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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #31 **September 3, 2021**

INSIDE:

Findings from Blood Donor Seroprevalence Study on Estimated U.S. Infection- and Vaccine-Induced SARS-CoV-2 Published in *JAMA*

The *Journal of the American Medical Association* (*JAMA*) published the latest data from a nationwide SARS-CoV-2 seroprevalence study funded by the U.S. Centers for Disease Control and Prevention (CDC). The seroprevalence survey included "[m]ore than 1.5 million samples from blood donations [tested] over 11 months." The findings reported, "[s]eroprevalence increased from 3.5 percent in July 2020 to 20.2 percent for infection-induced antibodies and to 83.3 percent for combined infection- and vaccine-induced antibodies by May 2021," according to a news release from Vitalant, one of 17 blood collection organizations participating in the study which is being led by the Vitalant Research Institute "in close collaboration with the CDC, the American Red Cross, and Westat, Inc."

Researchers began the multistate assessment of SARS-CoV-2 seroprevalence in blood donors (MASS-BD) study in July 2020. According to the *JAMA* article, "10 regional and national blood collection organizations began participation, which increased to 17 by October 2020, providing representation from all 50 [states]; Washington, D.C., and Puerto Rico…The primary outcomes were the combined infection- and vaccination-induced SARS-CoV-2 seroprevalence (defined as prevalence of specimens with S antibodies and referred to as combined seroprevalence) and infection-induced SARS-CoV-2 seroprevalence (defined as prevalence of specimens with both S and N antibodies) with a final date of blood donation collection of May 31st, 2021…Researchers chose to assess race and ethnicity because infection and vaccination rates vary by these characteristics. Donations with missing demographic information were excluded. Because demographics of the blood donor population differ from the U.S. general population, seroprevalence estimates were weighted in an effort to ensure that the demographic characteristics of the blood donor sample matched that of the general population…Seroprevalence was estimated by study region, which was defined by zip codes, whereas COVID-19 cases are reported by county as part of routine public health surveillance. To estimate the number of total infections per reported case, infection-induced seroprevalence estimates for each study region were divided by the number of cumulative case reports per 100 population for counties included in each study region. Cumulative COVID-19 case numbers were based on aggregate counts reported by state and territorial jurisdictions to the CDC."

The researchers found that "From July through December 2020, the study-wide infection-induced seroprevalence estimate increased from 3.5 percent (95 percent CI, 3.2 percent-3.8 percent) to 11.5 percent (95 percent CI, 11.1 percent-11.8 percent).

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Findings from U.S. SARS-CoV-2 Seroprevalence Study Published in *JAMA* (continued from page 1)

After the U.S. Food and Drug Administration (FDA) issued the first Emergency Use Authorization for a COVID-19 vaccine, COVID-19 vaccine administration began on December 14, 2020. By May 2021, the combined infection- and vaccination-induced seroprevalence estimate increased to 83.3 percent (95 percent CI, 82.9 percent-83.7 percent), and the infection-induced seroprevalence estimate increased to 20.2 percent (95 percent CI, 19.9 percent-20.6 percent). They note that "[a]dditional research is needed on the association between combined seroprevalence, protection, and herd immunity," [though] [i]nfection-induced seroprevalence (indicating the proportion of population previously infected) and combined seroprevalence (which might indicate the proportion of population potentially protected from infection) can supplement public health surveillance to identify groups potentially at higher risk of infection to implement public health prevention measures." The authors also stated that "[a]dditional research is also needed on how humoral and cellular immunity contribute to protection after infection and vaccination…They concluded, "[b]ased on a sample of blood donations in the U.S. from July 2020 through May 2021, vaccine- and infection-induced SARS-CoV-2 seroprevalence increased over time and varied by age, race and ethnicity, and geographic region. Despite weighting to adjust for demographic differences, these findings from a national sample of blood donors may not be representative of the entire U.S. population."

"This collaboration within the blood services community with the support of the CDC is contributing to an enhanced understanding of how SARS-CoV-2, the virus that causes COVID-19, is spreading and the impact of vaccination on achieving population immunity," said Michael Busch, MD, PhD, director of Vitalant Research Institute, in the news release. "The act of donating blood not only helps save lives every day, but it is also providing critical research data to track the pandemic."

