America's Blood Centers
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NEWSLETTER

A weekly chronicle of events and issues impacting the blood community

2026 Issue #34 **November 24, 2026**

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NHTSA Awards More Than $200 Million to Expand Prehospital Blood Transfusions

The U.S. Department of Transportation's (USDOT) National Highway Traffic Safety Administration (NHTSA) is providing more than $202.4 million in funding as an, "investment to establish new or expanded prehospital blood transfusion capabilities and save more lives on U.S. roads."

The agency announcement noted that the funds will be a part of the, "Safe Streets and Roads for All grant program. NHTSA will deliver critical funding to 66 communities across 31 states to establish new or enhance existing prehospital blood transfusion programs, including:

- "$29.5 million for Arizona;
- $8.7 million for California;
- $8.2 million for Massachusetts;
- $13.2 million for Missouri;
- $9.2 million for New York;
- $20 million for North Dakota;
- $16 million for Oregon;
- $7.3 million for Pennsylvania;
- $13.9 million for South Carolina;
- $16.8 million for Texas; [and more.]"

NHTSA Administrator Jonathan Morrison added in the announcement, "[p]rehospital blood transfusions given by emergency medical services can save thousands of lives every year. That's why U.S. Transportation Secretary Sean P. Duffy is equipping our first responders with new innovations to administer blood at the scene of a crash to ensure more people can get home safely to their loved ones." The agency further explained that, "[t]he Trump Administration is laser-focused on improving access to prehospital blood transfusion programs and saving more American lives. Prehospital blood transfusions performed by emergency medical services lowers mortality rates by 37% for trauma patients with severe bleeding. In rural areas, about 39% of fatal crash victims arrive at a hospital one to two hours after a crash, as compared to 10% in urban areas. For severe bleeding cases, every minute of delay in a transfusion increases a trauma victim's risk of death by 11%. Under Secretary Duffy, USDOT has delivered a historic $280 million to bolster transfusion programs nationwide."

ABC will continue to provide updates on our advocacy efforts to ensure both sufficient reimbursement for prehospital blood transfusions and broader adoption of blood transfusions in the prehospital setting. Please contact us with any questions.

(Source: NHTSA Announcement, 11/13/26)

American College of Surgeons Publishes New Best Practices Guidelines for Transfusion in Trauma

The American College of Surgeons (ACS) recently released "Best Practices Guidelines for Transfusion in Trauma." An announcement from the organization described the guidelines as, "providing trauma teams, emergency medical services (EMS), transfusion services, and hospitals with evidence-based and expert-informed recommendations for treating patients with life-threatening bleeding, from the scene of injury through hospital care and recovery [updating] the 2014 "Massive Transfusion in Trauma Best Practices Guidelines" to reflect major advances in blood-based resuscitation and blood product development."

The new guidelines also, "[address] prehospital transfusion, resuscitation, post-resuscitation care, blood bank support, reversal of blood-thinning medications, rural and remote care, and preparation for mass casualty incidents. [They] stress that blood transfusion supports but does not replace immediate control of bleeding. Direct pressure, wound packing, tourniquets, surgery, or endovascular approaches may be needed to stop blood loss while transfusion restores the patient's ability to carry oxygen and form blood clots." Key points from the guidelines include:

- "[s]top bleeding first: Use direct pressure, wound packing, or a tourniquet immediately. Prehospital transfusion is associated with lower mortality but should not delay transport to definitive care;
- [u]se whole blood when available: Low-titer group O whole blood can be used for life-threatening bleeding. Alternatively, use balanced red blood cells, plasma, and platelets;
- [e]stablish and practice a massive hemorrhage protocol: Hospitals should have a coordinated plan for rapid blood delivery, monitoring, communication, and case review;
- [t]ailor care to the patient: The guidelines include specific recommendations for children, older adults, patients taking blood-thinning medications, and patients of childbearing potential; [and]
- [p]repare for shortages and sudden demand: Rural facilities and trauma systems should plan for limited blood supplies, long transport times, and mass casualty events."

According to the announcement, "[t]he guidelines were developed by a multidisciplinary expert panel led by John R. Hess, MD, MPH, FACP, FAAAS, professor emeritus of laboratory medicine and pathology at the University of Washington School of Medicine, and Matthew D. Neal, MD, FACS, a professor of surgery at the University of Pittsburgh. The panel included experts in trauma surgery, emergency medicine, transfusion and laboratory medicine, critical care, blood banking, and trauma nursing, along with representatives of ACS Trauma Quality Programs."

(Source: ACS Announcement, 11/16/26)

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

America's Blood Centers
Chief Executive Officer: Kate Fry
Editor: Mack Benton
Subscriptions Director: Leslie Maundy
Annual Subscription Rate: $420

Send subscription queries to
memberservices@americasblood.org
America's Blood Centers
1717 K St. NW, Suite 900, Washington, DC 20006
Phone: (202) 393-5725
Send news tips to newsletter@americasblood.org.

REGULATORY NEWS

The U.S. Food and Drug Administration (FDA) has announced the, "establishment of the CBER Safety Council (CSC), a new governance body within the Center for Biologics Evaluation and Research (CBER) dedicated to strengthening post-market safety oversight for products regulated by CBER, such as cell and gene therapies, vaccines, and blood and blood products. This new council is an evolution from CBER's long-standing Safety Working Group (SWG)." According to the November 19th communication from the agency, "CSC will be separate from the CBER product offices, reporting directly to the CBER Director, created to ensure that post-market safety oversight for all CBER-regulated biological products is conducted through a dedicated, cross-functional team with clear lines of accountability. [The CBER Safety Council] will be managed by the Senior Advisor for Postmarketing Safety, who will report directly to the CBER Director. The Council will draw on the analytical resources of the Division of Pharmacovigilance, the CBER Surveillance Program, and the Division of Analytics and Benefit-Risk Assessment. The CSC will maintain formal surveillance partnerships with the FDA's Sentinel System, the Vaccine Adverse Event Reporting System (VAERS), and the CDC Vaccine Safety Datalink. The CSC may recommend regulatory actions to the Center Director, who remains responsible for appropriate regulatory actions. The establishment of the CBER Safety Council is effective as of November 19th, 2026. Additional information about the Council's structure, membership, and operating procedures will be made available on the FDA's website. Stakeholders, including manufacturers, healthcare providers, and patient advocates, are encouraged to continue reporting adverse events and safety concerns through existing reporting mechanisms, including VAERS and MedWatch. The CBER Safety Council will:

