America's Blood Centers®
It's About Life.

ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: www.americasblood.org

2020 #24 **July 10, 2020**

INSIDE:

Researchers Review Impact of COVID-19 Pandemic on Global Blood Supplies

A review published in *Lancet Haematology* examines the toll that the COVID-19 pandemic has taken on blood transfusion services. From disrupting demand patterns to reducing the available supply of blood components, several nations have felt and continue to navigate the implications of the new realities brought on by COVID-19 for blood providers in collecting blood components.

The investigators "systematically searched for relevant studies addressing the transfusion chain—from donor, through collection and processing, to patients—to provide a synthesis of the published literature and guidance during times of potential or actual shortage." They discovered that "[a] reduction in donor numbers has largely been matched by reductions in demand for transfusion. Contingency planning includes prioriti[z]ation policies for patients in the event of predicted shortage. A range of strategies maintain ongoing equitable access to blood for transfusion during the pandemic, in addition to providing new therapies such as convalescent plasma." It is their belief that "[s]haring experience and developing expert consensus on the basis of evolving publications will help transfusion services and hospitals in countries at different stages in the pandemic."

A "systematic approach" was performed to "search and identify" relevant literature through a "comprehensive" search strategy. The authors discovered more than 9,000 citations from March 23rd to April 30th. They discovered several common themes which included:

- "features of SARS-CoV-2 infection that affect patients' needs for transfusion;
- what donor and donation factors need to be considered to maintain an adequate supply of blood during the COVID-19 pandemic;
- modifications to production, specification, and storage of blood components to help prevent blood shortage;
- prioriti[z]ation of blood use for patients in hospitals in the event of predicted shortage; and
- use of convalescent plasma and immunoglobulins."

The authors note that the purpose of their review was designed to "to help inform the planning and critical imbalances in the blood supply chain during the pandemic" and notes the "challenge" for clinicians of keeping up with the ever-expanding literature in the midst of the pandemic." They recommend "[e]arly planning to review mitigation options…in particular, stock building and the extension of shelf life

(continued on page 2)

Review of Impact of COVID-19 Pandemic on Global Blood Supplies (continued from page 1)

when stocks are good. Policy documents should include a hospital-based emergency management plan, ideally based on a national plan, integrated with monitoring across the blood component supply chain and rigorous application of the principles of patient blood management. Transfusion requirements are low, even in patients who are critically ill with COVID-19." They note that "[t]here are no robust data on the numbers of pre-symptomatic or asymptomatic donors who have subsequently seroconverted, or on the potential infectivity of blood with SARS-CoV-2, although the risk of transfusion transmission is likely to be low. Recommendations for transfusion should conform to general messages of restrictive use of blood. In collaboration with public health agencies, blood services are well placed to contribute to epidemiological studies and biobanks evaluating the serology, features, and course of the COVID-19 pandemic." The authors acknowledge that a limitation of the review "was the availability of only one individual to do the initial screening."

Citation: Stanworth, S., New, H., Apelseth, T., Brunskill, S., Cardigan, R., Doree, C. *et al*. Effects of the COVID-19 pandemic on supply and use of blood for transfusion, *Lancet Haematology*. 2020. ♦

WORD IN WASHINGTON

Sens. Amy Klobuchar (D-Minn.) and Roger Wicker (R-Miss.) introduced legislation in the Senate this week to "help raise awareness about the importance of donating plasma during the COVID-19 pandemic." The bill named the Plasma Donation Awareness Act would require the U.S. Secretary of the Department of Health and Human Services "to conduct" an awareness campaign regarding the importance of donating convalescent plasma as a potential therapy to treat COVID-19. "The coronavirus pandemic is a national public health crisis, and it's critical we work together to fight the virus," said Sen. Klobuchar in a news release. "This legislation would help raise awareness about the importance of donating plasma as we work toward finding a vaccine and developing treatments." Sen. Wicker added, "Ensuring that Americans continue to donate blood and plasma is an important part of our nation's response to the coronavirus pandemic. I am glad to join Senator Klobuchar to bring attention to this important issue." Earlier this year, Sen. Klobuchar joined Reps. Mario Diaz-Balart (R-Fla.) and Joe Cunningham (D-S.C.) in sending a letter to federal regulators at the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration that urged the Administration to help increase awareness of the need for convalescent plasma donors. Sen. Klobuchar also joined all members of the Minnesota delegation in a video asking those individuals that have recovered from COVID-19 to donate convalescent plasma. This legislation is considered separate from the CARES Act which has a provision for a national awareness campaign for blood donation as result of the COVID-19 pandemic.

