

## Social Media, More Than a Marketing Tool for Blood Centers

Social media tools started to gain substantial popularity in the late 90s with sites like Geocities, Sixdegree.com and Friendster. Myspace then exploded onto the interwebs in 2003 reaching 90 million registered users. These sites were more inclined to be used as a social sharing and date-matching platform(s) than marketing tools. Today, there are more than 1.6 billion people and 50 million businesses on Facebook, and 320 million active users on Twitter—with a [majority](#) of medium to large-sized businesses having a presence on the platform. Social media is a marketing platform few businesses ignore.

While many blood centers use social media to post their blood drives or run marketing campaigns, there are still many who cannot afford or do not feel a dedicated social media staff member is a top priority. By not having a staff member to respond swiftly, and with approved messaging from legal and quality assurance teams, a blood center's brand image could be suffering—or worse.

“If you don't have a dedicated person monitoring social media on a daily basis, I highly recommend you have someone checking it,” said Matthew Audette, quality assurance manager at LifeSouth Community Blood Center (LifeSouth). “In this day of instant information, it doesn't take much for someone to put something on your page for the whole world to see and you will want to address that as quickly as possible.”

At LifeSouth, a dedicated staff member monitors the center's social media accounts to ensure the brand image remains positive and the center's reputation does not become tarnished by unanswered questions or unaddressed quality

concerns left online. Having good customer service over social media means responding “as quickly as possible,” using set messaging that is approved by medical and quality teams, and following up with a phone call so the donor feels valued and not incited toward a comment-battle online. Taking the message offline after initial contact is also important, because “it humanizes the situation,” Mr. Audette said.



Not addressing social media concerns quickly can turn a bad situation worse. Today, 78 percent of people using Twitter as a customer service tool expect an answer within one hour of tweeting, according to an [Entrepreneur article](#). If Virginia Blood Services (VBS) had not responded as quickly and effectively as they did to a post from a deferred transgender donor, the situation could have escalated into a public relations nightmare.

A transgender donor presented to donate at one of VBS' donor centers and was deferred during the screening process. The donor was upset and posted their feelings of being discriminated against on Facebook, which received a number of responses from within that donor's network. Michelle Westbay, lead Marketing and Communications personnel at VBS, said she worked with the center's medical

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## OUR SPACE

ABC Chief Administrative Officer Kate Fry

### Build It and They Will Come

Perhaps I've been watching a bit too much of the Little League World Series, or perhaps I'm day-dreaming of being on a farm in Iowa instead of in the throes of Capitol Hill, but the movie "Field of Dreams" recently came to mind in relation to our legislative and regulatory advocacy efforts. Before I soil an iconic movie with the taint of our current political environment, I will preface the rest of my article with the caveat that what originally drew me to politics, and keeps me loving it to this day, is the founding principle that citizen advocacy is not only a right, but a responsibility, and any individual can make a difference.

In order to increase our effectiveness in the advocacy arena, ABC has built two new programs that help ABC members communicate with their legislators and regulators more effectively, in greater volume, and with greater ease than ever before. With the launch of ABC's new public-facing [advocacy website](#), ABC members, their employees, patients, donors, hospital customers and community supporters can weigh-in on issues before Congress and the agencies that affect community blood centers. In the coming weeks, we will call upon ABC members to utilize this system to submit public comments to the Centers for Medicaid and Medicare Services (CMS) regarding appropriate reimbursement for blood in the outpatient hospital sector.

The second program is aimed at bringing key legislators to tour community blood centers to see first-hand the full value centers bring to their local communities, and the issues impacting members' ability to continue the vital services they provide. Both of these programs have been designed to increase our advocacy impact without adding cumbersome tasks to members' already full plates. It takes no more than a few minutes to write an effective message on our advocacy website. To host a blood center tour requires an hour of your day, with ABC conducting all of the logistical work.

Not to belabor the analogy, but these programs were built to bring ABC members from the edge of the cornfields into the ballgame, and then eventually bring your legislators along with you. I may come dangerously close to a cliff with this statement, but I truly believe that our greatest obstacle to success in the advocacy arena is ourselves. Dwight D. Eisenhower never did fulfill his childhood dream of playing professional baseball, but he did go on to utter one of my favorite quotes – "*Politics ought to be the part-time profession of every citizen.*" We have one of the greatest stories to tell in all of health care and we now have resources that help us tell it. Play ball! ♦

*Katherine Fry*

[kfry@americasblood.org](mailto:kfry@americasblood.org)

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

#### America's Blood Centers

President: Martin Grable

ABC Publications Editor: Lisa Spinelli

Subscriptions Manager: Trudy Thompson

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Send subscription queries to

[TThompson@americasblood.org](mailto:TThompson@americasblood.org)

America's Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to [newsletter@americasblood.org](mailto:newsletter@americasblood.org).



## SOCIAL MEDIA (continued from page 1)

director and legal and quality assurance staff members to ensure the messaging was crafted to be accurate, honest, yet empathetic. The deferred donor did tag members of the local media on Facebook and the situation quickly escalated as the media arrived at the center's doorsteps. But because VBS was aware of the situation and equipped with the correct messaging from a legal, quality, and marketing standpoint, they were able to quickly diffuse the situation and learn from the experience.

