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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #30 **August 27, 2021**

INSIDE:

Israel Revises Donation Criteria for MSM

In June, reports surfaced that a change could be forthcoming to Israel's blood donor deferral for men who have sex with other men (MSM). On August 19th, the country's health ministry officially revised the deferral criteria for MSM. The revision removes the mandatory minimum 12-month deferral period that previously existed for sexually active MSM and eliminates a question on the donor history questionairre form (DHQ) that asked men if they had "sexual relations with other men." The DHQ "[n]ow inquires whether a prospective donor has had "high risk sexual relations with a new partner or partners" in the past three months, using gender neutral wording," reports the *Associated Press*.

Nitzan Horowitz, the country's health minister, posted on social media according to the *Associated Press*, [the health ministry] "removed the denigrating and irrelevant questions" in questionnaires for blood donors, and that everyone would be treated equally regardless of sexual orientation. There's no difference between one blood and the other," he said. "Discrimination against gays in donating blood is over."

(Source: *Associated Press*, Israel eases restrictions on blood donations by gay men, 8/19/21) ♦

FDA Approves Pfizer-BioNTech SE COVID-19 Vaccine

The U.S. Food and Drug Administration (FDA) approved the first COVID-19 vaccine on August 23rd for use in preventing COVID-19 individuals 16 years of age and older. The Pfizer-BioNTech SE, now known as Comirnaty, had previously received emergency use authorization (EUA) from the FDA in December 2020 and the EUA remains in place for individuals between the ages of 12-15, in addition to a third, or "booster" dose in some immunocompromised individuals. "The FDA's approval of this vaccine is a milestone as we continue to battle the COVID-19 pandemic," said Acting FDA Commissioner Janet Woodcock, MD in an agency news release. "While this and other vaccines have met the FDA's rigorous, scientific standards for emergency use authorization, as the first FDA-approved COVID-19 vaccine, the public can be very confident that this vaccine meets the high standards for safety, effectiveness, and manufacturing quality the FDA requires of an approved product. While millions of people have already safely received COVID-19 vaccines, we recognize that for some, the FDA approval of a vaccine may now instill additional confidence to get vaccinated. Today's milestone puts us one step closer to altering the course of this pandemic in the U.S."

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FDA Approves Pfizer Vaccine (continued from page 1)

The approval "builds on the extensive data and information previously submitted that supported the EUA." Peter Marks, MD, PhD, director of the FDA's Center for Biologics Evaluation and Research, added in the release, "[o]ur scientific and medical experts conducted an incredibly thorough and thoughtful evaluation of this vaccine. We evaluated scientific data and information included in hundreds of thousands of pages, conducted our own analyses of Comirnaty's safety and effectiveness, and performed a detailed assessment of the manufacturing processes, including inspections of the manufacturing facilities. We have not lost sight that the COVID-19 public health crisis continues in the U.S. and that the public is counting on safe and effective vaccines. The public and medical community can be confident that although we approved this vaccine expeditiously, it was fully in keeping with our existing high standards for vaccines in the U.S."

(Source: FDA News Release, 8/23/21) ♦

CDC Publishes Data on COVID-19 Vaccine Effectiveness to Combat Delta Variant

The Centers for Disease Control and Prevention (CDC) *Morbidity and Mortality Weekly Report* (*MMWR*) for August 27th published updated data on vaccine effectiveness (VE) for frontline healthcare workers in "eight U.S. locations across six states who were tested weekly for SARS-CoV-2 infection by reverse transcription–polymerase chain reaction (RT-PCR) and upon the onset of any COVID-19–like illness." According to the *MMWR*, [a]mong 4,217 participants, 3,483 (83 percent) were vaccinated; 2,278 (65 percent) received Pfizer-BioNTech, 1,138 (33 percent) Moderna, and 67 (2 percent) Janssen (Johnson & Johnson) COVID-19 vaccines…During December 14, 2020–August 14, 2021, full vaccination with COVID-19 vaccines was 80 percent effective in preventing RT-PCR–confirmed SARS-CoV-2 infection among frontline workers, further affirming the highly protective benefit of full vaccination up to and through the most recent summer U.S. COVID-19 pandemic waves. The VE point estimates declined from 91 percent before predominance of the SARS-CoV-2 Delta variant to 66 percent since the SARS-CoV-2 Delta variant became predominant." The authors also explained the data "should be interpreted with caution because VE might also be declining as time since vaccination increases and because of poor precision in estimates due to limited number of weeks of observation and few infections among participants. As with all observational VE studies, unmeasured and residual confounding might be present."