(Source: Sen. Klobuchar News Release, 7/8/20) ♦

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

ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognize 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 healthcare 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
Chief Medical Officer: Rita Reik
Editor: Mack Benton
Subscriptions Manager: Leslie Maundy
Annual Subscription Rate: $390

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.

BRIEFLY NOTED

The National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID) has published a "Notice of Special Interest (NOSI) regarding the Availability of Emergency Competitive Revisions for Select Research Activities related to Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus Disease 2019 (COVID-19)." This process provides organizations with the potential for research funding opportunities via "Competitive Revision applications to active NIAID grants" to increase and enhance research to the nation's federal response to the pandemic. The agencies research objectives include:

- "Support to BSL3 facilities actively engaged in the SARS-CoV-2/COVID-19 research response, e.g., equipment sharing arrangements. Applications proposing new construction, alterations, and renovations for planned and active BSL3 facilities are not responsive to this NOSI;
- Generation of critical reagents to support the SARS-CoV-2/COVID-19 research response;
- Expansion of relevant data systems to expeditiously share SARS-CoV-2/COVID-19 research resources with the broad research community; and
- Expansion of clinical trial infrastructure, or site preparation, for urgent SARS-CoV-2/COVID-19 clinical trial activities. Applications proposing clinical trials are not responsive to this NOSI."

Additional information can found on the NIH website.

(Source: NIAID Announcement, 7/6/20)

The U.S. Food and Drug Administration has issued an emergency use authorization (EUA) for a third diagnostic test that differentiates the viruses causing influenza and COVID-19. "With the authorization of these tests, the FDA is helping address concerns in anticipation of this upcoming flu season during the COVID-19 pandemic, which might be especially worrying for some Americans," said FDA Commissioner Stephen M. Hahn, MD in an agency news release. "This is another example of the FDA working with test developers to bring important diagnostics to Americans. With just one swab or sample, combination tests can be used to get answers to Americans faster. This efficiency can go a long way to providing timely information for those sick with an unknown respiratory ailment." The latest EUA is for a test developed by the U.S. Centers for Disease Control and Prevention as the agency joins BioFire Diagnostics and QIAGEN in receiving EUAs for such tests.

(FDA News Release, 7/2/20)

The U.S. Department of Health and Human Services (HHS) and U.S. Public Health Service (USPHS) announced a new organ transplant guideline "to improve safety and access to lifesaving organs." The guideline "reflects" transplant technological and safety advances to "assess donors" and "monitor recipients" for infections such as HIV, hepatitis B virus, and hepatitis C virus. "Under President Trump, HHS has made it a priority to expand access to lifesaving organ transplants," said HHS Secretary Alex Azar in an agency news release. "Updating our transplant guidelines to match the latest science will complement the other efforts the Trump Administration is making to expand the supply of donated organs and incentivize transplants, allowing more Americans to live longer, healthier lives." Admiral Brett P. Giroir, MD, assistant secretary for health, added "this guideline brings us one step closer to shortening the national transplant waiting list and saving more lives. It reflects the impressive advances in testing and treatment over the last seven years and provides actionable steps that will protect transplant patients from HIV and hepatitis B and C viruses." The updated guideline is expected to remove barriers to available organs for transplant without compromising the safety of recipients. "This is an important step forward for individuals

(continued on page 3)

BRIEFLY NOTED (continued from page 2)

in need of solid organ transplants," said Centers for Disease Control and Prevention (CDC) Director Robert Redfield, MD "Today's guideline is grounded in scientific evidence and advancements in testing technologies. These recommendations further expand the availability of life changing organs for those in need."

(Source: HHS News Release, 6/25/20)

Upcoming ABC Webinars – Don't Miss Out!

- **ABC SMT Journal Club Webinar** – August 10th from 2 – 3 p.m. (EDT). Additional details coming soon.
- **ABC QA Education Webinar** – August 18th from 3 – 4:30 p.m. (EDT). Additional details coming soon.