"We were prepared! And we learned a lot from that one situation. Just a few weeks ago, a customer service staff member contacted us to let us know we had another transgender donor deferral, so we were all on high alert and had a plan in place to respond if needed," said Ms. Westbay. Having that knowledge of what is happening online and establishing those inter-departmental connections helped everyone at the center be able to respond and diffuse the potentially brand-damaging situation. VBS now has a protocol in place for situations that could escalate and, in addition, have a vetted quality and legal checklist for social media marketing posts to ensure their campaigns meet all the center standards.

One of the worst kinds of situations a center could miss on social media is a potentially violent threat. Galen Kline, director of Quality Blood Operations at Heartland Blood Centers and BloodCenter of Wisconsin, said his centers have seen a few threats of violence come in off social media.

"Typically the violence we hear about is for a particular location—a school or some sort of establishment," said Mr. Kline. "If we have concerns like that on social media, I want to know. If there is a threat like that, you have to elevate that immediately, you can't sit on it."

Cancelling a blood drive after receiving threats about shooting up a school blood drive or causing harm to those involved in the drive has occurred," said Mr. Kline. Without social media monitoring, they would not have known about these threats, which could have otherwise resulted in very serious potential outcomes. Staff members using social media should not just know how to monitor the platforms, but also be trained on how to evaluate concerns online; donor deferral policies; which situations need to be elevated; and how to respond to the various concerns and questions, said Mr. Kline.

"Social media has created a public platform to open conversations, real time, with our donors, advocates, recipients and the public in general. We should all view this as an opportunity to provide a positive experience for our followers, just as we do with our 'donor first' mentality," said Ms. Westbay. "Being highly responsive, even for a bad donor experience, can create a positive reaction and reputation for your brand... a very cost effective way to advertise, as well. Just providing answers one time, even to those haters, donors (customers) increase brand advocacy by 25 percent. So hug your haters and be responsive and friendly. It gives more credibility to your center, as there's a person behind that conversation—it's more human than traditional advertising. People appreciate that and it goes a long way for our blood center reputation." ♦

### **Special ABC Board Meeting**

**August 28, 2017**

**2:00 p.m. EDT**

All ABC members are welcome to join in listen-mode to the ABC Special Board Meeting. The Board will discuss the necessary bylaw changes to align ABC with Blood Centers of America and HemeXcel. Please click [here](#) for information.



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## INSIDE ABC

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

### Special ABC Members Meeting Called Along with Preparatory Webinars

A couple weeks after the special Board Meeting (see previous page), a special ABC Members Meeting will be held. The special Members Meeting is on September 13 from 4:30 to 5:30 p.m. in Atlanta, Ga. to vote on the proposed changes to the ABC bylaws. A member voting representative (MVR) or alternate must be present on September 13 or complete a proxy ballot form prior to September 13 to vote. ABC bylaws require two-thirds of members to be present at the meeting, and a three-fourths affirmative vote is required to change the bylaws.

Proxy ballots will be sent on August 29 for use in the event that members cannot make the meeting. If you are unsure who the MVR or alternate is for your blood center, or need to designate a new MVR or alternate, please contact [Lori Beaston](#).

In anticipation of the special Members Meeting, the ABC Board of Directors requests your participation in a [member webinar](#) on Thursday, August 31, at 2:00 p.m. EDT for the purpose of reviewing the revised ABC Bylaws. A second identical [webinar](#) will occur on Wednesday, September 6, at 4:00 p.m. EDT. The webinar(s) will go over the bylaw changes as well as the rationale for such changes.

Webinar call-in details can be found [here](#).

### Scholarships Winners Announced!

America's Blood Centers' Scholarship Program, made possible by a grant from the Foundation for America's Blood Centers, provides funds to ABC members to supplement costs for attendance to an [ABC Specialty Workshop or Meeting](#). ABC is pleased to announce the recipients of the scholarships for the upcoming [Financial Management and IT Workshops](#):

- **Debbie Carper**, Chief Financial Officer at MEDIC Regional Blood Center
- **Timothy Dyer**, Director of Administrative Services at LIFELINE Blood Services
- **Emma Eberle**, Director of IT at Northern California Community Blood Bank
- **Carrie Hrisafi-Josan**, Director of Financial Services at LifeShare Blood Centers
- **Olga Linetski**, Controller at Community Blood Services (Blood Systems)

Read the next page for letters sent from scholarship winners of the 2017 ABC Summer Meeting in Providence, R.I.

Congratulations to all recipients! If you have any questions, contact [Leslie Maundy](#). 💧

### CORRECTIONS

In the Regulatory News section of [Newsletter #29](#), we misidentified ISBT as the organization calling for public comments, it should have said ICCBBA is calling for comments as ISBT is the global standards managed by the organization ICCBBA. In [Newsletter #28](#), we misidentified the cells San Diego Blood Bank creates as CAR-T cells, when in fact they are mononuclear cells for co-culture with patient-derived immune cells. The corrections were both made and we again regret the errors. 💧



## LETTERS TO THE EDITOR



The following are letters sent to ABC from the 2017 ABC Summer Meeting scholarship winners. They have been edited for formatting.