Citation: Fowlkes, A., Gaglani, M., Groover, K., *et al*. Effectiveness of COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Frontline Workers Before and During B.1.617.2 (Delta) Variant Predominance — Eight U.S. Locations, December 2020–August 2021. *MMWR*. 2021. ♦

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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 health care system; promote partnerships, policies and programs that increase awareness about the need for blood donation; and serve as a thought-leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

America's Blood Centers
Chief Executive Officer: Kate Fry
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.

RESEARCH IN BRIEF

Vasovagal Reaction Interventions and Effects on Donors' Return. The EPISoDe (Experience Success in Donation) study in *Vox Sanguinis* "investigated the effect of drinking water on the occurrence of VVRs in first-time and novice (second to fourth donation) [young < 30 years] donors." The authors explained that "[v]asovagal reactions (VVRs) are known to reduce donors' return [and stated that an] intervention to reduce VVRs is water loading 30 min[utes] before the donation to mitigate the sudden drop in blood pressure." The researchers stated that "[t]he trial showed that drinking water shortly before donation was associated with a 23 percent reduction of VVR in novice whole blood donors…The study interventions were as follows: 330 ml water, 500 ml water or squeezing a ball (placebo intervention) before phlebotomy and a control group without intervention…Study donors were sent an online questionnaire about their experience." The authors noted that "[i]n the Netherlands, eligible donors are invited at least yearly depending on hospitals' needs…The invitation ask[ed] donors to attend in a 14-day period, so [the researchers] analyzed their return up to 421 days after the index donation…Out of the 8,300 EPISoDe participants, 6,538 donors (78.8 percent) returned within the study period." The study found that "[t]here was no statistical difference in donor return between the 500- and 330-ml water interventions (p = 0.598)…Overall, the odds for return were significantly higher in both water and placebo intervention group donors compared to the control group (odds ratio [OR] 1.14, 95 percent confidence interval [CI] 1.00–1.29 and 1.22, 1.05–1.43, respectively…VVR at the index donation was associated with reduced odds for return (adjusted OR 0.50, 95 percent CI 0.40–0.64)…The returning donors following VVR were higher in the placebo group than in the water-drinking groups (73.7 vs. 57.9 percent, p = 0.012)…Donors with a self-reported VVR showed an increased return in the placebo intervention group (OR 1.47, 95 percent CI 1.03–2.08) but not in the water intervention groups." The authors concluded, "donors who had received a study intervention were 15–20 percent more likely to return for a subsequent donation attempt than [the] control group donors." There was a call for "blood establishments [to] have strategies in place to minimize complications and improve donors' experience, [thus] improving donor retention."

Citation: Wiersum-Osselton, J., Prinsze, F, van den Brekel, E., van Dongen, A., Hermans, F., Bokhorst, A., *et al*. An intervention study for the prevention of vasovagal reactions and evaluating donors' experience: Analysis of donors' return for subsequent donation. *Vox Sang*. 2021.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

INFECTIOUS DISEASES UPDATE

Malaria

The National Institutes of Health (NIH) announced the results of a small clinical trial for a monoclonal antibody therapy to prevent Malaria. According to the agency, "[o]ne dose of a new monoclonal antibody discovered and developed at NIH safely prevented malaria for up to nine months in people who were exposed to the malaria parasite." The findings from the trial have been published in the *New England Journal of Medicine*. "Malaria continues to be a major cause of illness and death in many regions of the world, especially in infants and young children; therefore, new tools are needed to prevent this deadly disease," said National Institute of Allergy and Infectious Diseases (NIAID), a part of NIH, Director Anthony S. Fauci, MD in the news release. "The results reported today suggest that a single infusion of a monoclonal antibody can protect people from malaria for at least nine months. Additional research is needed, however, to confirm and extend this finding." Robert A. Seder, MD, chief of the Cellular Immunology Section of the Vaccine Research Center Immunology Laboratory, added in the release, "Monoclonal antibodies may represent a new approach for preventing malaria in travelers, military personnel and health care workers traveling to malaria-endemic regions," said Dr. Seder. "Further research will determine whether monoclonal antibodies can also be used for the seasonal control of malaria in Africa and ultimately for malaria-elimination campaigns."