America's Blood Centers®
It's About *Life.*

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.

Still Time to Register for 2020 Virtual ABC MD Workshop and Summer Summit

Registration remains open for the 2020 Virtual America's Blood Centers (ABC) Medical Directors (MD) Workshop and Summer Summit. Reimagined as a virtual experience with two separate events taking place over four days total, ABC envisions this format providing flexibility for attendees' schedules without sacrificing the knowledge sharing and benefits of peer to peer discussions that are a hallmark of in-person meetings. The Summer Summit (July 14th and 16th) will convene thought leaders from across the industry to focus on the future of blood centers and the transfusion medicine community. Sessions will feature case studies, engaging discussions, and an update from Peter Marks, MD, PhD, director of the U.S. Food and Drug Administration's Center for Biologics Evaluation and Research.

The MD Workshop (July 21st-22nd) will provide attendees with an additional two days of timely, content-rich presentations that explore updates on COVID-19 testing, utilization of whole blood in hospitals, blood center experiences in lowering the platelet component dosage, along with interactive case study rounds. CMEs/PACE credits will be offered. ABC invites you to register to attend both events as we have reduced the registration fees from our traditional "face to face" meetings. A group rate has also been included for the Summer Summit along with a discount if you register for both events. Please contact member services with any questions or to inquire about sponsorship opportunities.

(Source: MCN 20-067, 6/24/20)

GLOBAL NEWS

The World Health Organization (WHO) will form an independent review panel to examine the global response to the COVID-19 pandemic. In the July 9th announcement, the WHO stated its intent to initiate the Independent Panel for Pandemic Preparedness and Response (IPPR) that will be co-chaired by Helen Clark, a former prime minister of New Zealand, and Ellen Johnson Sirleaf, former president of Liberia. The two co-chairs will determine the other panel members and choose individuals to serve as "an independent secretariat" that provide additional support to the IPPR. "Prime Minister Clark and President Sirleaf were selected through a process of broad consultation with Member States and world experts," said WHO Director-General Tedros Adhanom Ghebreyesus, PhD in a statement released by the WHO. "I cannot imagine two more strong-minded, independent leaders to help guide us through this critical learning process…This is a time for self-reflection, to look at the world we live in and to find ways to strengthen our collaboration as we work together to save lives and bring this pandemic under control. The magnitude of this pandemic, which has touched virtually everyone in the world, clearly deserves a commensurate evaluation." Preliminary plans call for the panel to present an update in September 2020 before delivering an interim report in November to be followed by a more comprehensive report in May 2021.

(WHO Statement, 7/9/20)

(continued on page 6)

GLOBAL NEWS (continued from page 5)

Canada's national immunity task force has begun the process of testing for COVID-19 antibodies in "thousands of blood samples" to provide an estimate of the total number of individuals in Canada that have been infected with COVID-19 according to a report from Canadian Broadcasting Corporation (CBC). An initial estimate from the task force is expected in the next "couple of weeks." Forty thousand of the samples have been provided by the country's national blood services Héma-Québec, a member of America's Blood Centers, and Canadian Blood Services. "By the end of the month of July, we expect to have a more broken-down picture of what we call the seroprevalence, the presence of antibodies in the blood, that will look at it by age group and geographic location," said Dr. Timothy Evans, executive director of the COVID-19 Immunity Task Force, to CBC. In addition to examining both the presence and levels of antibodies, the task force has a "two-year mandate" that will also study whether antibodies provide immunity against future infections of COVID-19. Currently more than 105,000 Canadians have tested positive for COVID-19.

