America's Blood Centers®
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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #12 **April 9, 2021**

INSIDE:

National Donate Life Presidential Proclamation Recognizes Blood Donation

The Administration issued a proclamation from President Biden on March 31st recognizing April as National Donate Life Month. The proclamation references blood donation as well, "[this month is] a time for all Americans to celebrate the generosity of those who have saved lives by becoming organ, eye, tissue, marrow, and blood donors — and to encourage more Americans to follow their example. We also honor the families and friends of donors who have supported their loved one's decision to donate, as well as the caring and committed professionals who serve the transplantation community…Nearly 18,000 people are diagnosed each year with illnesses for which blood stem cell transplantation — requiring marrow or cord blood — is the best treatment option. Over 65 percent of these individuals require donors from outside their own family. Although some 30 million adults are currently registered as blood stem cell donors, many individuals still have difficulty finding a suitably matched donor, meaning that we need many more registrants to fill this life-saving need." The proclamation concludes "NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim April 2021 as National Donate Life Month. I call upon every person to share the gift of life and hope with those in need of a life-saving or life-enhancing transplant by becoming organ, eye, tissue, marrow, and blood donors."

(Source: White House Announcement, 3/31/21)

COVID-19 Vaccine Shows High Effectiveness at 6 Months

Pfizer, Inc. and BioNTech SE recently updated their topline results from an analysis of more than 900 confirmed symptomatic COVID-19 cases in an ongoing phase III trial. According to the joint announcement from the companies, their vaccine demonstrated "highly effective" vaccine efficacy (91.3 percent) against COVID-19 "measured seven days through up to six months after the second dose…results from this analysis of 46,307 trial participants build upon and confirm previously released data and demonstrate strong protection against COVID-19 through six months post-second dose. From the [confirmed symptomatic cases] of COVID-19 in the trial, 850 cases of COVID-19 were in the placebo group and 77 cases were in the [vaccine] group, corresponding to vaccine efficacy of 91.3 percent (95 percent confidence interval [CI, 89.0, 93.2])." The companies also announced that the vaccine "was 100 percent effective" at preventing severe disease according to the

(continued on page 2)

COVID-19 Vaccine Six Month Effectiveness (continued from page 1)

Centers for Disease Control and Prevention (CDC) definition and 95.3 percent effective by the U.S. Food and Drug Administration (FDA) definition. "These data confirm the favorable efficacy and safety profile of our vaccine and position us to submit a Biologics License Application to the U.S. FDA," said Albert Bourla, chairman and chief executive officer (CEO), Pfizer in the news release. "The high vaccine efficacy observed through up to six months following a second dose and against the variant prevalent in South Africa provides further confidence in our vaccine's overall effectiveness." The announcement also stated that the vaccine was "100 percent effective in preventing COVID-19 cases in South Africa," where the B.1.351 variant is prevalent. BioNTech SE Founder and CEO Ugur Sahin added in the release, [i]t is an important step to further confirm the strong efficacy and good safety data we have seen so far, especially in a longer-term follow-up. These data also provide the first clinical results that a vaccine can effectively protect against currently circulating variants, a critical factor to reach herd immunity and end this pandemic for the global population."

A recent correspondence appearing in the *New England Journal of Medicine* this week states that the Moderna vaccine demonstrated antibody persistence through six months after the second dose. "Interim results from a phase 3 trial of the Moderna mRNA-1273 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine indicated 94 percent efficacy in preventing coronavirus disease 2019 (Covid-19). The durability of protection is currently unknown. We describe mRNA-1273-elicited binding and neutralizing antibodies in 33 healthy adult participants in an ongoing phase I trial, stratified according to age, at 180 days after the second dose of 100 µg (day 209)…Although the antibody titers and assays that best correlate with vaccine efficacy are not currently known, antibodies that were elicited by mRNA-1273 persisted through 6 months after the second dose, as detected by three distinct serologic assays. Ongoing studies are monitoring immune responses beyond 6 months as well as determining the effect of a booster dose to extend the duration and breadth of activity against emerging viral variants. Our data show antibody persistence and thus support the use of this vaccine in addressing the Covid-19 pandemic."

