply during the challenging summer months. During their conversation, Ms. Sandhu noted that while approximately 65 percent of people are eligible to donate blood, only about 3 percent do. Congressman Liccardo asked about the seasonal challenges blood centers face, and Ms. Sandhu shared that Stanford Blood Center collected 7 percent fewer donations last July than its average monthly collections, even as patient demand remained steady. Rep. Liccardo thanked the center's staff for making the donation experience "fun and easy" and encouraged eligible donors to give blood, and Ms. Sandhu emphasized that local blood centers work together to ensure patients across the region receive the lifesaving blood products they need. The visit followed America's Blood Centers' Blood Advocacy Week 2026, where members of the SBC team met with Congressman Liccardo's staff in Washington, D.C., to discuss industry priorities. His visit to the donor center reinforced the value of continued engagement with policymakers and helped raise awareness of the ongoing need for blood donors while highlighting the essential role nonprofit blood centers play in supporting hospitals, trauma centers, and patients across their communities.

(Source: SBC Announcement, 7/8/26)

Contributed by Jeff Schmidt, Public Relations and Communications Manager at Stanford Blood Center



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.

Economic Outlook Survey Report Available

America's Blood Centers (ABC) recently announced that the ABC Economic Outlook Survey Report has been released. The report is complimentary to participants and instructions on accessing it have been distributed to the designated contact. Non-participating ABC members may purchase the report. The ABC Economic Outlook Survey provides a comprehensive look at blood center finances, including 19 of the most frequently used ratios for benchmarking the financial health of an organization as well as median service fees for 30 different blood products and blood center procedures. Please contact us with questions.

Register for the ABC Executive Fellows Capstone Project Webinar Series

The first cohort of ABC Executive Fellows are pleased to present their final capstone projects in a special two-part webinar series on Tuesday, July 21st at 2 p.m. EDT and Tuesday, August 18th at 2 p.m. EDT. Registration is open as the capstone projects are designed to address opportunities and challenges that impact the broader blood community. Covering a wide range of timely and relevant topics, these presentations offer valuable insights for professionals across all areas of blood center operations. Attendees will have the opportunity to learn from the project teams, engage directly with the authors during Q&A, and bring new ideas back to their organizations. Please contact us for more information or assistance registering.

Registration Is Open for the ABC SMT Forum

ABC will host the next Scientific, Medical and Technical (SMT) Forum on July 27th at 1 p.m. EDT. Hear David Oh, MD, MHA, director/chief executive officer, and chief medical officer at Hoxworth Blood Center and Margaret Simon, program director at Hoxworth Blood Center share insights into the structure and organization of the TM/BB fellowship program along with common challenges and innovative opportunities in fellowship programs. The SMT Forum is designed to be both informative and interactive, with the second part of the session dedicated to open discussions and audience-driven topics. Registration is open. Please contact us with questions.

ADRP Trends in Donor Relations Study Results Are Available

Participants can now access the results 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. 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 participated in the survey will have access to this information. Blood centers that did not participate can purchase the survey report for $599. Please contact us with any questions.

PEOPLE

Steve Walsh has been "appointed" as the next president and chief executive officer (CEO) of the American Hospital Association (AHA). According to an association news release, he most recently served as, "[p]resident and CEO of the Massachusetts Health & Hospital Association (MHA) since 2017 [and] will assume leadership of the nation's largest hospital and healthcare system membership organization, representing nearly 5,000 member hospitals, health systems, networks and other providers of care." Mr. Walsh is anticipated to officially lead AHA, "this fall [and] brings more than two decades of experience advancing American healthcare [to the role], with a focus on strengthening the healthcare workforce, reducing disparities in health outcomes and fostering a more connected continuum of care for patients. As President and CEO of MHA, Mr. Walsh has been a proven coalition builder and has broken boundaries between providers, payers, policymakers, and others. He has championed the principle that strong hospitals mean stronger communities—creating a more accessible and coordinated healthcare system for patients on behalf of more than 70 hospital and health system members. Before that, he served six terms in the Massachusetts House of Representatives, including as chair of the House Committee on Health Care Financing. In 2011, he wrote and oversaw passage of Chapter 224, the commonwealth's landmark 2012 healthcare reform law, which incentivized alternative payment methodologies and investment in community health while encouraging patient empowerment and primary care. [He is] a graduate of Wesleyan University, the New England School of Law, and the Harvard Kennedy School of Government." He succeeds Rick Pollack who previously announced his retirement in December 2025 having worked more than 40 years at AHA.