(CBC, 1st glimpse of Canada's true COVID-19 infection rate expected mid-July from immunity testing,7/5/20)

In data analysis of COVID-19 convalescent plasma donors, NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the United Kingdom, is reporting that they have seen statistically significant data that suggests men have higher COVID-19 antibody levels than women. In the findings reported on June 23rd, NHSBT revealed that 43 percent of male plasma donors versus 29 percent of female plasma donors "had high enough antibodies for their donation" to be included in part of a national clinical trial. "The results were [reported] from 592 convalescent plasma donations between April 21st and May 14th, of which 448 [convalescent plasma donations] were from males and 148 were from females. High antibody was defined as meeting the EUROimmun 6.0 threshold." These results build on earlier findings from NHSBT that saw similar outcomes in a smaller data sample. This analysis is new, using additional data, compared to a smaller previous analysis. "More plasma donors are needed. But we'd especially want to hear from men. We test every plasma donation and men have higher antibody levels, which means we're more likely to be able to use their plasma to save lives," said Professor David Roberts, associate director for Blood Donation at NHSBT in a news release**.**

(Source: NHSBT News Release, 6/23/20) ♦

PEOPLE

Veronica Moore, MBA, MT(ASCP) has been named vice president of Organization Relations at Carter BloodCare. She previously served as the director of Hospital Relations. In her new role, Ms. Moore will oversee Carter BloodCare's hospital relations, public relations, and marketing teams in addition to the corporate culture initiatives. "I am honored to accept this new challenge," said Ms. Moore in a news release. "In my heart, it means that we will provide the level of service to each other that our hospitals expect of us. Additionally, we will maximize opportunities to tell our story about the ongoing need for blood donations and that blood cannot be manufactured. I also desire to see more shared responsibility of the blood supply by our community members." Ms. Moore has worked at Carter BloodCare for 11 years. She holds a B.S. in Medical Technology from Texas Woman's University (TWU) in addition to her MBA from TWU, as well as being a recipient of Tarleton State University's "Most Distinguished Graduate" award from the medical technology program.

(Source: Carter BloodCare News Release, 7/7/20)

(continued on page 7)

PEOPLE (continued from page 6)

Mohandas Narla, DSc has been awarded the 2020 Wallace H. Coulter Award for Lifetime Achievement in Hematology from the American Society of Hematology (ASH). This distinction recognizes Dr. Narla's "significant contributions to hematology through ground-breaking research," and his "invaluable service" to both ASH and the field of hematology. "I am extremely humbled and honored to receive this incredible recognition from my peers at ASH – where I've been an active member for nearly 50 years," said Dr. Narla in a statement to ASH. "It is particularly gratifying to be the first engineer to receive this prestigious award named after Mr. Wallace Coulter, who was an engineer himself." Dr. Narla received his doctoral degree in Chemical Engineering from Washington University (St. Louis, Mo.) and completed post-doctoral training in hematology research at the Institute of Cellular Pathology in Paris. He went on to take a faculty position in the Department of Laboratory Medicine at University of California before becoming a part of the Lawrence Berkeley National Laboratory team at the University of California where he led the Hematopoiesis group. Dr. Narla joined New York Blood Center in 2001. ASH is awarding him with the organization's "highest honor." His other accomplishments include, "more than 400 peer-reviewed publications and 100 reviews under his belt, Dr. Narla has had a distinguished research career focused on the pathophysiology of inherited and acquired red blood cell disorders. He is known for his invention of the ektacytometer, a tool used today in clinical research and diagnosis to characterize red blood cell abnormalities… Dr. Narla has focused his efforts in developing strategies for the quantitative analysis of the various stages of erythropoiesis in human peripheral blood and bone marrow. He believes that a detailed understanding of normal and disordered erythropoiesis will lay the groundwork for novel diagnostic and therapeutic options that can improve patient care. Dr. Narla is commended not only for his extensive red blood cell research, but also for his generous and supportive attitude as a mentor to others. He is seen as a true leader in bringing together researchers from all over the world."

(ASH Announcement, 6/23//20) ♦

IN MEMORIAM

Gary Tegtmeier, PhD passed away on July 4th, a great loss to his family, many friends, and the transfusion medicine community. His career spanned more than four decades at the Community Blood Center (Kansas City, Mo.) where his co-workers greatly admired him. He and those who worked most closely with him formed tight bonds that persisted for years. They worked hard and enjoyed their camaraderie. Through e-mails, colleagues scattered across the country wrote, "true friend," "we had good times together at work and at play," "one of my best pals," and "I will miss him very much." From my vantage, Gary was every bit of a Renaissance man. Trained as an epidemiologist, he loved music, the arts, and spirited discussions. He made you want to know what he had to say, professionally and socially. I especially looked forward to his critiques of Symphony performances. I enjoyed his comments about jogging and knee joints. He enticed me to see beauty in prairie grass bending in the wind. I never understood his interest in