(Source: NIH News Release, 8/11/21)

BRIEFLY NOTED

The Centers for Disease Control and Prevention (CDC) is creating a Center for Forecasting and Outbreak Analytics. According to an agency news release, the new center will aim to "advance the use of forecasting and outbreak analytics in public health decision making…In establishing the center, CDC is addressing a critical need to improve the U.S. government's ability to forecast and model emerging health threats, while building on existing modeling activities, expanding collaboration through interoperability, accessibility and increased emphasis on policy-maker decision support and communication to the public." The Center will be led by:

- Dr. Marc Lipsitch, who will serve as director for Science;
- Dr. Dylan George, who will serve as director for Operations;
- Dr. Caitlin Rivers, who will serve as associate director; and
- Dr. Rebecca Kahn, who will serve as senior scientist.

"This is an amazing opportunity for CDC and public health as we stand up the country's first government-wide public health forecasting center," said CDC Director Rochelle P. Walensky, MD, MPH in the news release. "We are excited to have the expertise and ability to model and forecast public health concerns and share information in real-time to activate governmental, private sector, and public actions in anticipation of threats both domestically and abroad." Core functions of the of the center include:

- "[p]redict: Undertake modeling and forecasting; enhance the ability to determine the foundational data sources needed; support research and innovation in outbreak analytics and science for real-time action; and establish appropriate forecasting horizons;
- [c]onnect: Expand broad capability for data sharing and integration; maximize interoperability with data standards and utilize open-source software and application programming interface capabilities, with existing and new data streams from the public health ecosystem and beyond; and
- [i]nform: Translate and communicate forecasts; connect with key decision-makers across sectors including government, businesses, and non-profits, along with individuals with strong intergovernmental affairs and communication capacity for action.

(Source: CDC News Release, 8/18/21)

REGULATORY NEWS

The U.S. Food and Drug Administration (FDA) published revisions August 20th to the guidance titled "Notifying FDA of Fatalities Related to Blood Collection or Transfusion." It updates the "guidance of the same title from September 2003." The changes, which may impact standard operating procedures (SOPs) at blood centers include: "[r]evisions to sections III and VI, to update the contact information and documentation required for reporting to FDA [and] [o]ther minor editorial or format changes. Blood centers are required to report fatalities associated with blood donation, therapeutic apheresis, and therapeutic phlebotomy, as well as patient fatalities related to transfusion reactions (if the blood center performed the compatibility testing). A report is required for a therapeutic apheresis fatality only if blood products (e.g., plasma, albumin), rather than products such as crystalloids or hydroxyethyl starch, were given as part of the procedure. A report is required for a therapeutic phlebotomy fatality only if a blood product was collected for manufacture into transfusable biologics. FDA recommends initial notifications be made by email, phone, or facsimile, as soon as possible after the event. The guidance further outlines the documentation required to evaluate the potential public health significance of the event. A 7-day written follow-up report is still required and should include any new findings or information relevant to the fatality that have become available since the initial notification, including follow-up investigation and conclusions.

(Source: FDA Guidance, 8/20/21)

America's Blood Centers®
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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.

Recordings Now Available for Summer Summit & MD Workshop Registrants

Individuals who attended or participated in America's Blood Centers' (ABC's) Summer Summit or Medical Directors Workshop can now access recordings online. Presentations are also available if the speaker permitted ABC to share slides with attendees.

ADRP Partners with Sickle Cell Disease Association of America

With National Sickle Cell Awareness Month beginning September 1st, ADRP, an international division of ABC, is announcing a partnership with the Sickle Cell Disease Association of America. To raise awareness of the need for blood donations from a diverse group of donors to help treat individuals with sickle cell disease, the two organizations have created social media graphics and video. Blood centers are encouraged to use these resources and designated hashtags (#sicklecellmatters2021, #sicklecellawarenessmonth, #SCDSCTMatters, and #SickleCell) throughout the month of September.