*Thank you for providing me with the opportunity to participate in the ABC Summer Meeting. Attending the meeting was an invaluable experience that allowed me to engage in a variety of topics, some of which are generally outside my realm of recruitment and collections. It also gave me the opportunity to connect with industry leaders who were able to share their insights and suggestions on current challenges that our ABC community faces. I specifically found the “Predicting and Preventing Reactions in Young Donors” and “Iron Depletion” sessions useful as we continue to look for ways to improve the donor experience and safety. Thanks to Dr. France’s work, my team is already looking at implementing some of his suggestions. The Iron Depletion break-out session was also beneficial in discussing how we are all approaching the imminent change. It was also very informative to hear how other blood centers are using their expertise to diversify their services portfolio with cellular therapy and by-product options. In our ever-changing climate, we must continue to think of ways to utilize our existing resources and take advantage of opportunities that can increase our profitability in order to better serve our communities. Participating in the meeting allowed me to further expand my knowledge of the industry and left me with key takeaways that will improve our operations at Bloodworks. I am sincerely grateful for the opportunity and look forward to attending in future years. – Kim Gitt, Area Manager, Bloodworks Northwest*

*I would like to sincerely thank the Foundation for America’s Blood Centers for awarding me the opportunity to attend the ABC Summer Meeting in Providence, R.I. Being relatively new to the blood banking industry, I couldn’t have asked for a better experience. The opportunity to network with experienced colleagues, further educate myself on industry topics, and brainstorm about how to address current challenges was incredibly valuable. The speakers were notable and the topics were very interesting. The presentations fostered creative ideas that I can apply at CJBC to improve our operation. I particularly enjoyed the Iron Mitigation Plan and Implementation peer break-out session. It was great to hear how other blood centers are handling this matter, and it’s comforting to know that others in the industry are working through similar challenges. The ABC staff was excellent, it was great meeting everyone. I look forward to future opportunities to attend ABC meetings. Thank you again. – Alyssa Drown, Marketing Manager, Central Jersey Blood Center*

*Please express my extreme gratitude to FABC for providing me with the opportunity to attend the ABC Summer Meeting, the meeting was an exciting, educational and reinvigorating experience. Each aspect from the location, to the speakers, to the execution was top-notch. Being on the front lines of blood meeting provided me with an opportunity to see the industry through the lens of medical directors and blood center executives, which I must say is a different view than front line departmental operations. Getting a chance to learn about the opportunities that are coming to the industry in the slightly more distant future was an incredible experience. My encounter at the accompanying Medical Directors Workshop was equally*

(continued on page 6)





## LETTERS TO THE EDITOR (continued from page 5)

*amazing, learning about the advances in cellular therapy and the role these incredible products play reminds me of why I have chosen to work in this life-saving industry. The learning and networking experiences that the ABC events provide are fantastic. I highly recommend the experience and hope to have the privilege to experience it again in the future.* – James Randle, Assistant Director Mobile Operations, South Texas Blood & Tissue Center. ♦

## **How Congress Can Still Score a Win for Patients, Jobs, and Innovation**

*by Scott Whitaker, President and CEO, Advanced Medical Technology Association (AdvaMed)*

As Congress and the Trump administration determine how to move forward, if at all, on meaningful healthcare reform, one way to score an impactful win is to permanently repeal the medical device excise tax.

Originally passed to help fund the Affordable Care Act, the medical device tax – a 2.3 percent tax on gross revenue – may sound small, but the reality is that it has a large impact on medical technology companies' bottom lines. In fact, recent data from the [U.S. Department of Commerce shows that nearly 29,000 U.S. medical technology industry jobs were lost](#) during the three-year period the tax was in effect. The ripple effect was even greater—it meant millions less spent on hiring, investment, and research and development (R&D). The tax was suspended temporarily in late 2015, and that suspension allowed innovators to reinvest in their businesses by hiring more skilled workers, increasing R&D, and launching new products to advance patient care. If Congress takes no further action, the tax will automatically come back into effect at the beginning of 2018.

Until the medical device tax is repealed for good, the innovation ecosystem supporting the creation of life-changing medical technologies—including diagnostic tests that analyze blood to detect disease and help inform treatment—remains threatened. Only permanent repeal of the tax will allow MedTech companies to confidently re-invest in R&D for the long term and ensure the next generation of life-changing medical technologies are available to patients when they need them. Permanent repeal will create the kind of certainty the industry needs to drive long-term planning and investment.

Additionally, according to a [recent study conducted by a Washington, D.C.-based think tank](#), if the tax is permanently repealed, it is likely that the jobs lost while the tax was in effect will be recovered in three to five years. Combined with an additional 25,000 projected jobs to be lost if the device tax is not repealed, the net impact could be in excess of 53,000 jobs.

The potential for collateral damage if Congress fails to act cannot be overstated. Inaction by Congress would mean a tax increase on the very medical technologies that today are helping people live longer, healthier lives, and that yield savings across our health care system by replacing more invasive procedures, reducing hospital stays, and allowing people to return to work more quickly.