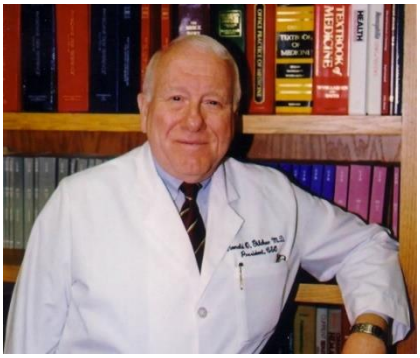
(continued on page 8)

IN MEMORIAM (continued from page 7)

bird watching. He amused us with piles of paper, journals, and books covering his desk, floor, bookshelves, and our view of him from his office door. He had a very messy office, but a precise mind. His glass half-empty persona was enigmatic. I believe he admonished us to "make haste slowly" because he was caring and sought the best solutions. He wanted progress, and, it had to be tidy. Gary's scientific contributions place him in the top tier of transfusion medicine infectious disease experts. His publications focused on transfusion-transmitted cytomegalovirus, HIV, hepatitis B and C, and malaria. As a recognized authority on infectious disease testing, he established one of the initial nucleic acid test (NAT) laboratories at Community Blood Center during the late 1990s. His NAT lab tested donor samples from more than a dozen blood centers from across the United States. NAT complimented serologic testing, improved transfusion safety, and provided significant insight into transfusion-associated virus transmission. Gary and his colleagues used these data to advocate for improved testing algorithms that clarified information provided to blood donors with equivocal infectious disease test results permitting them to resume blood donation. During his career, Gary amassed freezers full of blood samples salvaged from test tubes intended for discard following test completion. Useful for his hepatitis and HIV research projects, the repository of retained blood samples incidentally provided samples for analyzing mumps antibodies in specimens obtained fortuitously a year prior to a mumps outbreak, further demonstrating his vision for archiving these samples. A remarkable individual, Gary was worldly, wise, and worthy. The transfusion medicine infectious disease community sought and respected his advice and comments. He inspired us, cajoled us, made us think, and made transfusion safety and us better. Those of us privileged to know Gary, miss him dearly. Contributions can be made in his honor to:

- Kansas City Symphony;
- Kansas Land Trust; or
- Grassland Heritage Foundation.

Contributed by Jay Menitove, MD



Oklahoma Blood Institute and Firuza Gilcher will be holding a memorial service to honor the life and legacy of former Oklahoma Blood Institute Chief Executive Officer, President, and Medical Director **Ronald O. Gilcher, MD, FACP** on July 21st at Coles Garden. Memorial messages can be shared here and a video will be available online after the service. For more information contact Oklahoma Blood Institute's Lucy Wang. An "In Memoriam" for Dr. Gilcher can be found in *ABC Newsletter* Issue #18 from May 15th.

(OBI Announcement, 7/2/20)

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter.* Letters are subject to editing for brevity and good taste and published after editorial review. Please send letters to the Editor at newsletter@americasblood.org or fax them to (202) 899-2621. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