New Online Community for ABC Members Next Week

COLLABORATE
SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

America's Blood Centers (ABC) will unveil a new online community next week for ABC members to replace the ABC listservs, which will sunset as of 5 p.m. on Friday, August 27th. The new community, Coll*ABO*rate, will feature an improved user interface that is more intuitive and user-friendly to facilitate idea-sharing and discussions of the challenges facing blood bankers. It will also allow members to post questions, search post archives, and include a directory of users across the ABC membership, while allowing all individuals to customize their communication settings. The new community will launch on August 30th. We are migrating all current listserv users to the new community and subscribed you to the same discipline-based groups in the new platform (e.g., communications and donor management, human resources, collections, etc.) so you don't miss a beat. Prior to Aug. 30th, we will distribute information on how to access and use the platform. Coll*ABO*rate is open to any employee within an ABC member blood center, so we encourage you to share this information with your staff. We look forward to sharing this new member benefit. If you have any questions, please contact us.

Executive Compensation Survey Launches

ABC is conducting its annual Executive Compensation Survey, which has become a very important tool for blood center chief executive officers (CEO) and their boards in setting executive salaries/benefits, as well as meeting the IRS Form 990 requirements to demonstrate comparability of CEO compensation. We are requesting completed responses by September 3rd using the link in MCN 21-062. To receive more information or a paper copy of the survey, please contact ABC Director of Regulatory Affairs Jill Evans. Individual compensation data will be kept strictly confidential as always. The aggregate report is only distributed to participating centers and their leader.

MEMBER NEWS

The Pennsylvania Department of Health (DOH) joined the state's blood community in raising awareness of the need for regular blood donors. ABC Members **Central Pennsylvania Blood Bank**, **Community Blood Bank of Northwest Pennsylvania and Western New York**, **Miller-Keystone Blood Center**, and **Vitalant** joined Pennsylvania DOH Acting Physician Denise Johnson, MD in explaining how a lack of donors has led to ongoing shortages throughout the pandemic. "[t]here is a critical shortage of blood across Pennsylvania and the nation, as COVID-19 has prevented some donors from giving blood and impacted the scheduling of blood drives," said Dr. Johnson in the news release. "Blood is essential for surgeries, traumatic injuries, cancer treatment and chronic illnesses, which is why it is so important for individuals to go to their local blood bank or find a blood drive near them and donate. An adequate supply of blood is essential to ensure Pennsylvanians have safe, continuous access to the highest quality of health care." Miller-Keystone Medical Director Kip Kuttner, DO added in the news release, "[a]cross the U.S., the demand for blood has increased between five percent and 25 percent compared to the same time period in 2019. This reinforces the critical need for increased blood donations now." Deanna Renaud, executive director of Community Blood Bank of Northwest Pennsylvania & Western New York explained that "[w]e can no longer assume that blood will be there when it is needed, or that someone else will step up to donate it. An adequate blood supply is the responsibility of everyone living in a community. Every donation matters." Central Pennsylvania Blood Bank Chief Executive Officer Patrick Bradley also noted the impact of a lack of blood center staff on blood collections. "A significant factor contributing to blood shortages is a decrease in the amount of people entering the field of phlebotomy. There is a high demand for these positions as it requires a unique skillset." While Joseph Kiss, MD, medical director of Clinical Apheresis and Blood Services at Vitalant, described how his organization is navigating the challenges presented by shortages, particularly for O-negative blood. "Blood banks have a constant urgent need for O-negative blood. Because O-negative blood is universally compatible for patients with any blood type, it is almost always in short supply. In an effort to improve the availability of this blood group for transfusion patients, Vitalant is working with hospitals to closely monitor utilization of Rh-negative inventory. One of our goals is to develop policies for patients to be given Rh-positive blood to avoid depletion of the O-negative supply."

(Source: Pennsylvania Department of Health News Release, 8/19/21)

WORD IN WASHINGTON

The U.S. Department of Health and Human Services (HHS) has announced the appointment of new members to the agency's Tick-Borne Disease Working Group. Authorized by the HHS Secretary, the working group "is tasked with reviewing federal efforts related to tick-borne diseases, examining research priorities, and identifying and addressing unmet needs. The working group is required to submit a report to the HHS Secretary and Congress on their findings and any recommendations for the federal response to tick-borne disease every two years. Holiday Goodreau of The LivLyme Foundation and Linden T. Hu, MD of Tufts University School of Medicine will co-chair the working group, which has submitted two previous reports to Congress. A third/final report will be developed by the working group in the next two years for Congress and the HHS Secretary.