The medical device industry is responsible for and supports millions of jobs, creating a growing trade surplus and developing technologies that are advancing and improving patient care in the U.S. and around the world. Medical technology companies, most with fewer than 100 employees, are in the highly competitive business of creating constant progress through constant innovation—innovation that helps patients worldwide live longer, healthier, and more productive lives.

Medical innovation should be protected and enabled. That is why the President and Congress need to do the right thing and permanently repeal this onerous tax. Suspending the tax again is not enough. Permanent repeal must be a priority for the sake of spurring economic progress and development of the next generation of treatments and cures. Simply put, it's the right course for continued American leadership in medical innovation. And it is essential to America's health. ♦

## RESEARCH IN BRIEF

**What is the risk of secondary transmission of variant Creutzfeldt-Jakob disease (vCJD) to humans with valine at prion protein codon 129?** To date, all confirmed vCJD cases have been homozygous for amino acid methionine (Met) at the critical codon, with the exception of a single recently reported Met/valine (Val) heterozygous case. In a study on the zoonotic potential of bovine spongiform encephalopathy (BSE) in transgenic mice that overexpress Met or Val at codon 129 of the human prion protein, mice homozygous for Val<sub>129</sub> human prion protein show severely restricted propagation of the BSE strain. The constraint was partially overcome by prior adaptation of the BSE agent to the Met<sub>129</sub> human prion protein. Transgenic mice with the human prion expressing valine at codon 129 exposed to methionine-adapted prions had an infection rate close to 100 percent. The authors raise a question of the risk of secondary (human-to-human) transmissions from methionine homozygote index cases of vCJD to valine containing phenotypes.

**Citation:** Fernández-Borges N., Espinosa J.C., Marín-Moreno A., *et al.* Protective Effect of Val<sub>129</sub>-PrP against Bovine Spongiform Encephalopathy but not Variant Creutzfeldt-Jakob Disease. *Emerging Infectious Diseases*. September 2017. DOI:10.3201/eid2309.161948.

**Fibrin-inspired nanostructured peptide-based man-made sealants performed better at blood clotting than fibrin.** Blood clots start when fibrinogen is activated by thrombin to form nanofibrous structures to entrap blood cells and platelets. These researchers investigated the effects of three synthetic sealants in ex-vivo scenarios by combining fibrin and sealants with plasma-free red blood cells. Scanning electron microscope images revealed that fibrin and two candidate sealants form interwoven nanofibers with visibly entrapped blood elements. Both sealants had superior hemostatic activities and created the clots faster than fibrin. The authors suggest these sealants should be evaluated with traumatic coagulopathy and other settings with impaired clotting.

**Citation:** Ghosh S., Mukherjee S., Dutta C., *et al.* Engineered isopeptide bond stabilized fibrin inspired nanoscale peptide based sealants for efficient blood clotting. *Scientific Reports*. July 1, 2017. DOI: 10.1038/s41598-017-06360-3.

**Restrictive and liberal transfusion strategies equivalent in burn patients.** In a prospective randomized multicenter trial of 345 patients at 18 U.S. burn centers, patients with  $\geq 20$  percent body surface burns were randomized to a restrictive (hemoglobin 7 to 8 g/dL) or liberal (hemoglobin 10 to 11 g/dL) transfusion strategy. There were no differences in risks of blood stream infection (23.7 vs. 23.8 percent) and pneumonia (29 and 27 percent), urinary tract infection (14.3 and 13.6 percent), or burn wound infections (11.9 percent in both groups) in the restrictive and liberal groups respectively. Likewise, 30-day mortality, ventilator support and organ dysfunction scores were statistically equivalent in the two groups. Patients randomized to restrictive transfusion received a mean of 20.3 blood products compared to 31.8 in the liberal group ( $p < .0001$ ).

**Citation:** Palmieri T.L., Holmes IV J.H., Arnoldo B., *et al.* Transfusion Requirement in Burn Care Evaluation (TRIBE). *Annals of Surgery*. July 10, 2017 online. DOI: 10.1097/SLA.0000000000002408.

**Do patients requiring antiplatelet therapy (APT) have an increased risk of thrombosis when transfused with platelets prior to surgical treatment of an intracranial hemorrhage (ICH)?** This retrospective study evaluated 72 consecutive ICH patients between January 2012 and December 2014 who were receiving single or combination APT consisting of acetylsalicylic acid, clopidogrel alone, or acetylsalicylic acid in combination with clopidogrel or prasugrel. The patients were stratified by age, gender, location of ICH, type of surgery, comorbidities, last preoperative dose of APT, troponin levels, number of red blood cell transfusions, and occurrence or absence of rebleeding in the operated area. Intracranial



## RESEARCH IN BRIEF (continued from page 7)

hemorrhages were categorized into traumatic and non-traumatic; acute and chronic; and subdural or intracerebral hemorrhages. The cerebral and cardiovascular risk was rated using the major adverse cerebral events (MACCESS) classification. The authors found that even when platelets were transfused, the risk of rebleeding was much higher than the risk of developing a thrombotic event (26.4 vs 1.4 percent). Rebleeding occurred more frequently in patients on APT with clopidogrel, with or without aspirin, compared to aspirin alone (42.1 vs 12.5 percent). The authors concluded the thrombotic risk from platelet transfusion to reverse the effects of APT prior to neurosurgical treatment of intracranial hemorrhage is small and recommend transfusing at least two units of platelet concentrates (total dose  $\geq 4 \times 10^{11}$ ) preoperatively. Larger prospective trials comparing different platelet transfusion strategies are warranted.