- "[r]eview and assess post-market safety signals across all CBER-regulated product categories;
- [c]onduct structured benefit-risk assessments for regulatory action recommendations;
- [r]ecommend regulatory actions to CBER leadership in connection with Title IX of the U.S. Food and Drug Administration Amendments Act (FDAAA) for safety reviews under Section 921, Safety Labeling Changes (SLCs), Risk Evaluation and Mitigation Strategies (REMS), and Safety-related Postmarketing Requirements (PMRs);
- [r]ecommend regulatory actions to CBER leadership for safety-related market withdrawals;
- [r]ecommend regulatory actions to CBER leadership on Post-Approval Studies (PAS) mandated in a Premarket Approval (PMA) order or regulation for class III devices under 21 CFR 814.82(a)(2) and 21 CFR 814.82(a)(9) and any Postmarketing Surveillance Studies required by order at the time of approval or clearance or at any time thereafter of certain class II or class III devices subject to section 522 of the Federal Food, Drug and Cosmetic (FD&C) Act;
- [p]ublish public-facing safety communications promptly after significant safety determinations, ensuring the public is informed promptly and with clear documentation of the evidence underlying each decision; [and]
- [c]oordinate with external partners, including the Centers for Disease Control and Prevention, the National Institutes of Health, and international regulatory authorities."

(Source: FDA Announcement, 11/19/26)

FDA published a communication on November 16th titled "FDA's Use of "Super Intelligence" and "SI" Under Executive Order 14434." It noted that, "[c]onsistent with the Executive Order, beginning November 16th, 2026, the FDA will use 'Super Intelligence' and 'SI' in newly issued public-facing documents and communications, as applicable and permitted by law. Existing guidance documents, regulations, *Federal Register* notices, and other previously issued FDA documents remain in effect as written. Consistent with the Executive Order, FDA will use the terms 'Super Intelligence' and 'SI' as of November 16th, including conforming terminology in existing public-facing documents as part of each document's next substantive revision and updating web content on its regular maintenance cycle. Where a statute or regulation uses 'artificial intelligence' or 'AI,' FDA will continue to quote and cite those terms as written.

(Source: FDA Communication, 11/16/26)

WORD IN WASHINGTON

The Federal Interagency Committee on EMS (FICEMS) will host a virtual meeting on December 2nd. The meeting will include, "[updates provided] by FICEMS agency representatives, FICEMS Subcommittees, and the National EMS Advisory Council (NEMSAC.) The FICEMS Strategic Plan will be discussed, and guest speakers will share the status of several key projects, including:

- Emergency Medical Services for Children programs;
- Post-Crash Care Projects funded by NHTSA through an Interagency Agreement with the Uniformed Services University; [and]
- Prehospital Blood Transfusion Program Implementation."

Registration is open.

(Source: FICEMS Announcement, 11/18/26)

The Administration for Strategic Preparedness & Response (ASPR) has published a blog post titled, "How ASPR and Industry Are Strengthening Medical Supply Chains Before the Next Emergency." The post explained that the agency is, "working with manufacturers and government partners to identify supply-chain vulnerabilities, strengthen resilience planning, and expand domestic manufacturing capabilities so essential products remain available when Americans need them. Together, these efforts support domestic manufacturing and reliable access to essential medicines, advancing goals outlined in President Trump's Executive Order 13944 and Executive Order 14336. [Building resilience] requires government and industry to understand where essential medicines are made, what could interrupt their production, and what it takes to keep them available. [ASPR's Center for Industrial Base Management and Supply Chain (IBMSC)] is working with industry to examine these dependencies across the production chain, from key starting materials and active pharmaceutical ingredients to finished medicines. IBMSC is mapping manufacturing plants throughout the United States to identify where medical products are made and how disruptions could affect their supply. When a hurricane is predicted, ASPR can identify facilities and products within the projected impact zone, supporting earlier coordination with manufacturers and federal partners. This assessment also considers manufacturers elsewhere that depend on ingredients or supplies from affected locations. A plant elsewhere may depend on ingredients or supplies from an affected location. Understanding those connections helps government and industry plan for the consequences across the supply chain." The blog post concluded by noting that, "[p]reparing manufacturers to respond during an emergency also requires sustaining their capabilities between emergencies. Resilience plans and response commitments depend on having trained workers, reliable suppliers, and production systems ready when needed. To support that readiness, ASPR established the Biopharmaceutical Manufacturing Preparedness Consortium (BioMaP-Consortium) through BARDA. The consortium brings together partners across the biopharmaceutical supply chain to expand and reserve manufacturing capacity, strengthen access to critical supplies, and advance manufacturing technologies. Keeping those capabilities available overtime also requires viable business operations. Manufacturers need ongoing demand to retain experienced workers and maintain production systems. IBMSC is examining how more predictable demand and coordination among federal purchasers could help sustain domestic production, giving manufacturers greater confidence to invest in capabilities that serve both routine healthcare needs and emergency response."