Citation: Jones, J., Stone, M. Sulaeman, H., *et al*. Estimated U.S. Infection- and Vaccine-Induced SARS-CoV-2 Seroprevalence Based on Blood Donations, July 2020-May 2021. *JAMA*. 2021.

(Source: Vitalant News Release, 9/2/21)

HHS ACBTSA Meeting Scheduled for September 23rd

The U.S. Department of Health and Human Services (HHS) published a notice in the *Federal Register* on September 3rd for the next Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) meeting set to take place virtually on September 23rd from 1-4 p.m. EDT (tentatively). During this public meeting, "[t]he committee will discuss and vote on recommendations to improve the supply chain and data infrastructure that supports the blood industry, especially during public health emergencies." Additional information including the meeting agenda and any other accompanying materials will be available on the HHS website prior to the meeting.

(Source: *Federal Register* Notice, 9/3/21)

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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 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.

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Sanquin Implements Revised MSM Deferral Criteria

Sanquin, the national blood provider for the Netherlands, has begun allowing "men in a lasting, monogamous homosexual relationship" to donate blood as of September 1st. This revision to the previous deferral policy for men who have sex with other men (MSM) removes "[t]he requirement that the last sexual contact was at least four months." In the announcement, [Sanquin] says it is "working towards an increasingly individual risk assessment, whereby this is an important next step. A further relaxation of the donor policy is being prepared for 2022."

Sanquin Chief Executive Officer Tjark Tjin-A-Tsoi stated in the announcement, "[s]ince 2015, Sanquin has been taking measures to allow more [MSM] as donors. Now we are adapting our risk group approach to a more individual assessment of risks to blood safety. We expect that several hundred interested parties will sign up as donors." Specifically, Sanquin explained in the document outlining the deferral criteria change that "[t]he starting point for blood donations by MSM is that the relationship has already lasted for at least 12 months and that the partners only have sexual contact with each other. This period has been chosen because partners can then properly assess their relationship, and any infections within the relationship have already come to light."

The organization also described the next stage in further relaxing the revised deferral criteria. "The intention is to be able to safely accept MSM without a permanent partner as a blood donor in the future. Clarity on this will be provided in 2022. In preparation for the next step, blood safety will of course be closely monitored after the current relaxation of the rules. The approach is to ask specifically about behavior that increases the risk of blood-borne infections." Daphne Thijssen, director of the blood bank, added in the announcement, "It seems simple, but it is not. As with the first step, we investigate how we quickly and accurately find higher-risk behaviors with a set of targeted and tested questions. How far do you ask? When does a donor find it uncomfortable to answer? Do the questions sufficiently cover the risks? We are using the time to research and prepare for this."

In March 2021, Sanquin formally informed the Minster of Health, Welfare[,] and Sport that the organization intended to revise its deferral policies for MSM with the goal of continuing to prioritize the safety of the blood supply in the Netherlands, while "set[ting] equal treatment as the starting point for its admission policy."

(Source: Sanquin Announcement, 9/1/21) ♦

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.

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!