These announcements come as the CDC's *Morbidity and Mortality Weekly Report* (*MMWR*) published on April 2nd looked at interim estimates of the performance of mRNA vaccines in healthcare workers. The *MMWR* stated that the mRNA vaccines authorized for emergency use in the U.S. by the FDA are "highly effective in real-world conditions." It concluded that "[t]hese interim vaccine effectiveness findings for both Pfizer and BioNTech's and Moderna's mRNA vaccines in real-world conditions complement and expand upon the vaccine effectiveness estimates from other recent studies and demonstrate that current vaccination efforts are resulting in substantial preventive benefits among working-age adults."

(Sources: Pfizer and BioNTech SE News Release, 4/1/21; *NEJM* Correspondence, 4/6/21; *MMWR*, 4/2/21)

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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 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.

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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.

ABC Seeks Member Participation in 2020 Service Fee Survey

America's Blood Centers has launched the annual survey of member service fees. Members are encouraged to participate by completing the online survey available in MCN 21-032. The results from this survey are important in assisting ABC in its advocacy efforts on behalf of member blood centers for better reimbursement for blood products. Only aggregate data will be reported and no individual data or identifiable information from any center will be shared. Please contact us to receive a copy of the survey questions or see MCN 21-032.

(Source: MCN 21-032, 4/8/21)

ABC HR Forum Webinar on April 14th

ABC will host a Human Resources Forum Webinar on April 14th. The event will address:

- 2018 & 2019 Employee Turnover & Retention Survey Final Report Discussion;
- Update-2020 Employee Turnover & Retention Survey;
- Lessons Learned in the Pandemic; and
- Open Discussion-Submitted Questions and Comments.

Additional details including the 2018 and 2019 Employee Turnover and Retention Survey Final Report are available to ABC Members. Please contact us to receive a copy of the report, MCN, or additional webinar details.

(Source: MCN 21-029)

ADRP Webinar: Convalescent Plasma Donors — What's Next?

Register today for the Wednesday, April 21st ADRP webinar titled "Convalescent Plasma Donors — What's Next?" This webinar will take place at 1 p.m. EDT and will explore ways in which blood centers can engage and retain convalescent plasma donors. Two centers will share data and additional information on the strategies they have implemented to foster relationships with convalescent plasma donors, followed by an open forum to discuss additional ways to amplify recruitment and retention efforts.

ADRP subscribers may register for free. Non-subscribers can participate for $25.

(Source: ADRP Announcement, 3/29/21) ♦

Register for ADRP Master Class: Elevate Your Donor Journey

Registration is now open for the next ADRP Master Class scheduled to take place May 12th-13th. Blood centers are encouraged to have their collections and recruitment teams participate in the virtual event that

(continued on page 4)

INSIDE ABC (continued from page 3)

will delve into the topic of improving the donor experience. The master class will begin by mapping the donor journey, then focus on donor programs, and conclude with ways to improve staff selection, training, and blood center culture. ADRP is excited to have speakers from blood centers of all sizes and external industries including Chick-fil-A, Customer Experience Professional Association (CXPA), The Ritz-Carlton, and more. This event is designed for recruitment and collections professionals as both disciplines are important in the donor journey. View the complete program and register here today.

Upcoming ABC Webinars – Don't Miss Out!

- **ABC Human Resources Forum Webinar** – April 14th from 3 – 4 p.m. (EDT). Additional details including information to join the call are also available to ABC members in MCN 21-029. Please contact us with questions or to receive a copy of the MCN.
- **ABC QA Education Webinar** – April 20th from 3 – 4 p.m. (EDT). An Academic Approach to COVID Convalescent Plasma: "PassITON & Rosetta Stone." Additional details including login information to join the webinar are also available to ABC members in MCN 21-030. Please contact us with questions or to receive a copy of the MCN.
- **ADRP Convalescent Plasma Donors — "What's Next? Webinar** – April 21st from 1 – 2 p.m. (EDT). Additional details and registration available here.