(Source: AHA Announcement, 6/30/26) ♦

ADVANCED THERAPIES NEWS

The U.S. Food and Drug Administration (FDA) has released a July 10th communication titled "Important Information for Human Cell, Tissue, and Cellular and Tissue-based Product (HCT/P) Establishments Regarding Ebola Disease and HCT/P Donation." The agency explained that, "[w]e are issuing this communication to provide information regarding Ebola disease and considerations for donor eligibility determinations for human cells, tissues, and cellular and tissue-based products (HCT/Ps). [Transmission] of Ebola disease through use of human cells, tissues, or cellular or tissue-based products (HCT/Ps) has not been described; therefore, the risk of infection transmitted by implantation, transplantation, infusion, or transfer of HCT/Ps remains theoretical. A donor screening test for Ebola disease is not available. No FDA-licensed or authorized vaccine currently exists for Bundibugyo virus disease (BVD). While ERVEBO® is licensed in the United States, it is indicated solely for Orthoebolavirus zairense and is not expected to protect against Bundibugyo virus or other orthoebolaviruses. No FDA-approved or authorized treatment for BVD currently exists, though some therapies have demonstrated efficacy in animal models. Intense supportive care and fluid replacement may reduce mortality rates. [Robust,] routine screening measures, for the purposes of making a donor eligibility determination, are already in place for evaluating risk factors and conditions as well as clinical evidence and physical evidence of infection in HCT/P donors. [FDA will] continue to monitor cases of Ebola disease worldwide and available information about potential risks of Ebola disease transmission by HCT/Ps. We will communicate, as appropriate, as additional information becomes available."

(Source: FDA Communication, 7/10/26)

FDA has announced a public workshop titled "Next-Generation Sequencing (NGS) for Adventitious Agent (AA) Detection in Biologics." Registration is open for this virtual event that will take place on September 23rd from 8:30 a.m. to 5 p.m. EDT. The workshop will feature, "subject matter experts and key

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ADVANCED THERAPIES NEWS (continued from page 7)

stakeholders to discuss the readiness of NGS technologies for AA detection, identify challenges, and explore potential solutions to accelerate the adoption of NGS-based methodologies for AA detection in biological products. NGS-based AA detection methods have emerged as new approach methodologies (NAMs) that can broadly detect AA to enhance the safety of biological products while reducing reliance on testing in animals. Contamination with AA, such as viruses, bacteria, fungi, mycoplasma, and parasites, can jeopardize the safety, efficacy, and supply integrity of CBER-regulated biological products including cell and gene therapies, xenotransplantation products, blood products, and vaccines. The detection of adventitious viruses can be particularly challenging, given the high degree of sequence diversity inherent to viral populations, which drives the continual emergence of viral variants and novel viruses. For additional information on FDA's current thinking on NGS for adventitious agent testing, please refer to the FDA Q5A(R2) Guidance for Industry (January 2024), adopted from the ICH Q5A(R2) Guideline." Stated objectives of the workshop are:

- "[f]acilitate scientific exchange among key stakeholders and regulators regarding current advances in NGS technology and their application to AA detection in biological products;
- [g]ather perspectives on existing methodologies, implementation challenges, and emerging technical requirements for NGS-based AA detection;
- [u]nderstand challenges associated with the adoption of NGS-based methods, including analytical validation, data interpretation, and integration into existing safety testing frameworks; [and]
- [i]dentify knowledge gaps that must be addressed to support the broader application of NGS-based methods for ensuring the safety of biological products."

(Source: FDA Announcement, 7/10/26)

BBG Advanced Therapies (BBG AT), a subsidiary of San Antonio-based nonprofit BioBridge Global (BBG) have announced a partnership with Kite, a Gilead Company, to, "deploy BBG Advanced Therapies' Mobile Leukapheresis Center (MLC) across Texas—marking an important milestone in how patients can access Kite's CAR T-cell therapies which are individualized cancer treatments made from a patient's own cells." The new release explained that, "[t]he Texas deployment will serve as an important proof-of-concept model for additional markets, signaling how mobile collection infrastructure can support the continued growth of cell and gene therapies while maintaining the quality and consistency required for these complex, personalized medicines."