RESEARCH IN BRIEF

Cryoprecipitate To Treat Bleeding — Evidence-Based or Empiric? The *Circular of Information for the Use of Human Blood and Blood Components* "advise[s] that cryoprecipitate is indicated for control of bleeding associated with fibrinogen, FVIII, or FXIII deficiency only if recombinant or virus-inactivated FVIII or FXIII are unavailable." A study published in the *Canadian Journal of Emergency Medicine* stated that "fibrinogen is the first coagulation factor to fall to critical levels during hemorrhage, and evidence suggests that fibrinogen supplementation in the bleeding patient can restore hemostasis…In [one] randomized study there was no significant difference between fibrinogen concentrate and cryoprecipitate groups in the primary outcome of postoperative blood loss during 48 hours after surgery (320 v. 410 mL, respectively; p = 0.672)…The posttreatment incidence of allogeneic blood transfusion was also similar between fibrinogen and cryoprecipitate between groups: red blood cells (RBCs), 83.3 percent v. 97.0 percent, p = 0.094; platelets, 0 percent v. 9.1 percent, p = 0.240; fresh frozen plasma (FFP), 10.0 percent v. 24.2 percent, p = 0.137; cryoprecipitate, 43.3 percent v. 42.4 percent, p = 0.942." The authors explained that another study performed by other researchers "found a nonsignificant difference in all-cause 28-day mortality between treatment groups: 10.0 percent in the cryoprecipitate arm and 28.6 percent in the standard therapy arm (p = 0.14)." They noted that "[a]mong women with major obstetric hemorrhage, cryoprecipitate was associated with a greater, but nonsignificant, increase in blood loss (5.2 v. 3.3 L; p = 0.10), RBCs (7.2 v. 5.9 units; p = 0.40), and FFP (4.1 v. 3.2 units; p = 0.36) transfusions, compared with" fibrinogen concentrate. The authors also explained that "[a] retrospective observational study compared tranexamic acid, cryoprecipitate, tranexamic acid plus cryoprecipitate, and no tranexamic acid or cryoprecipitate in 1,332 patients in a wartime injury setting. An independent beneficial effect on mortality associated with cryoprecipitate administration (odds ratio, 0.61; p = 0.02) additional to that of tranexamic acid was observed. Similarly, early cryoprecipitate administration in trauma patients was associated with improved survival in a United Kingdom-based, prospective cohort study; risk of death during the first 28 days decreased with increasing cryoprecipitate dose." They concluded that "[d]espite its widespread use, there is limited evidence supporting use of cryoprecipitate in bleeding patients."

Citation: Nascimento, B., Levy, J.H., Tien H., Da Luz, L.T. Cryoprecipitate transfusion in bleeding patients. *CJEM*. 2020.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

INFECTIOUS DISEASES UPDATE

HIV

The National Institute of Allergy and Infectious Diseases (NIAID) within the National Institutes of Health (NIH) announced that an HIV vaccine being tested in a clinical trial in sub-Saharan Africa "did not provide sufficient protection against HIV infection." In the results reported in a primary analysis of the Imbokodo clinical trial, "no safety concerns" were posed by the vaccine as 2,637 women between the ages of 18 and 35 enrolled in the trial. The primary analysis "as conducted 24 months after participants received their first vaccinations. The study's primary endpoint was based on the difference in the number of new HIV infections between the placebo and vaccine groups from month seven (one month after the third vaccination timepoint) through month 24. When comparing the number of new HIV infections between study participants who were randomly assigned to receive either placebo or the investigational vaccine, statisticians found that 63 participants who received the placebo and 51 participants who received the experimental vaccine acquired HIV infection. Therefore, the investigational vaccine's efficacy was 25.2 percent (95 percent confidence interval of vaccine efficacy -10.5 percent to 49.3 percent). The study vaccine was found to be safe with no serious adverse events associated with it." NIAID Director Anthony S. Fauci, MD stated in the

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INFECTIOUS DISEASES UPDATE (continued from page 4)

news release, "[t]he development of a safe and effective vaccine to prevent HIV infection has proven to be a formidable scientific challenge. Although this is certainly not the study outcome for which we had hoped, we must apply the knowledge learned from the Imbokodo trial and continue our efforts to find a vaccine that will be protective against HIV."

(Source: NIH News Release, 8/31/21)

EBOLA

Earlier this month, the World Health Organization (WHO) announced the Ministry of Health of Cote d'Ivoire had confirmed the nation's first case of Ebola since 1994. However, on August 31st, the WHO issued a statement explaining that government officials in Cote d'Ivoire have now indicated that "a second laboratory has tested samples from a patient suspected of having Ebola and has found no evidence of the virus…With the new results from the laboratory in Lyon WHO considers that the patient did not have Ebola virus disease and further analysis on the cause of her illness is ongoing."

(Source: WHO Statement, 8/31/21)

BRIEFLY NOTED

"The Fight Is In Us" campaign, which called attention to the need for individuals who had recovered from COVID-19 to donate convalescent plasma, developed a digital yearbook to highlight the work of campaign participants. It includes metrics and milestones from the campaign which featured more than 7.4 million website visits, 45+ webinars and summits, 632,000 emails sent to potential convalescent plasma donors, and 130 million impressions on social media to raise awareness and encourage convalescent plasma donation. America's Blood Centers was a part of the coalition of more than 100 medical and research institutions, blood centers, life science companies, technology companies, philanthropic organizations, and COVID-19 survivor groups that collaborated on the campaign. The coalition offered more than 1,500 locations at which individuals who had been diagnosed with COVID-19 and since recovered could donate, including both blood and plasma donor centers.