RESEARCH IN BRIEF

Collection of Convalescent Plasma — Lessons Learned. An article published in *Vox Sanguinis* showed that "COVID-19 highlighted many areas for improvement in pandemic management." The authors cite that "[t]he lack of definitive treatment or preventative options for COVID-19 led many to consider COVID-19 convalescent plasma (CCP) as potentially therapeutic...The International Society of Blood Transfusion established a Working Group to address existing practices and provide recommendations on CCP…The pandemic highlighted the ethical challenge of reconciling compassionate and research use of an investigational product." The authors noted that, "[i]n future epidemics, clinicians, researchers, ethicists and policymakers will likely continue to struggle balancing access to a promising therapeutic (the need of the one) with gathering quality data through trials that restrict access (the needs of the many)…SARS-CoV-2 highlighted areas for improvement in supply chain management both of traditional blood products as well as novel therapeutics…Blood cent[er]s, already struggling with low blood inventories, embraced the challenges to establishing a new blood product line with unique donor qualification and product labelling requirements." They explain that, "[a]dequate staffing was especially challenging during peak infectivity as staff become infected, are quarantined following exposure and miss work to care for affected family members or due to fear of becoming infected…Social distancing forced the modification of the collection environment, reducing significantly collection capacity, to guarantee at least 2 met[er]s between donors." They describe challenges in donor recruitment throughout the pandemic and explain how "[h]ospitals, clinics, clinicians, testing laboratories, government officials, and public health departments are valuable partners…[and the benefits] of "[a] standardized check list of pre-requisite information and approved testing is helpful…As soon as reliable patient testing is available, recruitment should focus to recovered individuals with documented presence of the infectious agent." "It is important to utilize all media platforms

(continued on page 5)

RESEARCH IN BRIEF (continued from page 4)

in recruiting donors…During future pandemics, where transmission mechanisms might be unknown, pathogen reduction should be considered…CCP donors are more likely to be first time donors, requiring more assurances and education…[T]here are no current data suggesting an increased infectious risk or other negative health effect relative to short term (2–6 months) increased apheresis donations of any type." The authors concluded that "some of what we believe now might prove to be incorrect in the future." They also recommended that "preparedness for pandemics outside of pandemic situations must be taken seriously in the future."

Citation: Wendel, S., Land, K., Devine, D., *et al*. Lessons learned in the collection of convalescent plasma during the COVID-19 pandemic. *Vox Sanguinis*. 2021.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

WORD IN WASHINGTON

An announcement in the *Federal Register* on March 23rd from the U.S. Department of Health and Human Services (HHS) stated that the agency is postponing, pending judicial review, the effective date of a final rule entitled "Securing Updated and Necessary Statutory Evaluations Timely (SUNSET final rule)." The effective date of the final rule "is delayed" until March 22nd, 2022. Under the final rule, which was originally scheduled to take effect in March 2021, agency regulations, with certain exceptions "would expire at the end of:

- two calendar years after the year that the SUNSET rule first became effective;
- 10 calendar years after the year of the regulation's promulgation; or
- 10 calendar years after the last year in which the Department 'assessed' and, if required, 'reviewed' the regulation, whichever was latest.

Thus, under the rule, unless HHS 'assessed' and, if required, 'reviewed' most of its regulations within a certain timeframe specified in the rule (for most existing regulations, within two years) and every 10 years thereafter, the regulations would expire. The proposed rule also provided that if a 'review' led to a finding that a regulation should be amended or rescinded, the [agency] must amend or rescind the regulation within a specified timeframe (generally two years). In addition, the proposed rule contained certain publication requirements, including that:

- the [agency] publish the results of all 'assessments' and 'reviews,' including the full underlying analyses and data used to support the results, in the *Federal Register*, and
- the [agency] announce the commencement of an 'assessment' or 'review' of a particular regulation on the agency website, with an opportunity for public comment."