(Source: BBG AT News Release, 7/7/26)

GLOBAL NEWS

The United Kingdom (UK) Medicines and Healthcare products Regulatory Agency (MHRA) recently approved, "the use of UK-donor plasma for five high-priority plasma-derived medicinal products." An agency news release explained that, "[f]ollowing an extensive safety review, MHRA has approved the use of UK-donor plasma for five high-priority medicines, helping to strengthen supplies of life-saving treatments used by thousands of critically ill patients each year. The decision, announced July 9th, follows an assessment of the potential risk of variant Creutzfeldt-Jakob disease (vCJD). Independent experts concluded that the risk of transmission through these products is negligible. [Previously, a] precautionary ban on the use of UK-sourced plasma for manufacturing these medicines has been in place since 1999, requiring reliance on imported plasma at a time of growing global demand. Restrictions have been lifted for immunoglobulin and human albumin products in 2021 and 2023 respectively. This latest decision extends the use

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GLOBAL NEWS (continued from page 8)

of UK-plasma for these essential treatments. The review drew on advanced mode[l]ing to assess the risk of patients receiving the proposed five plasma-derived medicinal products being infected with vCJD. Allowing the use of plasma from UK blood donors for the manufacture of Fibrinogen, Prothrombin Complex Concentrates (PCCs), C1 Esterase Inhibitor, Factor X and Protein C, will aid supply and reduce reliance on imports from other countries." Additional details including a review of the safety of these products sourced from UK donors is available.

(Source: MHRA News Release, 7/9/26)



The Egypt Ministry of Health and Population have announced that the, "country has entered the Guinness World Records after setting a new world record for the largest number of people registered to donate blood within 12 hours across multiple locations nationwide. In a statement, Health Ministry spokesman Hossam Abdel Ghaffar said that the nationwide campaign, organized by the Central Blood Transfusion Administration to mark World Blood Donor Day under the directives of the health minister, registered more than 15,000 blood donors in just 12 hours, securing official recognition from Guinness World Records."

(Source: Egypt Ministry of Health and Population Announcement, 6/30/26)

The World Health Organization (WHO) has developed a new global database on the prevalence of sexually transmitted infections (STIs). According to the agency, "[t]he pen-access database is the first global platform to provide consolidated, standardized and quality-assured STI prevalence data from low- and middle-income countries from 2010 onwards. It addresses long-standing challenges in accessing reliable country- and population-specific data related to STIs, by bringing together both published and unpublished evidence from diverse sources in one place. [Currently, the database] focuses on five STIs: chlamydia, gonorrhea, herpes simplex virus type 2, syphilis, and trichomoniasis. [But,] it is designed as a dynamic resource that can continue to expand and evolve. As of June 2026, it contains data from 766 studies and 2,453 prevalence data points. [The breadth of evidence] included in the database allows for an understanding of STI epidemiology across both general and higher-risk populations. As new studies are published and reviewed, the database will be updated to reflect the latest evidence, and expanded in scope to cover additional STIs, ensuring that it remains relevant to emerging public health needs. The database is intended for policymakers, national program[s], researchers, industry, community organizations and funding agencies seeking better data related to STIs."

(Source: WHO Announcement, 7/3/26)

COMPANY NEWS

Hemanext Inc. has announced a strategic production partnership with OneBlood. According to a company news release, "[t]his partnership with OneBlood represents a major step forward in expanding patient access to oxygen-controlled red blood cells using Hemanext ONE®," explained Hemanext Chief Executive Officer (CEO) Shane Ray, MBA in the news release. "OneBlood routinely provides innovative blood products throughout their network, and we are excited to bring yet another innovation to patients with OneBlood. Working with OneBlood and their hospital network strengthens our commercial presence in key U.S. healthcare markets by providing high quality red blood cells to patients who need them most." Hemanext ONE® is, "a first-in-class disposable medical device designed to improve the quality of red blood cells (RBC) for transfusion by removing oxygen and maintaining hypoxic storage conditions. The

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COMPANY NEWS (continued from page 9)

system is intended to process and store whole blood- or apheresis-derived leukocyte-reduced (LR) red blood cells collected in CP2D/AS-3 or apheresis-derived LR-RBC in ACD-A/AS-3. [It] has received marketing authorization from the U.S. Food and Drug Administration and is CE-marked for commercial distribution in the European Economic Area and the United Kingdom."

(Source: Hemanext Inc. News Release, 7/6/26)

Terumo Blood and Cell Technologies (Terumo BCT) has partnered with **Wiley Health Learning** on an CME-accredited e-learning module titled, "From Manual to Automated Platelet Production: Optimizing Supply, Safety, and Efficiency." According to the announcement, the module explores, "the transition from traditional manual and apheresis-based collection methods to automated whole blood processing systems. Participants will gain insight into the impact of these technologies on platelet supply, operational efficiency, and product consistency, all while learning how emerging approaches may be applied in their own settings." Learning objectives are:

- "[d]escribe the historical evolution of platelet manufacturing, comparing manual whole blood component separation and apheresis collection in terms of process steps, product consistency, donor burden, and contribution to supply constraints;
- [a]nalyze clinical and operational outcome data from centers implementing newer platelet manufacturing approaches and determine how these changes could be applied in their own practice settings to improve efficiency, safety, and platelet availability; [and]
- [e]xplain the core principles and key features of automated whole blood processing systems (for example, single-spin, integrated component extraction) and compare their potential advantages and limitations relative to traditional manual and apheresis-based methods when making or influencing local transfusion practice decisions."