(Source: HHS News Release, 8/26/21)

The U.S. Government Accountability Office (GAO) submitted a report to Congress this month on Biodefense titled "After-Action Findings and COVID-19 Response Revealed Opportunities to Strengthen Preparedness." The report stated that federal agencies, "including the Departments of Homeland Security (DHS), Defense (DOD), Health and Human Services (HHS), and Agriculture (USDA), developed a range of interagency response plans to prepare for nationally significant biological incidents. These strategic, operational, and tactical level plans address responding to a broad spectrum of biological threats, including those that are intentional, accidental, or naturally occurring…GAO's analysis of after-

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WORD IN WASHINGTON (continued from page 6)

action reports for selected interagency biological incident exercises and real-world incidents, as well as the COVID-19 response, identified long-standing biodefense challenges. GAO found that the nation lacked elements necessary for preparing for nationally significant biological incidents, including a process at the interagency level to assess and communicate priorities for exercising capabilities. Further, it determined that agencies do not routinely work together in monitoring results from exercises and real-world incidents to identify patterns and root causes for systemic challenges. Assessing and communicating exercise priorities and routinely monitoring the results of the exercises and incidents will help ensure the nation is better prepared to respond to the next biological threat."

(Source: GAO Report, 8/4/21)

GLOBAL NEWS

Norther Ireland Blood Transfusion Service (NIBTS), sole supplier of blood and blood products to Health and Social Care (HSC) in Northern Ireland, has implemented changes to blood donor eligibility criteria. NIBTS announced that as of August 16th, the organization had moved to an individual risk-based policy for all donors in the wake of recommendations from the 2020 FAIR (For the Assessment of Individuali[z]ed Risk) Report and the Advisory Committee on the Safety of Blood, Tissues and Organs, which advises health departments in the United Kingdom (UK). According to the announcement from NIBTS, the organization will no longer apply "across-the-board restrictions which have previously excluded potential donors. Using a donor's individual experiences to determine whether that person is eligible to donate makes the process fairer for all donors and means more people will be able to give blood than ever before. [NIBTS] will be asking every donor the same questions — regardless of gender or sexual orientation." The changes provide a path for "many gay, bi[sexual]-men and men who have sex with men in a long-term relationship to be able to donate blood at any time [if they meet other eligibility criteria]." NHS Blood and Transplant, the national blood provider for England and transplant services for the UK, implemented changes to its donor eligibility criteria on June 14th moving to an individual risk-based policy that no longer asks donor if they are a man who has had sex with another man. "Instead, any individual who [presents to donate blood] — regardless of gender — [are] asked if they have had sex and, if so, about recent sexual behav[iors]."

(Sources: NIBTS Announcement, 8/16/21; NHSBT News Release, 5/11/21)

COMPANY NEWS

Moderna, Inc. announced this week that it has completed the "rolling submission process for its Biologics License Application (BLA) to the U.S. Food and Drug Administration (FDA) for full licensure" of the company's COVID-19 vaccine candidate. According to a news release, Moderna, Inc. "requested Priority Review designation" from the agency for "active for active immunization to prevent COVID-19 in individuals 18 years of age and older." FDA previously authorized the Moderna, Inc. messenger RNA (mRNA) COVID-19 vaccine for emergency use in December 2020. "This BLA submission for our COVID-19 vaccine, which we began in June, is an important milestone in our battle against COVID-19 and for Moderna, as this is the first BLA submission in our company's history," said Stéphane Bancel, chief executive officer of Moderna, Inc, in the news release. "We are pleased that our COVID-19 vaccine is showing durable efficacy of 93 percent through six months after dose two. I want to thank the people who participated in our clinical studies, as well as the staff at clinical trial sites who have been on the front lines of the fight against the virus…I would also like to thank the U.S. FDA for their hard work and guidance through the

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COMPANY NEWS (continued from page 7)

BLA submission process and the entire Moderna team for their relentlessness in pursuing our mission of delivering on the promise of mRNA science."