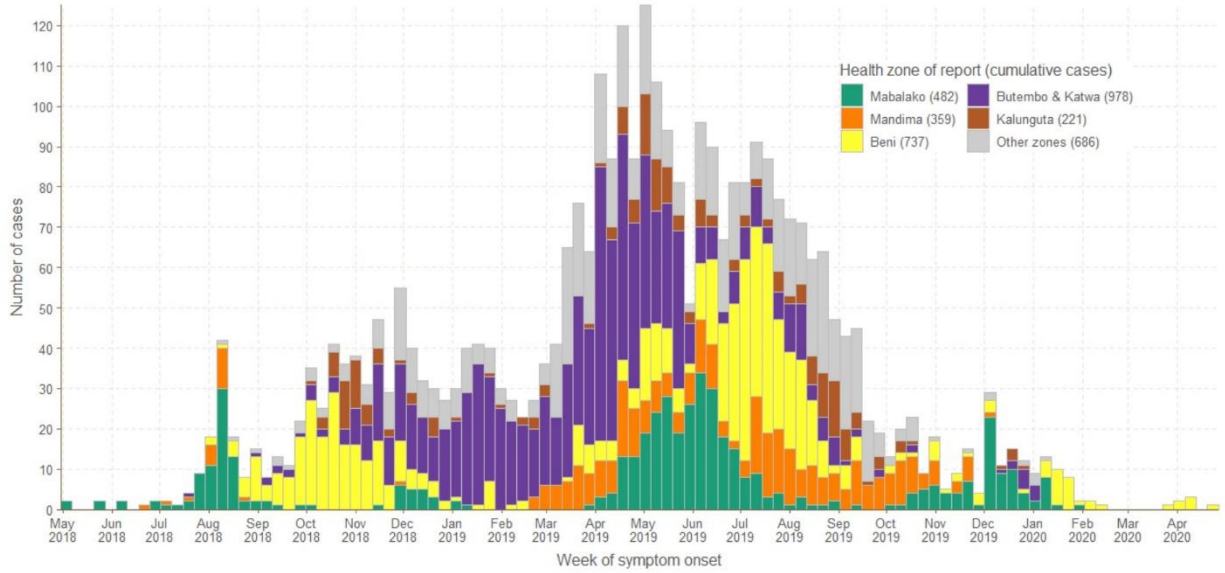
INFECTIOUS DISEASE UPDATES

EBOLA

On June 25th, the World Health Organization announced that the Ebola outbreak in the Democratic Republic of the Congo (DRC) to be officially over. "The outbreak took so much from all of us, especially from the people of DRC, but we came out of it with valuable lessons, and valuable tools," said WHO Director-General Tedros Adhanom Ghebreyesus, PhD in a statement issued by the organization. "The world is now better-equipped to respond to Ebola. A vaccine has been licensed, and effective treatments identified." The outbreak lasted close to two years and result was the 10th declared outbreak of Ebola.

"The international effort to bring an end to Ebola in Democratic Republic of Congo has been a true partnership between the Centers for Disease Control and Prevention (CDC), the Ministry of Health, WHO and U.S. government partners," said CDC Director Robert Redfield, MD in an agency news release. "CDC will continue the important work of confronting Ebola and other global disease threats with the mission to improve the human condition." U.S. Secretary of Health and Human Services Alex Azar added in an HHS news release, "We congratulate the Congolese government and all of our partners on bringing the outbreak to an end. Above all, the victory is a credit to the heroic Congolese healthcare workers and community members on the ground, some of whom I had the chance to meet and thank in person this past fall…The [outbreak] in western DRC is a reminder that we must stay vigilant against this virus and all infectious threats that can cross borders. The United States was there to help the people of the DRC long before Ebola, and we will be there as partners long after this threat recedes." The outbreak resulted in 3,470 confirmed cases and 2,287 confirmed deaths. Throughout the outbreak, the CDC and the WHO did not classify the affected areas as having "widespread transmission of Ebola virus," which would trigger donor interventions in the U.S. The U.S. Food and Drug Administration (FDA) guidance that requires "in the event that one or more countries is classified by CDC as having widespread transmission of Ebola virus, your donor history questionnaire (DHQ), including your full-length and abbreviated DHQ, and accompanying materials, must incorporate elements to assess prospective donors for symptoms of recent or current illness with Ebola virus infection or disease, and travel to, or residence in, an area endemic for Ebola virus in accordance with 21 CFR 630.10(e)(2)."

Confirmed and probable Ebola virus disease cases by week of illness onset, data as of June 25th*



(continued on page 10)

INFECTIOUS DISEASE UPDATES (continued from page 9)

**Excludes n=71/3470 cases for whom onset dates not reported. Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning. 'Other zones' indicate health zones other than Kalunguta, Mandima, Mabalako, Beni, Butembo & Katwa Health Zones which have been affected by Ebola.*

(Sources: Ebola virus disease – Democratic Republic of the Congo, 6/26/20, WHO Statement, 6/25/20, CDC News Release, 6/25/20, HHS News Release, 6/25/20) ♦

MEMBER NEWS

Community Blood Center (Appleton, Wis.) has partnered with Hospital Sisters Health System (HSHS) Wisconsin to blood components to all six HSHS hospitals in the state. We are honored to partner with the compassionate teams at HSHS hospitals throughout Wisconsin," said John Hagins, president and chief executive officer (CEO) of Community Blood Center, in a news release. "Together, we will care for patients in the Wisconsin communities served by this high-quality health system." HSHS Wisconsin President and CEO Andy Bagnall added, "We are pleased to partner with The Community Blood Center to support our hospitals' blood supply, a critical component of our high-quality health care system. We are committed to ensuring all our patients in need of blood and blood products to ensure successful outcomes receive the highest quality of care."