(Source: The Fight Is In Us Digital Yearbook, 9/1/21)

The U.S. Food and Drug Administration (FDA) revised the emergency use authorization (EUA) for the use of two monoclonal antibody therapies (bamlanivimab and etesevimab) developed by Eli Lilly "administer[ed] together" to treat severe COVID-19 in patients. The agency revised the authorization of the therapies to allow their use "only in states, territories, and U.S. jurisdictions in which recent data shows the combined frequency of variants resistant to bamlanivimab and etesevimab administered together is less than or equal to 5 percent. FDA has posted a list of states, territories, and U.S. jurisdictions in which bamlanivimab and etesevimab administered together are currently authorized, and a list of states, territories, and U.S. jurisdictions in which bamlanivimab and etesevimab administered together, are not currently authorized, and will periodically update both lists as new data and information becomes available." In June, the office of the U.S. Assistant Secretary for Preparedness and Response (ASPR) announced that they were "pausing all distribution of bamlanivimab and etesevimab together and etesevimab alone on a national basis until further notice." The announcement came in the wake of a recommendation from the FDA "that health care providers nationwide use alternative authorized monoclonal antibody therapies, [and] not use bamlanivimab and etesevimab administered together at [that] time" due to available data regarding the performance of the Eli Lilly monoclonal antibody therapies against certain COVID-19 variants.

(Sources: FDA Announcement, 9/31/21; ASPR Announcement, 6/25/21)

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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 a video. Blood centers are encouraged to use these resources and designated hashtags (#sicklecellmatters2021, #sicklecellawarenessmonth, #SCDSCTMatters, and #SickleCell) throughout the month of September.

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.

WORD IN WASHINGTON

The U.S. Food and drug Administration (FDA) has announced an upcoming virtual meeting of the Vaccines and Related Biological Products Advisory Committee (VRBPAC) will occur on September 17th. The meeting will feature a discussion of "the matter of additional doses of COVID-19 vaccines and specifically the Pfizer-BioNTech supplemental Biologics License Application for administration of a third ('booster') dose of Comirnaty ([Pfizer-BioNTech COVID-19 Vaccine]) in individuals 16 years of age and older." In an FDA news release, Peter Marks, MD, PhD, director of the agency's Center for Biologics Research and Evaluation, stated, "The administration recently announced a plan to prepare for additional COVID-19 vaccine doses, or 'boosters,' this fall, and a key part of that plan is FDA completing an independent evaluation and determination of the safety and effectiveness of these additional vaccine doses…The FDA is evaluating data submitted by Pfizer-BioNTech in a supplemental Biologics License Application for its COVID-19 vaccine…A transparent, thorough and objective review of the data by the FDA is critical so that the medical community and the public continue to have confidence in the safety and

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WORD IN WASHINGTON (continued from page 6)

effectiveness of COVID-19 vaccines. The FDA will review the supplemental application as expeditiously as possible, while still doing so in a thorough and science-based manner."

(Source: FDA Announcement, 9/1/21)

The Administration issued a Presidential Proclamation from President Biden recognizing September as National Sickle Cell Awareness Month. "Today, 100,000 Americans live with sickle cell disease (SCD)…This condition also disproportionately affects Black and Brown Americans, with an estimated 1 in 365 Black Americans and 1 in 14,000 Hispanic Americans suffering from it. As President, I am committed to supporting those who have been hit the hardest by SCD. And during National Sickle Cell Awareness [M]onth, our Nation reaffirms our commitment to improving the quality of life and health outcomes for all individuals living with SCD…Now, Therefore, I, Joseph R. Biden Jr., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 2021 as National Sickle Cell Awareness Month."