**Citation:** Baschin M., Selleng S., Zeden J.P., *et al.* Platelet transfusion to reverse antiplatelet therapy before decompressive surgery in patients with intracranial hemorrhage. *Vox Sanguinis*. August 14, 2017; DOI: 10.1111/vox.12542

*The article above was contributed by Kip Kuttner, DO, vice president and medical director at Miller-Keystone Blood Center. ♦*

## RECENT REVIEWS

**Scientists in Australia used Zika virus as a test case in two published risk models, the Biggerstaff-Petersen (BP) model and the European Upfront Risk Assessment Tool (EUFROT), to estimate risk, and highlight how these models can be problematic.** During the last 20 years there has been a growing awareness of the threat to blood safety from emerging infectious diseases (EIDs), a number of which are known to be, or are potentially, transfusion-transmissible. Using risk models to predict which EID will cause an outbreak could be an important part of overall risk assessment in the blood community. Assumptions in the models and parameter estimates for asymptomatic patients were compared. Both models have been used in the past, e.g. for the 2007 chikungunya outbreak in Italy and the Q fever outbreak in the Netherlands in 2007–2009, providing similar risk assessments. However, accurately modeling of the transmission by transfusion risk of Zika is problematic with these models, due to the uncertainty associated with the required input parameters.

**Citation:** Kiely P., Gambhir M., Cheng A.C., *et al.* Emerging Infectious Diseases and Blood Safety: Modeling the Transfusion-Transmission Risk. *Transfusion Medicine Reviews*. July 2017. DOI: <http://dx.doi.org/10.1016/j.tmr.2017.05.002>.

**A themed section on transfusions for cancer patients was published in the June edition of *Transfusion and Apheresis Science* journal.** Dr. Jerard Seghatchian, and Dr. Hadi Goubran Messiha are the guest editors. Articles include titles such as, “[Red blood cell transfusion and outcome in cancer](#)”; “[Red blood cell transfusion in surgical cancer patients: Targets, risks, mechanistic understanding and further therapeutic opportunities](#)”; and “[Platelet transfusion in thrombocytopenic cancer patients: Sometimes justified but likely insidious.](#)”

**Citation:** Transfusion in Cancer Patients. *Transfusion and Apheresis Science*. June 2017. DOI: [http://www.trasci.com/issue/S1473-0502\(17\)X0004-9](http://www.trasci.com/issue/S1473-0502(17)X0004-9). ♦





## INFECTIOUS DISEASES

**Screening U.S. source plasma donors for Hepatitis E virus (HEV) will not substantially increase the safety of plasma-derived medicinal products.** In a study of 128,020 samples collected at 96 CSL Plasma centers in 27 states, researchers found HEV RNA in three unique donors (0.002 percent). HEV prevalence in donors has become a concern, especially in Europe where infection rates of HEV are higher. All positive donors had subgenotype 3a, and were found in the Midwest. One of the three HEV-reactive samples was IgG positive. Given the low prevalence of HEV infections in the U.S., not more than one HEV viremic donor's plasma unit would enter into a manufacturing pool from which plasma products are produced. Since current virus inactivation and removal steps are already effective (providing in the order of >4-log reduction) against HEV, the addition of HEV testing would be unlikely to provide any measureable benefit to the industry, conclude the authors.

**Citation:** Roth N.J., Schäfer W., Alexander R., et al. Low hepatitis E virus RNA prevalence in a large-scale survey of United States source plasma donors. *Transfusion*. August 21, 2017. DOI: 10.1111/trf.14285.

**Scientists note the steep decline in Zika infections this year.** Last year, the Centers for Disease Control and Prevention (CDC) reported 224 probable and confirmed cases of autochthonous Zika cases in the mainland U.S.—that number has fallen to one in 2017. Brazil, the epi-center of Zika last year, has seen a decline from 205,578 in 2016 to 13,253 by mid-April 2017. Northern Mexico, however, has seen an increase in their numbers, while Mexico as a whole has seen significant drops. These observations do not mean Zika testing and research should decrease yet, but will make it more difficult to test vaccines given decreasing risks of infection. (Source: *Science*, [Where has all the Zika gone?](#) August 18, 2017)

**The Centers for Disease Control and Prevention (CDC) announced total depletion of the yellow fever vaccine in the U.S.** The manufacturer of the only vaccine licensed in the U.S., Sanofi Pasteur, announced several months ago that their vaccine, YF-VAX, was experiencing delays in production and would not be available from mid-2017 until 2018. Some limited amounts of the vaccine might still be available at some U.S. clinics until their supplies are used. An investigational new drug (IND) trial is underway for another Sanofi Pasteur yellow fever vaccine, Stamaril, but is limited in availability to the clinics participating in the IND. (Source: CDC [clinical update](#), July 24, 2017) ♦