Additionally in the announcement, HHS expressed concerns regarding unintended consequences of the rule stating, "[g]iven the volume of HHS agency regulations that the Department would need to assess and, as applicable, review in a short period of time, HHS now believes it is likely some regulations would expire without any additional administrative process (contrary to the conclusions reached in the SUNSET final rule)…[T]he expiration component of the SUNSET final rule also raises significant policy and public health questions concerning the value of the assessment and review processes and whether those processes are so important that they outweigh the value of the regulations that would likely expire…HHS is similarly concerned that the SUNSET final rule may have significantly underestimated the burden of the assessments and reviews for this magnitude of regulations and fails to account for the substantial resources that would be needed for the HHS agencies to simultaneously evaluate thousands of regulations in a short period of time."

(Source: *Federal Register* Announcement, 3/23/21)

(continued on page 6)

WORD IN WASHINGTON (continued from page 5)

A report from the HHS Office of the Inspector General (OIG) recently examined the impact of the COVID-19 pandemic on hospitals. According to an OIG announcement, "[t]his review provides a national snapshot, from the perspective of front-line hospital administrators, on how responding to the COVID-19 pandemic has affected their capacity to care for patients, staff, and communities. This is not a review of the HHS response to the COVID-19 pandemic. We conducted our first pulse survey of challenges that hospitals reported facing in response to COVID-19 during the early weeks of the pandemic (March 23rd -27th, 2020). This snapshot from 2021 provides HHS and other decisionmakers with updated information on hospital perspectives. The findings are the result of a "pulse survey conducted during February 22nd–26th, 2021, with hospital administrators from 320 hospitals across 45 States, the District of Columbia, and Puerto Rico. Interviews focused on three key questions:

- What are your most difficult challenges in responding to the COVID-19 pandemic right now, and what strategies have you been using to address the challenges?
- What are your organization's greatest concerns going forward?
- How can government best support hospitals?"

The report lists key takeaways as "hospitals reported that operating in 'survival mode' for an extended period of time has created new and different problems than experienced earlier in the pandemic and exacerbated longstanding challenges in health care delivery, access, and health outcomes. It describes:

- "*Hospital-Reported Challenges*: Hospitals described difficulty balancing the complex and resource-intensive care needed for COVID-19 patients with efforts to resume routine hospital care;
- *Addressing Hospital Challenges*: Hospitals reported a range of strategies to address their challenges and identified areas in which further government support could help as they continue responding to the pandemic; and
- *Looking Forward*: Beyond the immediate needs in responding to COVID-19, the pulse survey documents hospitals' perspectives about longer-term opportunities for improvement to address challenges that existed before, and were exacerbated by, the pandemic."

(Source: HHS OIG Report Announcement, 3/23/21)

MEMBER NEWS

Photo courtesy of UnityPoint Health

UnityPoint Health® - Iowa Methodist Medical Center announced that it is the first Iowa hospital to provide whole blood transfusions to severely injured patients, thanks to its partnership with **LifeServe Blood Center**. "For the past several decades, blood transfusions have been separated into three individual component therapies - red cells, plasma, and platelets - because most patients require only a part of a whole blood donation. The severely injured person isn't bleeding individual components; they are bleeding whole blood," said Richard Sidwell, MD, trauma surgeon at Iowa Methodist in a news release. "We are proud of the strong relationship between our organization and LifeServe to make this new therapy possible." LifeServe Blood Center Director of Public Relations and Marketing Danielle West added in the release, "[t]he outstanding partnership between LifeServe Blood Center and UnityPoint Health