(Source: Terumo BCT Announcement, 7/7/26)

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

July 21. **America's Blood Centers (ABC) Executive Fellows Capstone Project Webinar Series Session I (Virtual).** More information including a link to registration is available to ABC members here.

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Sign up for ABC's &ADRP's *Pulse of Leadership*



CALENDAR (continued from page 10)

July 23. **National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services (EMS) "Prehospital Blood Transfusion in Practice" Webinar (Virtual).** Registration is open. More information is available here.

July 27. **ABC Scientific, Medical, and Technical (SMT) Forum (Virtual).** More information including a link to registration is available to ABC members here.

July 29. **U.S. Food and Drug Administration (FDA) Cellular, Tissue, and Gene Therapies Advisory Committee (Virtual).** More information is available here.

August 18. **ABC Executive Fellows Capstone Project Webinar Series Session II (Virtual).** More information including a link to registration is available to ABC members here.

August 18. **NHTSA Office of EMS "Establishing a Prehospital Blood Transfusion Program" Webinar (Virtual).** Registration is open. More information is available here.

September 16-17. **ADRP: The Association for Blood Donor Professionals Master Class (Virtual).** Registration is open. More information is available here.

September 22. **NHTSA Office of EMS Working with a Blood Supplier in Your Prehospital Blood Program Webinar (Virtual).** Registration is open. More information is available here.

September 23. **FDA Scientific Public Workshop: Next-Generation Sequencing for Adventitious Agent Detection in Biologics (Virtual).** Registration is open. More information is available here.

September 29. **FDA Blood supply Chain Roundtable Webinar (Virtual).** More information is coming soon.

October 4-7. **Association for Advancing Tissue and Biologics (AATB) Annual Meeting. San Francisco, Calf.** More information available here.

October 5-7. **ARM Cell & Gene Meeting on the Mesa. Phoenix, Ariz.** More information is available here.

October 14-15. **Biomedical Excellence for Safer Transfusion (BEST) Collaborative Member Meeting. Atlanta, Ga.** More information is available here.
October 17-19. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Atlanta, Ga.** More information is coming soon.

October 20. **NHTSA Office of EMS Paying for Your Prehospital Blood Program Webinar (Virtual).** Registration is open. More information is available here.

November 5-6. **2026 ABC Women's Executive Leadership Community *Rise &* Lead Workshop. San Antonio, Texas.** More information is coming soon.

November 17. **NHTSA Office of EMS Prehospital Blood Transfusion Policies, Protocols Guidelines & Training Webinar (Virtual).** Registration is open. More information is available here.

November. 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.

December 15. **NHTSA Office of EMS Prehospital Blood Transfusion: Tracking Success & Improvement Webinar (Virtual).** Registration is open. More information is available here.

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CALENDAR (continued from page 11)

2027

March 8-11. **2027 ABC Annual Meeting. Atlanta, Ga.** More information is coming soon.

May 11-13. **2027 ADRP: The Association for Blood Donor Professionals Annual Conference Columbus, Ohio.** More information is coming soon.

CLASSIFIED ADVERTISING

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

POSITIONS

Executive Director (Brussels, Belgium). Reporting directly to the EBA (European Blood Alliance) President and working closely with the Executive Board and central office team, the Executive Director will oversee EBA operations, functions, and activities, and lead the EBA through its next phase of development and influence. This is a role for an individual who is comfortable operating at the intersection of healthcare, science, policy, regulation, competent authorities, and international relations. Key responsibilities include: Lead and develop EBA as a modern, effective, and influential European membership organization. Work with the President, Executive Board, and central office team to shape strategic priorities and organizational direction. Manage the day-to-day operations, governance, and financial stewardship of EBA. The individual will have: Experience building organizational capability, capacity, and effectiveness. An ability to operate independently whilst maintaining strong engagement with Boards and senior stakeholders. The successful candidate shall have and be able to demonstrate: Significant leadership experience in a complex organization or international environment. Knowledge of European Policy, Regulation, and Competent Authorities. Experience engaging with European institutions and international organizations. Experience: At least 3 years' experience in a leadership role in a complex organization or international environment. At least 3 years' experience in a role directly involving European Policy, Regulation, and Competent Authorities. Knowledge of additional European languages. Please click here to view the full job description. To apply, please contact Peter O'Leary, EBA Executive Director (departing). The deadline to apply is **August 7th**.