(Source: ASPR Blog, 11/18/26)

(continued on page 5)



WORD IN WASHINGTON (continued from page 4)



John H. Powers III, MD has been named director of the National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID). An NIH news release noted that, "Dr. Powers currently serves as NIAID Acting Director and Principal Deputy Director and as an infectious diseases attending physician for the institute in the NIH Clinical Center. As director, Dr. Powers will oversee the implementation of NIAID's research agenda, recently released through a new strategic plan, and shepherd the institute's annual budget of $6.56 billion. NIAID supports research to advance the understanding, diagnosis and treatment of infectious, immunologic, and allergic diseases. The institute also supports research at universities, scientific institutions, and small businesses around the United States, throughout the globe, and across NIAID's laboratories, including the Vaccine Research Center on NIH's main campus in Bethesda, Maryland, and the Rocky Mountain Laboratories in Hamilton, Montana. NIAID also has a unique role in supporting research that enables responses to emerging and re-emerging public health threats at home and abroad to improve the lives of Americans. Dr. Powers brings more than three decades of experience spanning clinical medicine, infectious diseases research, regulatory science, clinical trial methodology and outcomes research. He has authored more than 150 peer-reviewed publications. [Dr. Powers has] served at NIAID since 1999 as an infectious diseases attending physician and for the past two decades as Director of Collaborative Research at Leidos Biomedical Research, first in the Division of Clinical Research and most recently in support of the NIAID Office of the Director. He received NIH Director's Awards for his work responding to H1N1 influenza and the COVID-19 pandemic. Before joining NIH, Dr. Powers served at the U.S. Food and Drug Administration (FDA) from 1998 to 2006 as a medical officer and later lead medical officer for antimicrobial drug development and resistance initiatives in the Office of Antimicrobial Products. He co-chaired the U.S. Federal Interagency Task Force on Antimicrobial Resistance and served on working groups with the Centers for Disease Control and Prevention, the Department of Veterans Affairs and the Foundation for the NIH. He is a recipient of the Medal of Honor from the U.S. Veteran's Affairs and Public Health Service for clinical trials evaluation and outcomes research. [He earned] his bachelor's degree from the University of Pennsylvania, Philadelphia, and his medical degree from Temple University School of Medicine, also in Philadelphia. He completed his residency in internal medicine at Temple University Hospital, where he served as chief resident, and a fellowship in infectious diseases at the University of Virginia."

(Source: NIH News Release, 11/16/26)

The White House recently withdrew the nomination of Heidi Overton, MD, PhD to be the commissioner of the U.S. Food and Drug Administration (FDA) reported *The New York* Times. She is currently the deputy director of the White House Domestic Policy Council. According to her bio, she previously served as, "the chief policy officer at the America First Policy Institute, as well as the vice chair for the Center for a Healthy America. During [President Trump's first term], she served as a White House Fellow in the Office of American Innovation and the Domestic Policy Council, advising senior Administration officials on healthcare policy and working with U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid Services to develop and execute major healthcare initiatives."

(Source: *The New York Times*, "White House Withdraws Nomination of Heidi Overton to Be F.D.A. Commissioner," 11/17/26)



RESEARCH IN BRIEF

Transfusion Practices for Children in 3 European Countries Studied. Authors of a "Research Letter" published in *JAMA Network Open* aimed to, "investigat[e] the use of all blood products across all pediatric clinical settings in three German-speaking countries, Germany, Austria, and Switzerland." They conducted the TRAPA (Transfusion in Pediatric Patients) study, "[a] multicenter, international, German-language, prospective study on current transfusion practice and transfusion triggers in all age groups of children including preterms and neonates." The study period included, "a total of 1,381 transfusion events. Due to incomplete data files, 51 transfusion events were excluded from the study. A total of 1,330 transfusion events, including 1,834 transfused products, in children (685 male [51.5%]; age range, 0 days to 17 years) were analyzed. A total of 855 red blood cell concentrate (RBC), 268 fresh frozen plasma product (FFP), 449 platelet product (PLT), 120 fibrinogen, 68 prothrombin complex concentrate (PCC), and 74 other coagulation factor (oCF) transfusion events were administered as either a single transfusion or in combination with other products. A total of 752 of 1,330 transfusion events (56.5%) occurred in the nonoperative setting (nOPI), followed by 23.9% of postoperative transfusion events (318), 225 intraoperatively (16.9%), 31 preoperatively (2.3%), and four events in the emergency department (0.3%). Among all children receiving transfusions, 50.0% were in an unstable condition; in 192 transfusion events (14.4%), children were bleeding." The authors explained that, "[o]verall 416 of 855 RBC (48.7%) and 329 of 449 PLT (73.3%) were transfused in the nOPI setting, whereas the transfusion of FFP was most frequently administered intraoperatively and postoperatively (98 of 268 [36.6%]). Most transfusion events were performed in the age group of 1 to 5 years, followed by children aged 12 to 17 years. More than three-quarters of all transfusion events were single product transfusion (608 RBC [45.7%], 95 FFP [7.1%], 301 PLT [22.6%], 15 fibrinogen [1.1%], 2 PCC [0.2%], and 13 oCF [1.0%]). Blood products were administered in combination in less than a quarter of transfusions. In those aged 12 to 17 years, PLT was the most frequently transfused blood product (148 of 354 cases [41.8%]), while the primary entity in the remaining age groups was RBC. [Notably,] all products including PCC and oCF were transfused to all age groups. Half of the children receiving transfusions were in an unstable condition, 192 of 1,330 (14.4%) were bleeding, 295 of 1,330 (22.2%) had an impaired coagulation, 291 (21.9%) had cardiac surgery or were receiving ECMO therapy, and 261 (19.6%) were receiving oncologic treatment." The investigators concluded that, "all blood products including coagulation factors were transfused in all age groups. This prospective study adds to current retrospective databases the additional description of the clinical circumstances and the underlying medical condition. The study provides a detailed database offering a classification system that categorizes cases as stable, unstable, bleeding complications, signs of impaired coagulation, or receiving extracorporeal circulation or oncological treatment. The data show that 50.0% of the children receiving transfusions were in an unstable condition, and in 14.4% of transfusion events, children were bleeding. For this population little evidence or guidelines exist. Transfusions in neonates and infants occur predominantly perioperatively and then shift at higher ages to the nOPI range. [Overall,] the circumstances surrounding transfusions in children are diverse and vary considerably. To pursue prospective trials in the future, this study provides a database to calculate power and samples sizes, and gain higher evidence of transfusion procedures in children. To our knowledge, such a database does not yet exist for German-speaking countries." Limitations of the study acknowledged by the authors included, "[v]oluntary, anonymous data collection protects privacy but prevents center comparison and patient tracking; [c]omplete hospital representation was unfeasible due to case variability; [a]dditionally, optional survey fields and physician selection likely introduced data gaps and inclusion bias, limiting overall generalizability; [and the] stable and unstable criteria are part of the transfusion guidelines for children, not only for the underlying illness severity."