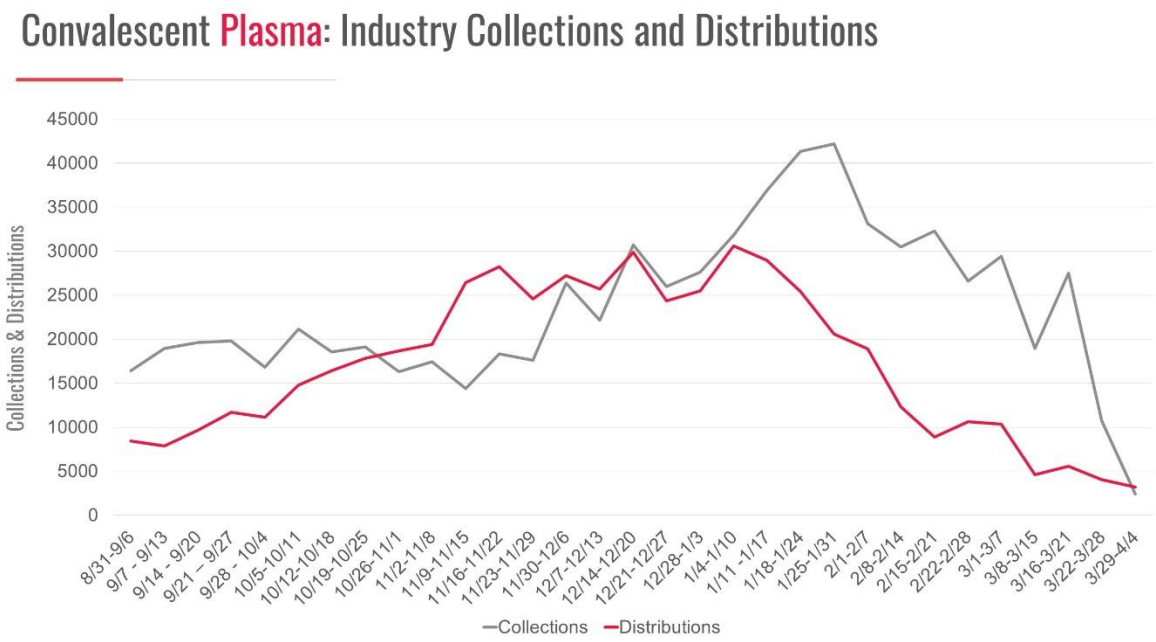
(continued on page 7)

MEMBER NEWS (continued from page 6)

– Des Moines has been key in implementing whole blood transfusions in Central Iowa but treatment like this would not be possible without blood donation volunteers. Each blood donor matters and plays a critical part in saving a life. There is always a need for whole blood, double red cell, platelet and plasma donations."

(Source: UnityPoint Health News Release, 4/6/21)

COVID-19 Convalescent Plasma Updates



GLOBAL NEWS

The World Health Organization (WHO) announced this week the COVID-19 Vaccines Global Access (COVAX) initiative has delivered more than 38 million doses of COVID-19 vaccines to more than 100 countries. The COVAX initiative aims to provide "a global mechanism for equitable access to COVID-19 vaccines." It forecasts that approximately 2 billion doses of vaccines could be delivered globally by the end of the year. "In under four months since the very first mass vaccination outside a clinical setting anywhere in the world, it is tremendously gratifying that the roll-out of COVAX doses has already reached one hundred countries," said Dr. Seth Berkley, CEO of Gavi, the Vaccine Alliance, in the WHO news release. "COVAX may be on track to deliver to all participating economies in the first half of the year yet we still face a daunting challenge as we seek to end the acute stage of the pandemic: we will only be safe when everybody is safe and our efforts to rapidly accelerate the volume of doses depend on the continued support of governments and vaccine manufacturers. As we continue with the largest and most rapid global vaccine rollout in history, this is no time for complacency." WHO Director-General Tedros Adhanom Ghebreyesus, PhD added in the release, "COVAX has given the world the best way to ensure the fastest, most equitable rollout of safe and effective vaccines to all at-risk people in every country on the planet. "If we are going to realize this great opportunity, countries, producers and the international system must come together to prioritize vaccine supply through COVAX. Our collective future, literally, depends on it."