Director of Mobile Operations (Austin, TX). Oversee the management of all mobile and support operations, which includes but is not limited to medical history, donor eligibility, automated component collection and whole blood collection processes, as well as staff scheduling, quality control, and education and training in conjunction with the Director, Fixed Site Operations. Establish and maintain quality practices while continually seeking to improve and expand upon performance and knowledge for self and staff. A minimum of five (5) years management experience, including strategic planning, or a minimum of three (3) years blood center senior management experience is required; blood center or relevant industry related experience may be substituted for some management experience. Blood center experience in donor collection operations management strongly preferred, particularly experience with FDA/ AABB and/ or Industry audits. College degree and/or RN license preferred. Either of these may substitute up to two (2) years management experience. Must be at least 21 years old, possess a valid driver's license, and be able to provide a copy of an acceptable driving record and proof of liability insurance. Ability to maintain a flexible schedule, including travel, evenings, weekends, and on-call responsibilities. Click here to apply.

Immunohematology Reference Laboratory Manager. LifeSouth Community Blood Centers is looking for a leader with a passion for making a difference to join our Immunohematology Reference Laboratory team in Atlanta, GA. **Legal authorization to work in the United States is required. We do not provide visa sponsorship for this position.** Shift differential applies to eligible evening and overnight hours. This position is responsible for leading staff engaged in performing laboratory testing and related activities in our AABB-accredited reference laboratory. The IRL Manager is expected to provide day-to-day onsite supervision of testing personnel and reporting of test results under the direction of the Laboratory Director. This position is also responsible for performing laboratory procedures and reporting of test results, as well as ensuring compliance with established laboratory policy and with

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POSITIONS (continued from page 12)

applicable governmental regulatory requirements from agencies such as CLIA, FDA, AABB, HIPAA, and state licensing regulations. Join our team and help us continue our mission to make sure blood is available when it's needed most. Visit our careers page to learn more about this position, and apply here!

Director of Supply Chain (Piedmont, SC). The Blood Connection seeks an experienced and strategic Director of Supply Chain to lead procurement, inventory management, warehousing, logistics, and distribution operations across its growing multi-state blood center network. Reporting to the Vice President of Operational Support Services, this leader will oversee the supply chain infrastructure that supports donor centers, mobile collection operations, laboratories, manufacturing facilities, warehouses, and distribution activities. Responsibilities include directing inventory planning and replenishment, managing vendor relationships and contract negotiations, overseeing warehouse and distribution operations, implementing advanced ERP and supply chain technologies, and driving process improvements that enhance efficiency, compliance, and service levels. The Director will collaborate closely with Finance, Quality, and Operations leadership on budgeting, strategic planning, and operational excellence initiatives while developing and mentoring a high-performing supply chain team. The role requires a bachelor's degree in Supply Chain Management, Logistics, or a related field, along with 7–10 years of progressive leadership experience in healthcare, blood banking, pharmaceuticals, or another regulated environment. Candidates should possess strong analytical, project management, and change leadership skills, as well as a proven track record of optimizing complex supply chain operations. This is an exceptional opportunity to lead a mission-critical function that directly supports lifesaving services throughout the communities we serve. Apply today.

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

Laboratory Supervisor (Evenings). LifeSouth Community Blood Centers is looking for an experienced Laboratory Supervisor with a passion for making a difference to lead our evening shift Immunohematology Reference Laboratory team, in **Gainesville, FL**. Shift differential applies to eligible evening and overnight hours; sign-on and relocation bonuses may also be offered to qualified candidates. In this role, you'll oversee daily operations, ensure adherence to established policies and procedures, and support staff in resolving complex testing and compatibility challenges. You'll play a critical part in identifying and addressing issues that may impact test performance or result reporting, while mentoring and guiding team members to uphold the highest standards of quality and safety. Your leadership will help ensure the delivery of the safest donor blood for patients in our community. We are committed to excellence in customer service and patient care. Join us in our mission to make sure blood is available when it's needed most. Visit our careers page to learn more about this position and apply today!

Purchasing Manager. LifeSouth Community Blood Centers is seeking a highly skilled leader with proven management experience and a passion for making a difference. The **Purchasing Manager** at our headquarters location in **Gainesville, FL** is responsible for vendor selection, negotiation, establishment and maintenance of all purchased materials, supplies, equipment, and services used by the company. The Purchasing Manager is organized and decisive and can motivate the team to reach daily and long-range goals. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and apply here!