Citation: Wittenmeier, E., Roehrs, K., Hermann, E., *et al*. "Transfusion Practices for Children in Germany, Austria, and Switzerland." *JAMA Network Open*. 2026.

INFECTIOUS DISEASES UPDATE

CHIKUNGUNYA

The World Health Organization (WHO) has published a communications explaining that, "[o]n November 4th, health authorities in the canton of Ticino, Switzerland, in coordination with federal authorities, reported four locally acquired cases of chikungunya virus disease." The agency noted that, "[t]hese are the first reported locally acquired chikungunya cases in Switzerland. The earliest reported symptom onset was August 10th, although this infection was identified retrospectively and the source of infection could not be identified. All cases were identified in October 2026. None of the affected individuals reported recent travel to areas with known chikungunya virus transmission, and all four resided in the same geographically defined area. All cases had a favorable clinical course, although joint symptoms persisted in some individuals. The Asian tiger mosquito (*Aedes albopictus*), a competent vector for chikungunya virus, is established in several Swiss cantons, including Ticino. Public health authorities have implemented active case finding, enhanced health care-provider awareness, entomological investigations, targeted vector-control interventions and risk communication. No additional suspected cases were identified through enhanced surveillance and active case finding among health care providers and the two emergency departments serving the affected area. Based on the currently available information and the seasonal decline in mosquito activity, the risk of further local transmission is considered low. However, the event demonstrates that local chikungunya transmission is possible in Switzerland following introduction of the virus into areas where competent *Aedes* mosquito populations are established." Transfusion-transmission of chikungunya has not been documented and any risk to the blood supply is believed to be theoretical.

(Source: WHO Communication, 11/17/26)

MEASLES

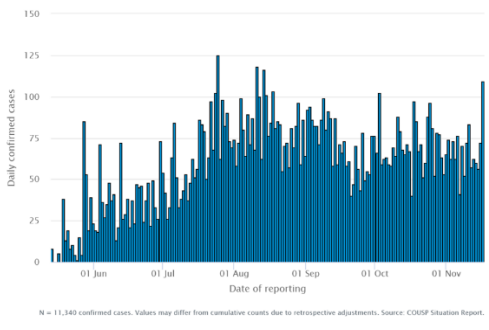
The Pan American Health Organization has issued a communication calling, "on countries across the Americas to intensify efforts to stop measles transmission, close vaccination gaps, and put the Region back on track towards elimination, as outbreaks continue to spread in several parts of the Americas." The communication came in the wake of a November 10th-13th meeting of the, "Measles, Rubella and Congenital Rubella Syndrome Elimination Regional Monitoring and Re-Verification Commission (RVC), which reviewed the latest epidemiological situation across the Region. Following the Commission's assessment and recommendations, which were accepted by PAHO Director Dr. Jarbas Barbosa, endemic measles transmission was determined to have been re-established in Bolivia, Mexico, and the United States. All three countries have therefore lost their measles elimination status. Under the Commission's criteria, endemic transmission is considered re-established when the same measles virus genotype and lineage circulate uninterrupted for 12 months or more in a country." The U.S. Centers for Disease Control and Prevention (CDC) published a November 17th statement that explained, "CDC and its partners are committed to stopping measles outbreaks, protecting Americans, and regaining measles elimination status. Together, we will encourage MMR vaccination, expand access to vaccines, and help communities close gaps in protection. We will equip state, local, tribal, and territorial health departments with tools and technical support to identify communities at increased risk, engage trusted partners, detect cases quickly, and respond effectively to outbreaks. Regaining measles elimination status will require sustained national and state leadership and coordinated action across public health agencies, health care providers, laboratories, and communities. We will continue to strengthen data sharing, support outbreak response, and hold ourselves accountable for measurable progress." Transfusion-transmission of measles has never been demonstrated, and any risk to the blood supply is believed to be theoretical.

(Sources: PAHO Communication, 11/17/26; CDC Statement, 11/17/26)

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INFECTIOUS DISEASES UPDATE (continued from page 7)

EBOLA



On November 20th, the WHO updated the status of the Ebola disease outbreak in the Democratic Republic of the Congo (DRC). As of November 17th, "[w]hile some areas have seen a slight decline in cases, sustained, high-level transmission continues overall in the DRC." On November 17th, the WHO noted that, "[a total] 11,613 confirmed cases, including 5,678 deaths (crude case fatality ratio: 48.9%), have been reported across 68 health zones in eight provinces, with active transmission ongoing in 48 health zones. Ituri and Nord Kivu remain the most affected provinces, while Sud-Kivu and Sud Ubangi have not reported cases for more than 42 days. The high proportion of deaths occurring in communities, meaning outside of dedicated treatment cent[ers], especially among young children, continues to highlight challenges in early case detection and timely access to appropriate care. Of the 720 deaths reported since October 28th (last three weeks), 452 occurred in communities and 268 in treatment cent[ers]. Since the last Disease Outbreak News, no new cases have been reported from Kenya or Nigeria; and no new country has reported confirmed cases. Both countries have started a 42-day countdown to declare the end of their outbreaks. However, the high-level transmission in the DRC calls for continued need for readiness in the region, including cross-border surveillance, points of entry monitoring, timely case detection and coordinated preparedness and response measures. Six months into the outbreak of Bundibugyo virus disease (BVD) in the DRC, the response has expanded significantly, but further scale up is needed, with rising insecurity remaining the greatest obstacle to the expansion of operations. The next phase must prioritize quality, reach and community trust, alongside sustained funding, coordination, and security to save lives and end the outbreak. On November 18th, the Director-General of WHO, concurring with the advice of the IHR Emergency Committee formulated at its third meeting, on November 17th, determined that the event continues to constitute a public health emergency of international concern (PHEIC)."