(Community Blood Center News Release, 6/29/20)

San Diego Blood Bank and Major League Baseball's San Diego Padres recently held the 4th Annual Padres Summer Blood Drive Petco Park, home of the Padres. The drive resulted in more than 350 units. "We are so grateful to the Padres and Sycuan Casino for partnering with us to make the drive happen this year," said San Diego Blood Bank Chief Executive Officer David Wellis, PhD in a news release. "With many organizations not being able to host blood drives right now, this couldn't have come at a better time. Padres Summer Blood Drive is literally a lifesaver for local hospital patients."

(San Diego Blood Bank News Release, 6/18/20) ♦

COMPANY NEWS

Cerus Corp. released results this week from an *in vitro* study "demonstrating" that its INTERCEPT Blood System can successfully inactivate SARS-Cov-2 "in plasma components intended for transfusion." In a company news release, Cerus Chief Medical Officer Richard Benjamin stated, "[g]iven the ongoing global COVID-19 pandemic, these study results are significant in showing efficacy against a highly pathogenic coronavirus. While no transfusion transmitted SARS-CoV-2 infections have been reported to date, viral RNA has been observed in the plasma of some patients; and the inactivation data from this study indicate that the INTERCEPT Blood System could reduce the potential risk of SARS-CoV-2 transmission by transfusion of convalescent plasma from recovered COVID-19 patients." Investigators from the Special Infectious Agents Unit - BSL3, King Fahd Medical Research Center, King Abdulaziz University (Jeddah, Saudi Arabia) conducted the study and are in the midst of performing a similar study to determine if INTERCEPT can successfully inactivate SARS-CoV-2 in platelet components. Also, Cerus has multiple *in vitro* studies in the U.S., funded by the Biomedical Advanced Research and Development Authority (BARDA), that will "assess the INTERCEPT Blood System's ability to inactivate SARS-CoV-2 in red blood cells, as well as platelets and plasma."

(Source: Cerus News Release 7/7/20)

(continued on page 11)

COMPANY NEWS (continued from page 10)

Mount Sinai Health System, **Emergent Bio Solutions**, and **ImmunoTek Bio Centers** announced collaboration plans to "develop, manufacture, and conduct clinical trials to evaluate Emergent's COVID-19 hyperimmune globulin (HIG) product" according to a joint news release. Through this partnership, Mount Sinai and Emergent will lead a post-exposure prophylaxis study for post-exposure healthcare workers on the frontlines of the response to the COVID-19 pandemic. "There is emerging evidence that convalescent plasma is an effective treatment for COVID-19 patients," said David Reich, MD, president and chief operating officer of The Mount Sinai Hospital in the news release. "Therefore, hyperimmune globulin may become an effective option in the prevention and treatment of COVID-19 currently, in the absence of a vaccine, as well as in the future, particularly for patients who do not develop immunity from a vaccine. It is imperative that we have more options to prevent this terrible disease in front-line workers and other high-risk populations and to potentially decrease the severity of illness in those infected. We are eager to collaborate with Emergent and ImmunoTek to advance the science and identify effective therapeutics in the fight against COVID-19." The collaboration will also include funding from the U.S. Department of Defense's (DoD) Joint Executive Office for Chemical, Biological, Radiological, and Nuclear Defense (JPEO-CBRND) "to support a potential Expanded Access Program for military personnel" to be treated with COVID-19 HIG. "COVID-19 outbreaks in the military cause a significant risk to readiness and the ability to conduct training and perform our mission," said Army Col. Ryan Eckmeier, the JPEO-CBRND's Joint Project Manager for Chemical, Biological, Radiological, and Nuclear Medical (JPM CBRN Medical). "Military training is often conducted in close contact as a unit or team, which makes social distancing nearly impossible. Our goal is to deliver medical solutions to enable military readiness. Knowing that HIG has been used in other disease outbreaks successfully as a prophylaxis, we are excited to partner with Emergent to develop this potential solution for the military and the nation." The partnership will also allow ImmunoTek "to extend [its] operating license and provide training to Mount Sinai to establish onsite plasma collection to support production of COVID-HIG." ImmunoTek Bio Centers Chief Executive Officer and President Jerome Parnell III added in the news release, "blood plasma donors from New York impacted by the pandemic could unlock the potential of a viable hyperimmune globulin product to protect our health care providers, military, and first responders, and to treat patients with severe complications from COVID-19. Our unique collaboration honors our hero donors while highlighting the importance of expanding plasma collection capabilities across mainstream communities and diverse municipalities in the fight against COVID-19 and other rare diseases."