(Source: Moderna, Inc. News Release, 8/25/21)

The **American Hospital Association** (AHA) requested that the Occupational Safety and Health Administration (OSHA) withdraw the COVID-19 Health Care Emergency Temporary Standard (ETS) interim final rule. In a letter to the agency, AHA stated, "Considering hospitals' and health systems' long-standing commitment to adhering to the CDC's science-based guidance and recommendations and the strong movement towards vaccinating all health care workers, we do not believe that the ETS is necessary. OSHA's recent decision is particularly puzzling, especially considering that in the spring of 2020, when COVID-19 was still novel and its transmission less understood – when hospitals were overwhelmed with patients with suspect or confirmed COVID-19 infections and experiencing unprecedented shortages of essential supplies necessary to protect health care workers and patients – OSHA declined to deem COVID-19 a grave danger and expressly stated an ETS was not needed. At this point in time, the AHA does not believe that the ETS provides any additional benefit beyond what hospitals have already been doing, and continue to do, to protect their workforce throughout the pandemic. As such, we urge OSHA to withdraw the ETS interim final rule. If the agency declines to do so, we recommend that the ETS be allowed to expire at the end of the six months and not be published as a final rule." According to OSHA, the ETS aims to "protect health care and health care support service workers from occupational exposure to COVID-19 in settings where people with COVID-19 are reasonably expected to be present. During the period of the emergency standard, covered healthcare employers must develop and implement a COVID-19 plan to identify and control COVID-19 hazards in the workplace. Covered employers must also implement other requirements to reduce transmission of COVID-19 in their workplaces, related to the following: [p]atient screening and management; [s]tandard and [t]ransmission-[b]ased [p]recautions; personal protective equipment (PPE), including facemasks or respirators; controls for aerosol-generating procedures; physical distancing of at least six feet, when feasible; physical barriers; cleaning and disinfection; ventilation; health screening and medical management; training; anti-retaliation; recordkeeping; and reporting. The standard encourages vaccination by requiring employers to provide reasonable time and paid leave for employee vaccinations and any side effects."

(Source: AHA Letter to OSHA, 8/20/21)

Grifols and **ImmunoTek Bio Centers** recently signed a collaboration agreement that will lead to the "development, construction, and operation" of 21 plasma centers with a capacity of 1 million liters of plasma annually "via strategic accords and contracts with healthcare companies." According to a news release, five of the plasma centers are already open with the remaining 16 expected to be operational by October 2022.

(Source: Grifols News Release, 7/30/21)

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

Sept. 2-3. **U.S. Food and Drug Administration (FDA) Cellular, Tissue, and Gene Therapies Advisory Committee (CTGTAC) September 2-3, 2021 (Virtual).** More information available here.

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CALENDAR (continued from page 8)

Sept. 15-17. **4th European Conference on Donor Health and Management, Hamburg, Germany.** Registration is open.

Sept. 22. **11th Annual Symposium on Red Cell Genotyping 2021: The New Normal, Bethesda, MD (Hybrid).** For more information click here or contact Natasha Leon.

Sept. 23. **NIH Clinical Center Department of Transfusion Medicine and The American Red Cross 40th Annual Immunohematology and Blood Transfusion Symposium (Virtual).** For more information click here.

Sept 27-30. **Advanced Medical Technology Association (AdvaMed) MedTech Conference, Washington D.C., and Minneapolis Minn. (Hybrid).** Registration is open.

Oct. 12-15. **American Association of Tissue Banks (AATB) Annual Meeting, Atlanta, Ga.** More information available here. Registration is open.

Oct. 17-19. **AABB Annual Meeting (Virtual).** Registration is open.

Nov. 3-4. **The Biomedical Advanced Research and Development Authority (BARDA) Industry Day (Virtual).** More details available here.

2022

Mar. 7-10. **ABC Annual Meeting, Washington, D.C.** Additional details coming soon.

May 10-12. **2022 ADRP Conference, Phoenix Ariz.** Additional details coming soon.

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC 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

Manager, Biologics & Logistics. OneBlood, Florida's leading blood bank, is currently recruiting for an experienced Manager to support our Biologics Distribution & Logistics Department in Ft. Lauderdale, Florida. To be successful in this role, candidates will need a bachelor's degree and five (5) years management experience in a related field; prior laboratory and/or blood bank experience preferred. Strong leadership, collaboration and communication skills are vital to this role due to the extensive contact with client hospitals. OneBlood offers competitive benefits, Paid Time Off, a FREE medical coverage option, 403(b) Retirement Plan, and MORE! To apply visit our OneBlood careers website at www.oneblood.org/careers.