In May, 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 November 23rd stating that the U.S. "is responding to an outbreak of Ebola disease in remote areas of the DRC. 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 U.S. 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, 11/20/26; CDC Update, 11/23/26) ♦

INSIDE ABC

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

Submit Proposals for "New and Noteworthy Sessions for the 2027 ABC Annual Meeting Before the December 4th Deadline

America's Blood Centers (ABC) is asking members and partners to submit a proposal for the "New and Noteworthy" sessions at the 2027 ABC Annual Meeting in Atlanta, Ga. March 8th-11th. The "New and Noteworthy" sessions provide members and partners with the opportunity to share and discuss innovative work currently underway on timely and relevant issues facing the blood community today. ABC is currently accepting session proposals and have extended the submission deadline to December 4th. You are encouraged to share your insights! Updated topics of interest for presentations include:

- AI innovative case studies at blood centers;
- HR outside-the-box solutions;
- FACT accreditation experiences; and
- Handling requests for directed donations.

Each presentation will be approximately 15 minutes long. Please contact us with any questions.

The Results are In: ABC Workforce Trends Survey

The results for this year's Workforce Trends Survey are now available. This valuable benchmarking survey is the most comprehensive source of information available on workforce trends at blood centers. The survey analyzes overall trends in compensation, benefits, and HR policies and provides specific data for 74 different blood center employee roles. The survey also provides insights into employee turnover and retention for the preceding calendar year, analyzing trends overall as well as by department and length of service. Those ABC member blood centers who participated in the Workforce Trends Survey can purchase the report at a discounted price (code required and has been emailed to authorized individuals) of $450 while non-participating blood centers can purchase the report at the full price of $900. Please contact us with any questions to access the results or to identify the authorized individual at your blood center who received the discount code.

ABC Executive Fellows Program Call for Applicants Extended

Apply to participate in the 2027-2028 America's Blood Centers (ABC) Executive Fellows Program (EFP) by December 14th. ABC is partnering with Vanderbilt University's Owen School of Management. This groundbreaking initiative offers industry-specific, best-in-class leadership training to blood community executives, elevating individuals, organizations, and the nation's blood supply. The program will accept an annual cohort of up to 25 fellows who will participate in:

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- "a week-long leadership residency at Vanderbilt;
- three additional in-person learning immersions;
- virtual seminars taught by Vanderbilt faculty;
- a 360-leadership assessment;
- individual executive coaching; and
- a capstone project presented at the 2028 ABC Annual Meeting."

The EFP strives to accept participants from a wide variety of backgrounds and leadership roles. Final selections for the 2027-2028 cohort will occur by December 2026. An independent selection committee is responsible for choosing each year's cohort. Senior leaders from ABC member blood centers, hospital-associate members, affiliate organizations, and industry partners are encouraged to apply. The Foundation for America's Blood Centers (FABC) is pleased to announce a limited number of partial scholarships available for individuals employed by ABC active member blood centers. Additional information regarding tuition rates is available here.

September *Blood Bulletin* Is Available

The latest edition of *Blood Bulletin*, titled "Platelet Products in Clinical Practice: Manufacturing, Dose, and Safety Considerations" has been published. This issue of *Blood Bulletin* was written by: Theresa Nester, MD, Co-Chief Medical Officer at Bloodworks Northwest; Kirsten Alcorn, MD, Co-Chief Medical Officer at Bloodworks Northwest; Roni J. Bollag, MD, PhD, Laboratory Medical Director, National Blood Testing Collaborative and Augusta University Blood Bank; Ruchika Goel, MD, MPH, CABP, Medical Director, Research, Carter BloodCare; Daniela Hermelin, MD, Chief Medical Officer at ImpactLife; Courtney Hopkins, DO, Vice President, Corporate Medical Director, Vitalant; Kathleen Hopping, MS, Senior Director Regulatory Affairs, Vitalant; Cyril Jacquot, MD, PhD, Medical Director, Children's National Hospital; and D. Kip Kuttner, DO, Vice President and Medical Director at Miller-Keystone Blood Center. The authors of this publication disclosed no conflicts. *Blood Bulletin* is reviewed and edited by the ABC Scientific, Medical, and Technical Publications Committee.

MEMBER NEWS



Inova Blood Donor Services recently welcomed Rep Suhas Subramanyam (D-Va.) to its Dulles location. The congressman helped raise awareness of the ongoing need for eligible individuals to donate blood by roiling up his sleeve. He also discussed ways that he and Congress can work to support and ensure that a safe and available blood supply is ready for those in need.

(Source: Inova Blood Donor Services Announcement, 11/17/26)

Vitalant has announced that the organization will, "join the Nevada Health & Bioscience Corporation (NHBC) Academic Laboratory, a new 34,000-square-foot facility in the Las Vegas Medical District designed to advance diagnostic testing, research, clinical training and lifesaving blood and biotherapies services across the region." The announcement stated that, "[t]he NHBC Academic Laboratory is being developed in partnership with the City of Las Vegas and the State of Nevada and will be operated by University Medical Center of Southern Nevada (UMC). Vitalant's presence in the facility, expected in early

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MEMBER NEWS (continued from page 10)

2027, will include a blood donation center, therapeutic apheresis services, a reference laboratory, and blood processing and distribution to help strengthen the resiliency of Southern Nevada's blood supply and expand convenient access for local donors and patients. The blood donation center at the NHBC Academic Laboratory will be Vitalant's third new location in a year and fifth overall, reflecting continued growth. Vitalant also hosts more than 1,000 community blood drives annually in Southern Nevada."

(Source: Vitalant Announcement, 11/9/26)



Community Blood Center of Greater Kansas City, a division of **New York Blood Center Enterprises (NYBCe)** recently recognized Governor Laura Kelly (D-Kansas) for promoting and supporting blood donation. A LinkedIn post noted, "[f]or eight years, @Governor Laura Kelly has been a dedicated advocate for blood donation in Kansas, helping bring awareness to the importance of giving blood and supporting the patients who depend on it. From hosting blood drives at the State Capitol for six years to championing National Blood Donor Month, issuing proclamations and PSAs, and bringing community leaders together to address the decline in blood donations among younger generations, her support has made a meaningful difference. Yesterday, we had the privilege of recognizing Governor Kelly with a plaque in appreciation of her partnership and commitment to our mission. As she prepares to conclude her final term in January, we're grateful for the time, leadership, and advocacy she's given to helping ensure patients across Kansas have the blood they need. Thank you, Governor Kelly, for being such a strong partner in saving lives."