(Source: Mount Sinai, Emergent Bio Solutions, and ImmunoTek Bio Centers Joint News Release, 7/8/20)

CALENDAR

Note to subscribers: *Submissions for a free listing in this calendar (published weekly) are welcome. Send information to newsletter@americasblood.org or by fax to (202) 899-2621. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

2020

July 14 & 16. **ABC Summer Summit (Virtual).** More details and registration available here.

July 21-22. **ABC Medical Directors Workshop (Virtual).** More details and registration available here.

Aug. 14. **HHS Tick-borne Disease Working Group Meeting (Virtual).** More details and registration available here.

Sept. 9. **10th Annual Symposium Red Cell Genotyping 2020: Visionary Solutions, Bethesda, Md.** More details available here.

(continued on page 12)

CALENDAR (continued from page 11)

Sept. 10. **39th Annual Immunohematology and Blood Transfusion Symposium, Bethesda, Md.** More details available here.

Sept. 16, 23, 30. **ADRP Digital Marketing Solutions Virtual Master Class.** More details available here.

Oct. 3-5. **2020 AABB Annual Meeting (Virtual).** More information available here.

Oct. 27. **Biomedical Advanced Research and Development Authority (BARDA) Industry Day 2020 (Virtual).** More information available here.

Nov. 22-24. **2020 ADRP Conference, Phoenix, Ariz.** More details available here.

2021

Mar 8-10. **ABC Annual Meeting, Washington, D.C.** More details coming soon.

June 25-26. **64th Annual California Blood Bank Society Annual Meeting, Santa Clara, Calif.** More details available here.

Sept. 15-17. **4th European Conference on Donor Health and Management, Hamburg, Germany.** More details 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 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, e-mail: newsletter@americasblood.org

POSITIONS

Associate Medical Director. Blood Assurance is seeking an Associate Medical Director to work in our Nashville, TN facility. This position will assist the Medical Director with providing medical and professional guidance to employees of the company and to area medical professionals. Qualified applicants should possess: MD degree required; board certification or eligibility in pathology required (board certification must be secured within 1 year of hire); Transfusion Medicine board certification or eligibility preferred. Must be licensed to practice medicine in the states of our fixed facilities if required by that state (state licensure can be secured after hire). Minimum 5 years prior related experience; blood bank management and cellular therapy experience preferred. Advanced communications skills required, including ability to speak to groups; computer skills and ability to effectively interact with co-workers. Qualified candidates are encouraged to submit an online application at www.bloodassurance.org. Blood Assurance is an EOE and Tobacco Free Workplace.

Chief Medical Officer (Associate Professor, Full Professor). The University of Washington, Department of Laboratory Medicine and Pathology and Bloodworks Northwest is accepting applications for Chief Medical Officer (Associate Professor, Full Professor). This position involves overall responsibilities for providing medical direction and support for all aspects of Bloodworks' activities. The position requires licensure as a physician (M.D. or D.O.) and board certification in Blood Banking/Transfusion Medicine. In lieu of board certification, candidates who meet the requirements for CLIA laboratory director with 3 years' experience in blood collections, immunohematology, apheresis, and cellular therapy will also be considered. University of Washington faculty engage in teaching, research, and service. Please apply at https://usr57.dayforcehcm.com/CandidatePortal/en-US/bloodworks/. EO employer – M/F/Vets/Disabled