(Source: WHO News Release, 4/8/21)

(continued on page 8)

GLOBAL NEWS (continued from page 7)

The European Medicines Agency (EMA) Safety Committee issued a statement "conclud[ing] that unusual blood clots with low blood platelets should be listed as very rare side effects" of the Astra-Zeneca COVID-19 vaccine. "[T]he Committee took into consideration all currently available evidence, including the advice from an ad hoc expert group…[M]ost of the cases reported have occurred in women under 60 years of age within 2 weeks of vaccination. Based on the currently available evidence, specific risk factors have not been confirmed…[T]he blood clots occurred in veins in the brain (cerebral venous sinus thrombosis, CVST) and the abdomen (splanchnic vein thrombosis) and in arteries, together with low levels of blood platelets and sometimes bleeding. The Committee carried out an in-depth review of 62 cases of cerebral venous sinus thrombosis and 24 cases of splanchnic vein thrombosis reported in the [European Union] drug safety database (EudraVigilance) as of March 22nd, 18 of which were fatal. The cases came mainly from spontaneous reporting systems of the [European Economic Area] and the [United Kingdom], where around 25 million people had received the vaccine." The WHO Global Advisory Committee on Vaccine Safety (GACVS) COVID-19 subcommittee also published a statement that, "[the GACVS] has reviewed reports of rare cases of blood clots with low platelets following vaccination with the AstraZeneca COVID-19 vaccine (including Covishield) since their onset a few weeks ago…Based on current information, a causal relationship between the vaccine and the occurrence of blood clots with low platelets is considered plausible but is not confirmed. Speciali[z]ed studies are needed to fully understand the potential relationship between vaccination and possible risk factors. The GACVS subcommittee will continue to gather and review further data, as it has done since the beginning of the COVID vaccine [program]. It is important to note that whilst concerning, the events under assessment are very rare, with low numbers reported among the almost 200 million individuals who have received the AstraZeneca COVID-19 vaccine around the world." The AstraZeneca vaccine received the emergency use designation from the WHO earlier this year, but has not been authorized for emergency use in the U.S. at this time.

(Sources: EMA Statement, 4/7/21; WHO Statement, 4/7/21)

COMPANY NEWS

Grifols announced that the company will continue its research regarding the use of its intravenous anti-SARS-CoV-2 hyperimmune globulin therapy in outpatients as part of an international study collaboration with the National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID). The news follows last week's announcement NIH/NIAID sponsored phase III randomized Inpatient Treatment with Anti-Coronavirus Immunoglobulin (ITAC) clinical trial failed "to meet its primary endpoints with statistically significant results." Additionally, Grifols will "also evaluate, in a study in Spain, a subcutaneously administered anti-SARS-CoV-2 hyperimmune globulin for asymptomatic outpatients, and is participating, also in Spain, in a clinical study to test convalescent plasma as early treatment in non-hospitalized mild or moderate COVID-19 patients…[Additionally, the company will explore] the impact of other plasma-derived treatments such as alpha-1 antitrypsin, immunoglobulins and antithrombin III on COVID-19 patients in various disease stages to mitigate the effects of the infection."

(Source: Grifols News Release, 4/2/21)

Abbott is forming a collaborative coalition as part of preparedness efforts for future pandemics. The Abbott Pandemic Defense Coalition will be "a first-of-its-kind global scientific and public health partnership dedicated to the early detection of, and rapid response to, future pandemic threats," according to a recent announcement. The coalition will aim to:

- "to help the global scientific and health community identify new viral threats;
- take quick action when one is discovered; [and]
- help prevent future pandemics."