(Source: Community Blood Center of Greater Kansas City LinkedIn Post, 11/18/26)

ADVANCED THERAPIES NEWS

The U.S. Food and Drug Administration (FDA) has published version 4 of Standard Operating Policy and Procedure (SOPP) 8215: Management of Regenerative Medicine Advanced Therapy Products: Request for Designation, Sponsor Interactions, and Status Assessment" effective November 19th, 2026. The SOPP is meant to serve, "as a guide for Center for Biologics Evaluation and Research (CBER) staff to process requests for regenerative medicine advanced therapy (RMAT) designation for biological products, in accordance with Section 506(g) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and to expedite the development and review of RMAT designated products until a marketing application has been submitted." According to the agency, this version specifically includes, "[u]pdates for CBER Reorganization."

(Source: FDA Announcement, 11/19/26)

Beam Therapeutics has reported, "positive topline results from the BEACON Phase I/II study evaluating ristoglogene autogetemcel (risto-cel) in patients with sickle cell disease (SCD) with severe vaso-occlusive crises (VOCs). Risto-cel is an investigational one-time, autologous cell therapy with a potentially differentiated profile for the treatment of SCD." A company news release explained that, "BEACON achieved the primary efficacy endpoint of freedom from severe VOCs for at least 12 consecutive months (VF12) based on independently adjudicated results and met all primary safety endpoints at the prespecified interim analysis. As of the October 20th, data cutoff, a total of 39 adults and 10 adolescents were treated in the BEACON trial, and 31 patients had completed the required follow-up period for the

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ADVANCED THERAPIES NEWS (continued from page 11)

VF12 endpoint. The study also met all secondary efficacy endpoints, including freedom from inpatient hospitalization for severe VOCs for at least 12 consecutive months. The safety findings observed as of the data cutoff date were consistent with previously reported data from the BEACON study and with the known and intended effects of plerixafor use and the cell collection process, myeloablative conditioning with busulfan, the autologous hematopoietic stem cell transplantation (HSCT) process, and underlying SCD." The company also stated in the announcement that it, "expects to submit a Biologics License Application (BLA) for risto-cel to the U.S. Food and Drug Administration (FDA) as early as the end of 2026."

(Source: Beam Therapeutics News Release, 11/10/26)

The Alliance for Regenerative Medicine (ARM) has published its Quarter (Q) 3 Sector Snapshot. The document includes:

- "[r]elease of ARM's Q3 2026 cell and gene therapy sector data;
- [r]eview of the clinical pipeline, clinical milestones, and regulatory trends; [and]
- [f]inancial, investment, and commercial trends."

(Source: ARM Q3 2026 Sector Snapshot, 11/18/26)

GLOBAL NEWS

***The Mainichi* recently published 'Questions and Answers (Q&A)'to inform readers noting that Japan is considering revising the nation's donor eligibility criteria to allow, "individuals who have received blood transfusions to donate blood under specified conditions.** Until now, people with a history of transfusions were uniformly barred from donating. However, improvements in blood testing technology and safety measures have prompted a review of the restrictions." The regulation was previously created due to, "concerns that transfusions could spread infectious diseases such as viral hepatitis. It was also thought that unknown viruses could be present in donated blood. To prioritize safety, Japan adopted a blanket ban on blood donations from transfusion recipients in 1995. Today, the accuracy of testing for viruses has improved, making it easier to ensure the safety of donated blood." The news organization explained in the Q&A that, "[e]xpanding eligibility for blood donations could help secure a more stable supply of blood products needed for treating illnesses and injuries. The Japanese Red Cross Society estimates that more than 20,000 people in Japan are unable to donate blood each year because they have previously received transfusions."

(Source: *The Mainichi*, "Japan weighs allowing blood donations from people with transfusion histories," 11/11/26)

***Pharmacy Business* has reported that the Scottish National Blood Transfusion Service (SNBTS), "has issued Scotland's first-ever 'Amber Alert' for blood stocks, following a shortage of donors and increased demand for Group O blood."** The article noted that the November 10th alert, "ask[ed] hospitals across Scotland to use Type O blood only when essential and maximi[z]e alternatives to transfusion where possible. Blood stocks have remained below target levels for several weeks, with Group O supplies falling below two days' worth on several occasions. SNBTS aims to reserve five to seven days' supply across all blood groups. Around 3,385 appointments need to be filled every week. However, donor cent[ers] in Aberdeen, Dundee, Edinburgh, Glasgow, and Inverness have seen declining donor numbers for several

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GLOBAL NEWS (continued from page 12)

months, with only 85% of appointments being filled on average. Currently, approximately 2% of Scotland's eligible population give blood."

(Source: *Pharmacy Business*, "Scotland issues first-ever amber alert over blood stocks," 11/13/26)

Authors of a paper published in *PLOS One*, "aimed to determine the prevalence and factors associated with irregular RBC antibodies at the Eastern Zone Blood Transfusion Center (EZBTC) in Dar es Salaam (Eastern Tanzania), which contributed to 1.8% (10,514/578,827) of the blood units donated in the country." The investigators conducted their study from April through May 2024 and included, "non-remunerated blood donors, [both male and female blood donors] aged between 18 and 65 years. Blood donors who had a history of autoimmune conditions were excluded from the study." The researchers discovered that, "the prevalence of irregular RBC antibodies among blood donors in Eastern Tanzania was found to be relatively high, indicating a significant immunohematological concern in transfusion safety. [Clinically, these] findings highlight the importance of routine screening for irregular antibodies prior to transfusion, especially among female donors, older adults, and individuals with a previous history of transfusion, who were identified as high-risk groups in this study. Among donors younger than 24 years [of age], 8 reported a previous blood transfusion, and 11 reported a history of pregnancy. However, none of the participants in this age group who were alloimmunized had a history of either blood transfusion or pregnancy. The present study found that female donors were 3.1 times more likely to have irregular RBC antibodies compared to males. [The prevalence] of irregular RBC antibodies was higher among donors with a history of blood transfusion compared to those who had never been transfused."

Citation: Monah, M.C., Shedura, V.J., Torokaa, P.R. *et al*. "Prevalence and factors associated with irregular red blood cell antibodies among blood donors in Eastern Tanzania." *PLOS One*. 2026.