(Source: Presidential Proclamation, 8/31/21)

MEMBER NEWS

MEDIC Regional Blood Center and its hospital partners recently collaborated to develop a public service announcement (PSA) to spread awareness of the need for blood donors to replenish the local blood supply. The PSA features nurses, a general surgeon, an emergency medicine physician, and a chief medical officer reminding individuals of the ongoing need for blood donations and encouraging them schedule an appointment to donate blood and their local community blood center.

(Source: MEDIC Regional Blood Center Announcement, 8/23/21)

GLOBAL NEWS

The World Health Organization (WHO) has opened a Pandemic and Epidemic Intelligence hub in Berlin, Germany. According to an announcement from the organization, the WHO Hub "will be a new collaboration of countries and partners worldwide, driving innovations to:

- [e]nhance methods for access to multiple data sources vital to generating signals and insights on disease emergence, evolution, and impact;
- [d]evelop state of the art tools to process, analyze and model data for detection, assessment, and response;
- [p]rovide WHO, our Member States, and partners with these tools to underpin better, faster decisions on how to address outbreak signals and events; and
- [c]onnect and catalyze institutions and networks developing disease outbreak solutions for the present and future."

WHO Director-General Tedros Adhanom Ghebreyesus, PhD stated in a news release, "[t]he world needs to be able to detect new events with pandemic potential and to monitor disease control measures on a real-time basis to create effective pandemic and epidemic risk management. This Hub will be key to that effort, leveraging innovations in data science for public health surveillance and response, and creating systems whereby we can share and expand expertise in this area globally." The hub received $100 million in initial funding from the German government.

(Source: WHO Statement, 9/1/21)

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GLOBAL NEWS (continued from page 7)

The WHO has named the B.1.621 SARS-CoV-2 variant as Mu and classified it as a variant of interest (VOI) as of August 30th. The organization stated that, "[p]reliminary data presented to the Virus Evolution Working Group show a reduction in neutralization capacity of convalescent and vaccinee sera similar to that seen for the Beta variant, but this needs to be confirmed by further studies. Since its first identification in Colombia in January 2021, there have been a few sporadic reports of cases of the Mu variant and some larger outbreaks have been reported from other countries in South America and in Europe. As of August 29th, over 4,500 sequences (3,794 sequences of [Mu] and 856 sequences of B.1.621.1) have been uploaded to GISAID from 39 countries. Although the global prevalence of the [Mu] variant among sequenced cases has declined and is currently below 0.1 percent, the prevalence in Colombia (39 percent) and Ecuador (13 percent) has consistently increased. The reported prevalence should be interpreted with due consideration of sequencing capacities and timeliness of sharing of sequences, both of which vary between countries. More studies are required…The epidemiology of the Mu variant in South America, particularly with the co-circulation of the Delta variant, will be monitored for changes."

(Source: WHO COVID-19 Weekly Epidemiological Update, 8/31/21)

COMPANY NEWS

Moderna, Inc. has submitted preliminary data to the U.S. Food and Drug Administration (FDA) for evaluation of a "booster" or third dose of the company's COVID-19 messenger RNA (mRNA) "vaccine. A phase II clinical trial of the vaccine "was amended to offer" a booster vaccine dose at six months to interested participants. According to a news release from Moderna, "[n]eutralizing antibody titers had waned significantly prior to boosting at approximately 6 months. [A booster dose] at the 50 µg dose level boosted neutralizing titers significantly above the phase III benchmark. After a third dose, a similar level of neutralizing titers was achieved across age groups, notably in older adults (ages 65 and above). The safety profile following dose 3 was similar to that observed previously for [dose two]. These data will be submitted to a peer-reviewed publication. An additional analysis showed that a booster dose induced robust antibody responses and significantly increased geometric mean titers (GMT) for all variants of concern including Beta (B.1.351) by 32- fold, Gamma (P.1) by 43.6-fold and Delta (B.1.617.2) by 42.3-fold."

(Source: Moderna, Inc. News Release, 9/1/21)

Vertex Pharmaceuticals Inc. announced a partnership with **Arbor Biotechnologies** to develop "*ex vivo* engineered cell therapies" for select diseases including sick cell disease and beta thalassemia. "This new collaboration further expands our toolkit in cell and genetic therapies and, specifically, our work to discover and develop cell therapies for the treatment of multiple serious diseases," said Bastiano Sanna, PhD., executive vice president and chief of Cell and Genetic Therapies at Vertex, in a news release. "We are excited to bring Arbor's technology together with Vertex's ongoing programs and capabilities in diabetes, hemoglobinopathies and other diseases to create improved cell replacement therapies for broad populations of patients."