Clinical Lab Specialist (Brisbane, CA). Vitalant is a nonprofit organization that collects blood from volunteer donors and provides blood, blood products and services across the United States. Under minimal supervision, this position is responsible for performing routine testing of biological specimens and reviewing test results and quality assessment data. This position is also responsible for providing skilled technical support in the laboratory. Bachelor's degree required. Must satisfy CLIA requirements for High Complexity Testing required. Certification as a Medical Technologist or Specialist in Blood Banking (SBB) by a recognized certifying agency required. Five years clinical laboratory testing experience required. One-year IRL experience preferred. Please click here to apply. EOE

Sr. Director of Information Technology (Shreveport, Louisiana). LifeShare Blood Center is seeking a Sr. Director of Information Technology to plan and direct the management, strategy, and execution of our IT infrastructure. The Director will provide oversight for management of the Company's computer software systems, servers and networks and the implementation and integration of enterprise systems, ensuring compliance with all FDA and AABB requirements for licensure and accreditation. Reporting to the Chief Administrative Officer, the Director will develop and implement business continuity protocols; oversee security of systems, networks, and enterprise information; analyze IT infrastructure and

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POSITIONS (continued from page 9)

systems performance to assess operating costs, productivity levels and upgrade requirements; and develop and coach their team for achievement of established goals and KPI's. As a member of the leadership team, the Director will model LifeShare's mission and values, integrating them into daily decisions, behaviors, and actions. Come be a part of the LifeShare team, "connecting donors and the lives they impact!" LifeShare offers a competitive beginning salary and generous benefits package, including employer-paid medical, life and disability insurance; 401(k) with employer base and matching contributions; employee wellness program; and paid time off. Click HERE to apply.

Manager of Donor Notification. The Manager of Donor Notification is responsible for supervision of all donor notification activities and personnel. Ensures department provides outstanding customer service to internal and external customers. This position has access to very confidential information and requires maintaining donor information confidentiality at all times except where reporting is required by law. Regular full-time attendance is required during office hours. Education: Texas licensed RN, MLS (ASCP), or MT (ASCP). Bachelor's degree. Experience: Three (3) years' experience working in a blood bank or other healthcare-related facility. Experience/familiarity in donor eligibility-related area preferred. One to two years' supervisory experience required. Background in infectious disease testing preferred. Carter BloodCare is an EEO/Affirmative Action employer. Carter BloodCare provides equal employment opportunities (EEO) to all employees and applicants and will not discriminate in its employment practices due to an employee's or applicant's race, color, religion, sex, sexual orientation, gender identity, age, national origin, genetic, and veteran or disability status. In addition to federal law requirements, Carter BloodCare complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. Carter BloodCare is a Pro Disabled & Veteran Employer. We maintain a drug-free workplace and perform pre-employment substance abuse testing. Apply at www.carterbloodcare.org.

Clinical Apheresis Registered Nurse. The Clinical Apheresis Registered Nurse (CARN) collects leukocytes and performs therapeutic apheresis procedures for Carter BloodCare (CBC) clients in and around the Dallas/ Fort Worth area. The CARN follows CBC SOP's, assesses and monitors patient/donor while receiving an apheresis treatment; contacts patient physicians or a CBC Medical Director as situation warrants consults or order clarification, transfusion reactions and/or emergency situations; and ensures that excellent customer service is provided to CBC customers. Education: RN with active unencumbered licensure in the State of Texas. CPR Certification. Experience: Minimum one (1) year nursing experience in a hospital setting, oncology unit, or clinic. Intensive care unit, dialysis, ER, oncology, and/or pediatric experience preferred. Apheresis experience preferred. Equal Opportunity Employer: disability/veteran. Apply at www.carterbloodcare.org, click Careers & search "Registered Nurse."

Clinical Apheresis Manager. The Manager of Clinical Apheresis Services provides oversight for a team that performs therapeutic procedures on hospitalized patients for treatment of disease, or collection of cells blood for various cell therapy treatments. Manage business activities required to meet the needs of customer accounts. Responsible for staffing field assignments and performing procedures in the field as needed. Responsible for maintaining quality indicators of procedures and records of preventative/responsive maintenance. Education: Bachelor of Science in Nursing. RN active licensure in the State of Texas (Hemapheresis Practitioner (HP) or Qualification in Apheresis (QIA) credentialing preferred). Experience: Five (5) years' apheresis experience of which three (3) years should be in therapeutic/PBSC apheresis. Two (2) years' management experience. Equal Opportunity Employer: disability/veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 27905.