COMPANY NEWS

The **South Central Association of Blood Banks (SCABB)** has announced that the organization has changed its name to the **Society for Collaboration and Advancement in Blood Banking**. A communication highlighting the new name stated, "[y]ou'll still know us as SCABB—our acronym, mission, values, and commitment to our members remain exactly the same. This evolution reflects the reality of who we are today. Over the years, our community has grown well beyond the South Central region, bringing together professionals from across the country and beyond who share a passion for excellence in blood banking and transfusion medicine. Our new name better represents the diverse and collaborative network we have become while reinforcing our dedication to advancing the profession through education, engagement, and leadership opportunities. Starting now, you'll see our new logo, updated branding, and refreshed website."

(Source: SCABB Communication, 11/19/26)

The **American Hospital Association (AHA)** has issued an advisory noting that, "F5, a technology company that specializes in multi-cloud application delivery and other services, disclosed six critical vulnerabilities [on] November 18th that were discovered within its network traffic management service in the company's BIG-IP products, which are commonly used in healthcare." The advisory explained that, "[n]o exploitation was reported by the company, but it said unauthenticated attackers could disrupt the service or possibly execute remote code. BIG-IP products are used by healthcare organizations for

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COMPANY NEWS (continued from page 13)

managing network traffic, load balancing and securing remote access for electronic health record portals and telehealth platforms.

(Source: AHA Announcement, 11/19/26)

Valneva SE has reported, "positive five-year antibody persistence data for its single dose chikungunya vaccine IXCHIQ®. The results demonstrate durable antibody persistence across all age groups evaluated and are consistent with previously reported persistence results." A news release explained that, "[a]mong the 221 healthy adults who were evaluable at Year 5, 94% maintained neutralizing antibody titers well above the seroresponse threshold five years after the single-dose vaccination. Antibody persistence in older adults aged 65 years and above was comparable to that observed in younger adults aged 18 to 64 years, with similar geometric mean titers (GMTs) and seroresponse rates (SRRs)."

(Source: Valneva SE News Release, 11/10/26)

Terumo Blood and Cell Technologies (Terumo BCT) recently announced that the company's, "locally manufactured Trima Accel™ Automated Blood Collection System received the Medical Device Registration Certificate from China's National Medical Products Administration." According to the news release, "[t]he registration marks the first product milestone in Terumo BCT's phased localization program announced in 2024 and advances the company's 'In China, for China' approach. [The] Trima Accel system automates the collection of blood components, including platelets."

(Source: Terumo BCT News Release, 11/18/26)

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

December 2. **Federal Interagency Committee on Emergency Medical Services (FICEMS) General Meeting (Virtual).** Registration is open. More information is available here.

December 10. **U.S. Food and Drug Administration (FDA) OTP Guidance Webinar: "Potency Assurance for Cellular and Gene Therapy Products" (Virtual).** Registration is open. More information is available here.

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

2027

March 2-4. **Eugene Springfield Fire "Pacific Northwest Whole Blood Summit."** Eugene, Ore. Col. More information is available here.

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

April 20-21. **PPTA International Plasma Protein Congress (IPPC). Barcelona, Spain.** Registration is open. More information is available here.

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CALENDAR (continued from page 14)

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

May 12-13. **The International Plasma and Fractionation (IPFA)/Paul-Ehrlich Institut[e] (PEI) 33rd International Workshop on Surveillance and Screening of Blood-borne Pathogens. Edinburgh, Scotland.** Registration is open. More information available here.

June 19-23. **76th Congress of the International Society of Blood Transfusion (ISBT). Rotterdam, Netherlands.** More information available here.

September 15-16. **2027 ADRP: The Association for Blood Donor Professionals Master Class (Virtual).** More information is coming soon.

September 20-23. **Association for Advancing Tissue and Biologics (AATB) Congress 27. Montréal, Canada.** More information available here.

September 30-October 3. **American Society for Clinical Pathology (ASCP) Annual Meeting. Dallas, Texas.** 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

Blood Center Executive Director (Amarillo, TX). Join **Coffee Memorial Blood Center**, an innovative, dynamic, and successful company that provides lifesaving and life improving blood products to hospitals and first responders throughout our region. We help build strong community partnerships by bringing together donors, volunteers, businesses, schools, healthcare organizations, civic leaders, and many others ensure that blood is available for patients in need. Ours is more than a management position – it's a **leadership opportunity** to shape community engagement, drive collections growth, and strengthen the fabric of giving across the Panhandle. We're seeking an experienced, relationship-focused, compassionate, disciplined, and insightful executive to oversee our Amarillo operations and to help advance our mission as the Donor to Patient Lifeline. In directing staff, strong aptitudes for motivating people and developing talent are required. Good communications and interpersonal skills are must haves, as are strong organizing skills, process orientation, project execution, and proactive energy. Impeccable character and uncompromising integrity are foundational. **Salary Range:** Competitive compensation and comprehensive benefits package, including Health, Dental and Vision insurance, Life Insurance, Long-Term Disability, Flexible Spending Plan, 401(k) retirement plan, Paid Time Off, Holiday Pay, and Tuition Reimbursement along with tenure bonuses. **Visit our website to learn more and apply:** https://ourbloodinstitute.org/about/careers/

Associate Vice President, Enterprise Laboratory Services (Gulf Coast Blood). Lead the future of laboratory services for one of the nation's largest community blood centers. As the Associate Vice President, Enterprise Laboratory Services, you will provide strategic, scientific, and operational leadership for enterprise-wide laboratory operations, including blood banking, donor testing, immunohematology reference laboratory services, molecular testing, quality control, and regulatory compliance. Reporting to the Chief Scientific Officer, this executive leader will drive laboratory excellence by advancing quality, patient and donor safety, operational performance, innovation, and sustainable growth. The role partners closely with Medical Affairs, Quality, Operations, IT, Finance, Supply Chain, and executive leadership to ensure reliable, compliant, and high-performing laboratory services. We're seeking an accomplished laboratory leader with: Ten plus years of progressive leadership experience in blood banking, transfusion medicine, donor testing, clinical laboratory services, or a related environment. Experience leading complex, highly regulated laboratory operations. Strong expertise in quality systems, regulatory compliance, strategic planning, financial management, and organizational change. A bachelor's degree in a related field (master's degree preferred). Based on-site in Houston, Texas, this