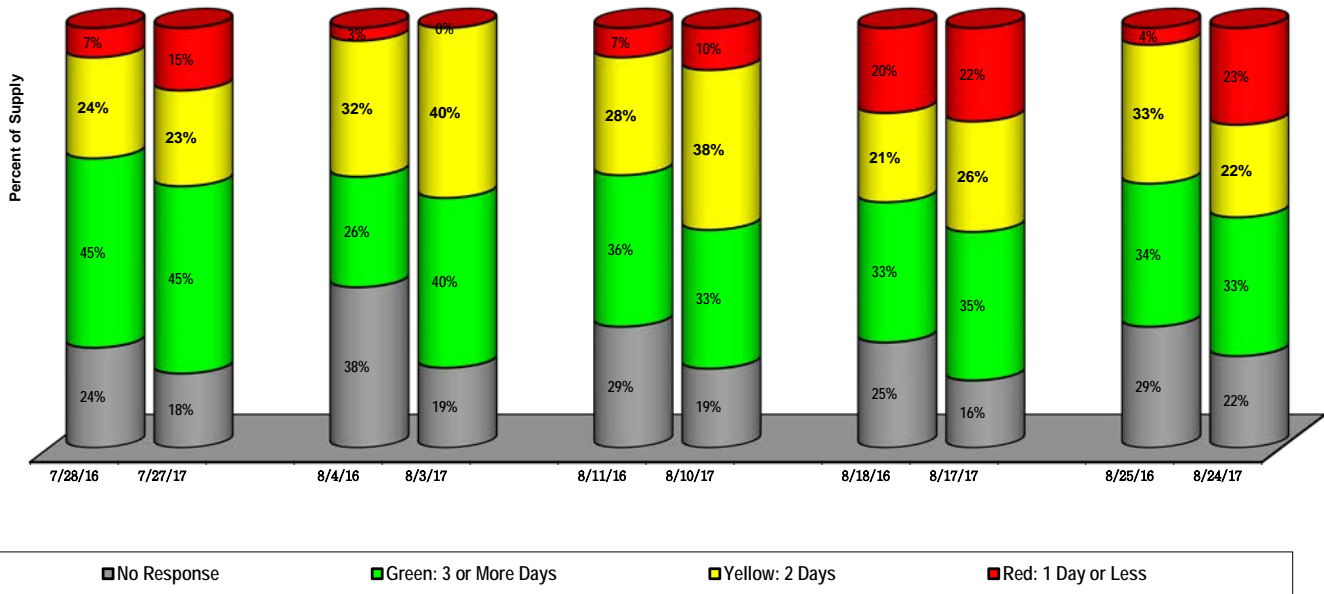
### WORD IN WASHINGTON

**The President signed the Food and Drug Administration (FDA) Reauthorization Act on Friday last week.** The Act reauthorizes the user fee agreements that help fund a substantial portion of the FDA budget. Part of the act includes the Medical Device User Fee Agreement (MDFUA), which includes several new approaches to digital health and creates a central digital health unit within the Centers for Devices and Radiological Health. Read more about the Reauthorization Act in [ABC Newsletter #28](#). (Source: Fierce-Healthcare, [Trump quietly signs FDA reauthorization bill, officially funding a new digital health unit](#). August 21, 2017)

**A health-care funding package is set for a House of Representatives vote in September.** After Congress reconvenes from their summer recess, House lawmakers are expected to vote on a spending package that would fund the Department of Health and Human Services, Food and Drug Administration, and Centers for Disease Control and Prevention, among others. The packages includes a \$1 billion increase for federal research and a \$542 million decrease for the Department of Health and Human Services. Congress must act prior to September 30 to keep the government open, and top leaders have already acknowledged that a short-term continuing resolution may be necessary. (Source: *Roll Call*, [Ryan: Shutdown Unnecessary but Continuing Resolution Is Needed](#), August 21, 2017) ♦



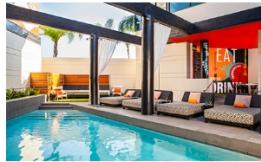
**STOPLIGHT®: Status of the ABC Blood Supply, 2016 vs. 2017**



The order of the bars is (from top to bottom), red, yellow, green, and no response



AMERICA'S BLOOD CENTERS  
**FINANCIAL  
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 & IT WORKSHOPS**  
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**Registration Information**  
[http://bit.ly/abc\\_fmit17](http://bit.ly/abc_fmit17)

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[http://bit.ly/abc17\\_derek](http://bit.ly/abc17_derek)

\*Book room(s) by September 1st for discounted rate

*Gulf Coast Regional Blood Center is pleased to host these workshops in Houston. Attendees will benefit from the shared knowledge of fellow finance and IT professionals with lively discussions on cyber security, financial and operational metrics, and the blood banking industry. This will be an excellent opportunity to network with your peers and share your expertise on good financial and data management practices and similar topics. We look forward to seeing you!*