(continued on page 9)

COMPANY NEWS (continued from page 8)

Abbott Head of Infectious Disease and Research Gavin Cloherty, PhD added in a company news release, "We cannot fight what we cannot see coming. This program establishes a global network of 'eyes on the ground' that are always looking for threats, which helps the global health community to stay one step ahead of the next viral threat, and allows us to utilize Abbott's expertise and technology to quickly develop tests to address them. The COVID-19 pandemic has demonstrated a clear need for advanced surveillance and viral sequencing – and the critically important role of testing. Understanding what pathogenic threats are emerging will help us test, diagnose, and hopefully help prevent the next pandemic." Abbott intends to publish sequeneces of viruses that are discovered in a public database to facilitate collaboration among health officials and laboratories to strengthen surveillance efforts.

(Source: Abbott News Release, 3/11/21) ♦

Cellphire Request for Apheresis Platelet Units

Cellphire, Inc. is a biomedical research organization located in Rockville, M.D. Currently, Cellphire is conducting two separate Phase II clinical trials. Both trials require a weekly supply of FDA licensed, leukocyte reduced, Apheresis Platelet Units (APU). For one trial, IND 17156, the APUs, once received by Cellphire, are pooled, filtered using a process of Tangential Flow Filtration (TFF) which reduces the excess plasma, then a cryoprotectant solution is added to the pooled APU, aliquoted to glass vials, and then lyophilized. The lyophilized product is termed "Thrombosomes". For the other trial, IND 14047, the APU have an added requirement. They must be licensed, irradiated and leukocyte reduced. These APUs are plasma reduced, mixed with 6% percent DMSO, and then frozen and stored in an Ultra-Low Freezer at ≤-65C. These DMSO frozen platelets are termed "CPP". Information on each of these clinical trials may be found on Clinicaltrials.gov. More information available here.

ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The calendar of events includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!

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.

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.)*

2021

April 15. **FDA Cellular, Tissue, and Gene Therapies Advisory Committee Meeting (Virtual).** More details available here.

May 4-6. **IPFA/PEI 27th International Workshop on Surveillance and Screening of Blood-borne Pathogens (Virtual).** More details available here.

May 6. **FDA CBER OTAT Patient Engagement and Regenerative Medicine Workshop (Virtual).** More details available here.

May 12-13. **Elevate Your Donor Journey: ADRP Master Class in Finding Your XFactor (Virtual).** More details available here.

May 21-22. **64th Annual California Blood Bank Society Annual Meeting (Virtual).** More details available here.

Aug. 4. **ABC Medical Directors Workshop, Cleveland, Ohio.** More details coming soon.

Aug. 5-6. **ABC Summer Summit, Cleveland, Ohio.** More details coming soon.

Aug. 17-19. **2021 ADRP Conference, Kansas City, Mo.** More details coming soon.

Sept. 15-17. **4th European Conference on Donor Health and Management, Hamburg, Germany.** More details available here.

Oct. 16-19. **AABB Annual Meeting.** 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

Regional Operations Director. LifeShare Blood Center is seeking an enthusiastic Operations Director to oversee blood collection and donor recruitment operations in the Baton Rouge, LA region. Relocation assistance may be available for the right candidate. Responsibilities include: develop and implement strategic and tactical plans for operations within the donation center and community-based activities; direct, develop and coach teams for achievement of established goals and KPI's; develop relationships with community leaders and groups to promote our mission and business needs; ensure operations adhere to standards and regulations governing the blood banking industry, including FDA, AABB, cGMP, and OSHA; and model LifeShare's mission and values, integrating them into daily decisions, behaviors and actions. The ideal candidate has a bachelor's degree or equivalent experience and background in healthcare administration, business or operations management, including supervisory experience in the direction and coaching of other employees. They champion teamwork, communication and continuous improvement and have a passion for service to our community. Come be a part of the LifeShare team, "connecting donors and the lives they impact!" LifeShare offers a competitive salary (beginning salary is $65,000 – 72,000 commensurate with experience), incentive bonus opportunities and a generous benefits package, including employer-paid medical, life and disability insurance; 401k with employer contributions (6%) and paid time off bank. Click here to apply.