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POSITIONS (continued from page 15)

executive role offers the opportunity to make a direct impact on the safety and availability of blood products supporting more than 170 hospitals across 26 counties. **Apply here:** Associate Vice President, Enterprise Laboratory Services

Manager, Immunohematology Reference Lab (Gulf Coast Blood). Take your laboratory leadership career to the next level with Gulf Coast Blood, one of the nation's largest community blood centers serving more than 170 hospitals across Texas. In this impactful role, you'll lead the daily operations of the Immunohematology Reference Lab, ensuring the delivery of safe, accurate, and timely laboratory services while overseeing quality, regulatory compliance, staff development, and continuous improvement initiatives. This opportunity is ideal for experienced blood banking and transfusion medicine professionals who are passionate about mentoring teams, solving complex immunohematology challenges, and collaborating with hospitals, physicians, and laboratory leaders to support lifesaving patient care. **Required Qualifications:** Bachelor's degree in Medical Laboratory Science, Clinical Laboratory Science, Biomedical Science, Biology, or a related scientific/healthcare field. Six to 10 years of progressive laboratory experience, preferably in blood banking, transfusion services, reference laboratories, or similar regulated environments. Demonstrated leadership or supervisory experience managing laboratory operations and personnel. Strong knowledge of laboratory quality systems, regulatory compliance, and accreditation standards. Current certification as a Specialist in Blood Banking (SBB) or international equivalent. Join a mission driven organization where your expertise directly contributes to saving and sustaining lives! Apply Now: Manager, Immunohematology Reference Lab - Gulf Coast Blood

Executive Vice President (EVP). Bloodworks Northwest is seeking a strategic **Executive Vice President (EVP), Blood Operations** to lead the blood business of one of the country's leading independent blood centers, based in Seattle, Washington. Reporting to the President and Chief Executive Officer and serving on the executive leadership team, the EVP is responsible for the operational execution and financial performance of the blood business. This role leads the entire blood supply chain, from donor recruitment and collections through manufacturing, inventory, distribution, transportation, and hospital services. Qualifications: Bachelor's degree in business administration, healthcare administration, operations management, supply chain management, engineering, life sciences, or a related field required; advanced degree preferred. Minimum fifteen years of progressive leadership experience, including at least ten years leading large, complex operational functions. Must have demonstrated success with full P&L accountability for a substantial operating business. Experience leading geographically dispersed teams in healthcare, blood banking, biologics, manufacturing, logistics, life sciences, or another highly regulated environment. Proven record of strengthening reliability, productivity, customer service, and financial performance across multiple interdependent functions. Direct blood banking experience is welcome but not required when paired with strong operational leadership. Experience with partnerships, affiliations, or acquisitions is preferred. To express interest, please contact Andrew Ulrich at Korn Ferry, Bloodworks' executive search partner, at andrew.ulrich@kornferry.com.

Business Services Manager. LifeSouth Community Blood Centers is seeking an experienced, results-driven **Business Services Manager** to lead our Business Office operations at our headquarters in **Gainesville, FL**. This is an opportunity to put your financial expertise and leadership skills to work for a nonprofit organization with a lifesaving mission. **Position Highlights:** Lead and develop a team supporting essential financial and accounting operations. Oversee functions including payroll, accounts payable, revenue cycle, fixed assets, and expense reporting. Promote accuracy, accountability, operational efficiency, and exceptional service across the organization. Identify opportunities for process improvement and strengthen financial operations. **What We're Looking For:** Progressive accounting or finance experience with demonstrated supervisory experience. Strong knowledge of accounting principles, financial controls, and business operations. Proven leadership, organizational, and communication skills. Bachelor's degree in Accounting, Finance, or a related field (equivalent education, training, and experience may be considered). **Location:** Gainesville, FL (fully on-site). **Starting Salary:** Negotiable based on relevant experience and qualifications. **Interested?** Learn more about the position and apply using the link below. **To be considered for this opportunity, candidates must submit an application through LifeSouth's official careers website.** APPLY HERE

Chief Donor and Growth Officer. Carter BloodCare (Bedford, TX) seeks a strategic, mission-driven **Chief Donor and Growth Officer** to lead donor growth, collection operations, marketing and communications, donor experience, and community engagement. As an executive leadership team member, you will guide the complete donor journey, strengthen partnerships, and align innovation, resources, and operations to sustain a reliable blood supply for patients. **Required qualifications: Education** - Bachelor's degree in business administration, healthcare administration, marketing, communications, public health, life sciences, or a related discipline; **Experience** - Seven years leading executive-level customer, patient, community, or donor acquisition,

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POSITIONS (continued from page 16)

retention, engagement, and experience strategies; five years in executive or senior leadership overseeing multiple functions or complex operations; experience in a regulated industry or mission-driven environment. Competitive compensation and comprehensive benefits package. Apply Here.

Divisional Director (Suffolk/Norfolk, VA). The Blood Connection seeks an experienced and strategic Divisional Director to provide leadership, administrative guidance, and operational direction across key departments within the organization. This leader will oversee critical functions that may include donor recruitment, blood collection operations, facilities, fleet, procurement and materials management, hospital services, component manufacturing, and laboratory services. The Divisional Director will oversee departmental budgets, staffing, performance, quality, and operational planning while ensuring compliance with current good manufacturing practices. This leader will also drive process improvements, support strategic initiatives, and partner with executive leadership as The Blood Connection expands services and enters new regions. Candidates must have a bachelor's degree in a related field, five years of experience in a technical or laboratory setting, including at least five years of progressive management experience, and a background in blood banking or another regulated biologics manufacturing environment. Strong analytical, organizational, communication, and leadership skills are essential, along with the ability to effectively manage priorities and collaborate across all levels of the organization. This is an opportunity to lead mission-critical operations that directly support The Blood Connection's continued growth and lifesaving work throughout the communities we serve. Apply today: https://jobs.dayforcehcm.com/enUS/tbc/CANDIDATEPORTAL/jobs/19089.