- Brian G. Gannon, President & CEO  
 Gulf Coast Regional Blood Center



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### MEMBER NEWS



**Jennifer Hawkins (Ryan's mother), Donor Emily Richart, Ryan Hawkins, and Phil Hawkins (Ryan's father)**

**A leukemia survivor met with one of his blood donors last week at Inland Northwest Blood Center.** Leukemia patient Ryan Hawkins met with platelet donor Emily Richart. Ms. Richart donates platelets every two weeks and has visited the blood center more than 100 times to donate various blood units. Her donations were just some of those transfused to help save Mr. Hawkins' life. Mr. Hawkins met Ms. Richart on Friday and thanked her for her selfless donations. Mr. Hawkins now spends time volunteering at the blood center to help create posters promoting blood drives and is on his way to college for graphic design. Inland Northwest Blood Center arranged for the two to meet last week in a heartfelt gathering. (Source: KXLY.com, [Leukemia survivor meets blood donor for first time](#). August 18, 2017)

**The Blood Connection celebrated the solar eclipse with a viewing party for employees with moon pies and Sunkist.** Below are some photos from the event:





More eclipse photos from member centers across social media:





## IN MEMORIAM



Scott Caswell, a former ABC staff member, passed away on August 9, 2017. Mr. Caswell worked at ABC from 2002 to 2007 as the Chief Marketing Officer, in addition to a number of years of work at ABC member centers as well, including Memorial Blood Centers and Community Blood Center (Appleton, Wisc.). Most recently he was chief operating officer with the Red Cross for the North Central Division. An active member of the community, Mr. Caswell was a member of the Rotary Club of St. Louis and Bethel Lutheran Church. He is survived by his wife, two children and grandchildren. (Source: [Bopp Chapel](#), August 21, 2017) 📌

## CALENDAR

### 2017

Sept. 8. **Public Workshop- Pediatric Trial Design and Modeling: Moving into the Next Decade, Silver Spring, Md.** For more information, click [here](#).

Sept. 8-9. **American Society of Hematology Meeting on Hematologic Malignancies, Chicago, Ill.** Register [here](#).

Sept. 11-12. **IPFA/BCA 3<sup>rd</sup> Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.** [Registration is open.](#)

Sept. 18-19. **Public Workshop- Advancing the Development of Pediatric Therapeutics (ADEPT): Application of “Big Data” to Pediatric Safety Studies, Silver Spring, Md.** For more information, click [here](#).

Sept. 27-28. **Financial Management & IT Workshops, America’s Blood Centers, Houston, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: [meetings@americasblood.org](mailto:meetings@americasblood.org).

Sept. 27. **7<sup>th</sup> Annual Symposium Red Cell Genotyping 2017: Patient Safety, Bethesda, Md.** The Department of Transfusion Medicine, NIH Clinical Center, National Institutes of Health, and the Blood Center of Wisconsin are co-hosting this symposium on the NIH campus. For information, registration fee and advance registration contact [Phyllis Kirchner](#).

Sept. 28. **36<sup>th</sup> Annual Immunohematology and Blood Transfusion Symposium, Bethesda, Md.** No registration fee. Advance registration is encouraged. Contact [Karen Byrne](#) or visit the [website](#).

Oct. 7-10. **AABB Annual Conference, San Diego, Calif.** More information and registration [here](#).

Oct. 19-20. **Austrian Red Cross Content Marketing Workshop, Vienna, Austria.** [Email](#) for more information.

Oct. 25-28. **National Sickle Cell Disease Association Convention, Atlanta, Ga.** Register [here](#).

Oct. 25-26. **MedTech Coverage, Coding, & Reimbursement 201 Workshop, San Diego, Calif.** Find out more [here](#).

Nov. 2. **AdvaMed Cybersecurity Summit, Washington, D.C.** For more information and to register, click [here](#).

Nov. 7-8. **Transfusion Safety Officer & Patient Blood Management Seminars (Basic & Advanced Programs), Jacksonville, Fla.** If you are interested in taking part in one of these new and engaging programs, please contact: [Cathy Shea](#), Executive Assistant or call (727) 568-1151.

Nov. 8-10. **10<sup>th</sup> World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [here](#).

Dec. 9-12. **American Society of Hematology Annual Meeting & Expo., Atlanta, Ga.** Register [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 institutional 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, contact Lisa Spinelli at the ABC office. Phone: (202) 654-2982; fax: (202) 393-1282; e-mail: [lsinelli@americasblood.org](mailto:lsinelli@americasblood.org).

## POSITIONS

Positions also available on our [website](#)

**Clinical Laboratory Scientist, Technical Services Processing Lab.** The Stanford Blood Center is seeking a Clinical Laboratory Scientist in the Technical Services Processing Lab to independently perform complex clinical testing, including both machine and manual assays, of bodily fluids for patient care purposes. Clinical test results are used directly to inform patient care decisions, with errors potentially leading to adverse events. This position is a full-time, benefited, evening shift 6:00 p.m. to 2:30 a.m., Monday through Friday with rotating weekends and holidays. Qualifications include: a four year college degree in medical technology or a life science, and one year relevant experience in a blood center or clinical laboratory setting required. Twelve-month internship in medical technology or certification as technologist. Current California clinical laboratory technologist license (MTA/MTR) required. For more information and to apply, please go to: <http://www.stanfordhealthcarecareers.com/search-jobs> and search for job # 42443.