Outside Sales Representative/Event Planner (Lawton, Okla.). Account Consultants must develop new partnerships with targeted decision makers in community

(continued on page 11)

POSITIONS (continued from page 10)

organizations, educational and religious institutions, and businesses to gain support in meeting the needs for volunteer blood donors. Responsibilities include organizing and promoting blood donation events; assessing, developing, and implementing strategic/tactical plans to achieve recruitment objective/goals. She/he is expected to develop a customer-focused culture that will result in successful community partnerships and donation awareness. Identify opportunities for growth within current group base, and facilitate a plan to achieve growth percentage for total unit collection within territory. Book recurring blood drives for the following year. Develop and maintain relationships with key accounts. Give presentations in order to promote blood collection. Identify and provide feedback on issues regarding customer needs/requirements, customer issues/concerns and satisfaction, competitor activities/strategies, etc. Interact effectively and professionally with team members and all internal/external contacts. Qualifications: Associate/Bachelor's degree preferred, one to three years sales related experience, public speaking/presentation experience preferred, excellent communication skills, and valid driver's license with access to vehicle. Salary Range: Competitive salary, commission plan, and excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. Click here to apply.

Chief Clinical Officer. The Central California Blood Center seeks ideal candidates for a new position of Chief Clinical Officer (CCO). Looking for a blood banking/transfusion medicine leader who can successfully navigate the ever-changing health care provider and blood industry landscapes to provide ever increasing value to our clients. The CCO will provide clinical, scientific, and technical expertise, supporting our senior management team, for our innovative and independent community blood center. The CCO will oversee blood component manufacturing, donor testing lab, R&D programs, IRL, donor services and IT departments. The position will be responsible for developing strategies to ensure blood manufacturing operations are running efficiently and growing effectively to meet the needs of our hospitals and clients, with a focus on excellence and compliance. The CCO will shape and guide our team of high achieving department leaders to consistently exceed standards and goals for cGMP, productivity, and customer service. MS, SBB, PhD or MD preferred. Strong and progressive blood industry leadership experience required. Includes opportunities for further career advancement. Please send inquiries to lchristiansen@donateblood.org.

Vice President, Donor Sourcing (Collections) (Anywhere, USA). Vitalant is a nonprofit organization that collects blood from volunteer donors and provides blood, blood products and services across the United States. Under minimal direction, this position is responsible for Donor Sourcing policies and procedures ensuring effective and efficient processes for the Blood Services Division. Requirements: Bachelor's degree required. Master's preferred. Knowledge of large system operations management including fiscal policies, human resource management, and strategic planning required. Knowledge of federal, state, and local regulations that affect business operations required. Ten years of related experience required. To include: Six years senior leadership experience. Prior executive experience and knowledge of collections process preferred. Apply here. EOE

Blood Donor Collections Manager (Blood Donor Center; Massachusetts General Hospital, Harvard Medical School). The Massachusetts General Hospital Blood Donor Center is currently hiring a Collections Manager. The Donor Collections Manager is responsible for the organization and management of Donor Service In-House collection facilities, the Blood Donor Mobile Units, and the Component Processing Laboratory, as well as, the implementation of policies and procedures, staffing and evaluation of all staff. The Donor Collections Manager has a primary reporting relationship to the Medical Director and a secondary reporting relationship to the Director of Operations, Lab and Molecular Medicine. The Donor Collections Manager is functionally responsible for coordinating clinical, educational, and administrative activities of the Blood Donor Center, Blood Donor Mobile Units, Apheresis Collections, and the Component Processing Lab. The Donor Collections Manager is an extension of the Medical Director and works to ensure competent, compassionate care to the donors, and to their families. The Standards of Practice of the AABB and the Philosophy of the Blood Donor Center form the basis of such care. The ideal candidate will have three to five years of supervisory experience in blood collection and bachelor's degree. To view the complete job posting and apply, please click here. Interested candidates can also contact Elana Greenfield at egreenfield1@mgh.harvard.edu.