(Source: Vertex Pharmaceuticals Inc. News Release, 8/24/21)

Bharat Biotech International Ltd. and the **International Vaccine Institute** (IVI), a Global Chikungunya vaccine Clinical Development Program consortium, reported that the first participant in a phase II/III trial of a Chikungunya vaccine candidate has been dosed. The international study is being funded by the Coalition for Epidemic Preparedness Innovations (CEPI). According to a news release, "[the] randomized, controlled trial to evaluate the safety and immunogenicity of a two-dose regimen [of the] Chikungunya

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COMPANY NEWS (continued from page 8)

vaccine [candidate] in healthy adults [will take place] at nine clinical trial sites across five countries with endemic Chikungunya. In addition to the trial at Clinica San Agustin in Costa Rica, trials are expected to begin in Panama and Colombia by September 2021 and in Thailand and Guatemala soon after. The Global Chikungunya vaccine Clinical Development Program (GCCDP) seeks to develop and manufacture an affordable Chikungunya vaccine with the aim of achieving WHO prequalification to enable its distribution in low- and middle-income countries, consistent with CEPI's core commitment to equitable access, affordability and sustainability."

(Source: IVI News Release, 8/24/21)

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.

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

Donor Testing Laboratory Director. The National Blood Testing Cooperative (NBTC) and LifeSouth Community Blood Centers is currently seeking a skilled individual for the Donor Testing Laboratory Director position in our Donor Testing Laboratory in Stone Mountain, GA. This position is responsible for the strategic planning, development, organization, coordination, management, and daily oversight of all activities associated with a blood testing laboratory. This position will also ensure the laboratory performs in accordance with all regulatory requirements and will possess the oversight and responsibility of all standard operating procedures (SOPs) within the lab. Applicants should apply here: https://lifesouth.csod.com/ux/ats/careersite/5/home/requisition/2241?c=lifesouth.

Donor Testing Manager. LifeSouth Community Blood Centers is currently seeking a skilled individual for the Donor Testing Manager position in our Donor Testing Laboratory in Stone Mountain, GA. This position is responsible for providing management and oversight of assigned laboratory departments and staff. Applicants should apply here: https://lifesouth.csod.com/ux/ats/careersite/5/home/requisition/2240?c=lifesouth.

Regional Donor Services Manager. Lifeline Blood Services, sole provider of blood products to twenty counties in West Tennessee, is seeking an experienced manager to oversee the regional operations of our fixed site blood centers. This position will be located in Dyersburg, TN and will be required to travel in between fixed sites to regularly monitor the operations to ensure compliance of company polices, FDA, AABB, State, and other industry guidelines and oversee new site renovations as needed. The successful candidate will also proactively manage phlebotomy staff to achieve high performance by effectively utilizing feedback, coaching, and performance reviews while scheduling phlebotomy staff to ensure smooth workflow to meet established turnaround times. The Regional Donor Services Manager will create and sustain an environment conducive to an engaged and high performing team to achieve a positive donor experience. As a member of the leadership team, the Manager will model Lifeline's mission and values, integrating them into their daily routine. Associate's degree or comparable experience in management required. Bachelor's degree preferred. One to two years of administrative/management experience required, three plus years preferred. Lifeline offers a competitive beginning salary and generous benefits package, including medical, dental, and vision insurances, life insurance, paid time off, extended illness benefit, discount club membership, 401(k) with employer match, and tuition reimbursement. 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

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POSITIONS (continued from page 10)

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.

Cord Blood Operations Manager. LifeSouth Community Blood Centers is currently seeking an individual to join our team as a Cord Blood Operations Manager in Gainesville, FL. This position oversees all Cord Blood processing operations, including assessment, record review, processing, long-term storage, and shipment/distribution of cord blood and cellular manufacturing operations. Applicants should apply here: https://lifesouth.csod.com/ux/ats/careersite/5/home/requisition/2203?c=lifesouth