**Clinical Laboratory Scientists, SBC Histocompatibility Lab.** Stanford's Histocompatibility Lab seeks HLA technologists to perform histocompatibility testing for transplantation. You will perform high complexity HLA testing including determination of antibody specificity, crossmatching, and DNA-based typing, and produce clinical reports. Come work with Director Marcelo Fernández-Viña in beautiful Palo Alto! Join an outstanding team of technologists in an exciting and innovative environment. Prior experience in HLA is a plus, but we will train. Qualifications include: a BA/BS degree in medical technology or related life science. Must hold or qualify for California Clinical Laboratory Technologist or Clinical Histocompatibility Specialist license. OUT OF STATE: You qualify for a license if you are ABHI CHT or CHS certified, or you are a board certified medical technologist. More information about licensure can be found [here](#). We are increasing our staffing, and several shift options are available: days, evenings, and nights. All are regular, full-time positions with full benefits. Apply at <http://www.stanfordhealthcarecareers.com/search-jobs> and search for job # 41845, 41994, 41995, and 41996.

**Immunohematology Reference Laboratory Specialist.** The Central California Blood Center, located in Fresno, is seeking an Immunohematology Reference Laboratory Clinical Laboratory expert. Full-time, Monday-Friday, day-shift and on call. This job includes but not limited to providing exceptional customer service to our hospitals by resolving intermediate to complex red cell antibody problems, finding compatible blood through local donor screening or networking with other blood centers IRBs and training and assessing other CLS to perform IRL testing. Additionally this job requires performance of other donor laboratory and component manufacturing tasks. The ideal candidate shall possess advanced IRL experience, great written and verbal communication skills, work expeditiously and utilize resources optimally to solve the complex patient cases. Strong working knowledge of pertinent safety, FDA regulations, and AABB standards is desired to insure regulatory compliance at all times. Qualified bachelor's degree and licensed in the state of California as a Clinical Lab Scientist, an SBB a plus. Competitive pay and Benefit package. EOE/M/F/VET/Disability. Please click [here](#) to apply.

**Associate Director (AD), Inventory Management Department (IMD).** Mississippi Valley Regional Blood Center (MVRBC) is looking for a progressive and experienced leader to become an integral part of our team. This full-time opportunity is available at our corporate headquarters in Davenport, Iowa. The Inventory Management and Distribution Department provides direct customer service to our hospital clients maintaining blood product inventory levels and fulfilling orders. The AD's role is responsible for development, implementation, and execution of strategic initiatives in the department, along with resource sharing and will provide leadership to the department. The AD shall ensure all processes are executed according to established protocols to deliver excellent client satisfaction. As a part of the management team, the AD will demonstrate effective and consistent leadership qualities in the pursuit of excellence. This position will also collaborate with internal

(continued on page 15)

POSITIONS (continued from page 14)

departments and leaders to achieve goals and implement strategic initiatives. Ideal candidate will have a bachelor's degree in a related field, strong demonstrated history of progressive management/supervisory experience in a sales, customer service, and/or logistics field. Strong problem-solving and critical-thinking skills regarding client product delivery, a strong understanding of standard operating procedures (SOP's) and following guidelines is expected. Experience in a medical or regulated field or experience with routine inspections from regulated agencies is preferred. The candidate should have previous sales/marketing experience or demonstrative customer service interactions. Schedule is generally Monday-Friday days, with possible weekends and on-call hours. Candidates must be able to lift up to 60 lbs., have a valid driver's license, and be insurable by MVRBC insurance carrier. Pre-employment drug screen and background check required. EOE. To apply visit the website: [www.bloodcenter.org/apply](http://www.bloodcenter.org/apply).

**Assistant Shift Coordinator.** Gulf Coast Regional Blood Center in Houston, Texas is seeking an Assistant Shift Coordinator in Component Production. This position assists in the supervision of production of various blood product types; provides staff training; assists with competency assessments; and acts as coach and mentor to staff to maximize staff's professional development. The ideal candidate would be

familiar with blood manufacturing, has experience in a lead/supervisory position or training role, is computer literate (must be comfortable running reports) and can delegate, make decisions and problem solve. Click [here](#) to apply.

**Administrator.** The Northern California Community Blood Bank in Eureka, Calif., is a successful not-for-profit blood center located on the far north coast of California. Our Administrator will be retiring in 2018 and the Board of Directors has begun the search for his replacement. The blood bank serves five hospitals in the two county service area and has a robust resource sharing program. The Administrator provides overall leadership, direction and general management to the operations and reports directly to the Board of Directors. The primary responsibility/mission is to provide a safe and adequate blood supply in a fiscally sound manner. Requirements for the position are 8 to 10 years senior management experience in health care with blood banking experience preferred. Four-year college degree required and master's degree in business, health care management or related field preferred. Equivalent experience will be considered. Leadership skills, knowledge of quality assurance, knowledge of scope and requirements of blood banking industry, effective communicator internally and externally, knowledge of FDA/AABB regulations and standards are required. If interested, please send resume or CV to: Terry Raymer, MD, Board Chairman. Northern California Community Blood Bank. 2524 Harrison Avenue, Eureka, California 95501. ♦