



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2021 #35

October 8, 2021

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ASH Encourages Blood Donation in the Wake of the Blood Community Issuing a Joint Statement Encouraging Blood Donations This Fall

The Assistant Secretary for Health (ASH) at the U.S. Department of Health and Human Services (HHS) Rachel Levine, MD published a [tweet](#) on Oct. 7th stating, “[o]ur nation’s blood supply is dangerously low. Please consider #donatingblood and contacting your local blood center to make an appointment today. Your donation could #savealife! Learn more by following @AABB, @AmericasBlood, @RedCross, and/or @MilitaryBlood.

Last week, America’s Blood Centers (ABC), AABB, and the American Red Cross [issued](#) a joint statement on September 29th urging eligible individuals to donate blood. The nation’s blood community recognized that, “[t]he blood supply in the United States is dangerously low — an uncommon occurrence for this time of year. It is safe to donate blood and all eligible individuals – including those who have received a COVID-19 vaccine.”

The organizations explained factors contributing to the reported shortages including, “the Delta variant continue[d] spread. With the recent COVID-19 case surge and the busy back-to-school period, some blood collection organizations are experiencing an abnormal decline in donor turnout; others are experiencing blood drive cancellations at schools and businesses limiting the number of individuals allowed onsite as a precautionary pandemic practice. These collection challenges have disrupted the nation’s blood supply, resulting in concerningly low inventories of life-saving blood products across the country for patients in need.”

The statement also noted that “[f]all is typically a time when the blood supply is more stable – If the nation’s blood supply does not stabilize soon, hospitals may be forced to alter treatment for some patients or cancel some patient surgeries. Blood donations are needed now to help maintain optimal care for all patients. It concluded with a call to action from ABC, AABB, and the American Red Cross “urg[ing] eligible, healthy individuals to contact their local blood center and make an appointment to donate blood. Doing so is essential to maintaining the stability of the nation’s blood supply, which ensures lifesaving medical treatments are available for patients.” The statement highlighted the need for individuals, schools, businesses, and other community organizations to host a blood drive. Blood drives are critically important to provide local blood donation opportunities and to bring communities together to help save lives,” while explaining that, “[b]lood collection organizations continue to adapt their safety protocols to align with local, state, and federal guidance to ensure the safest possible experience for donors, staff and blood drive hosts.”

(continued on page 2)

ASH Encourages Blood Donation (continued from page 1)

The complete statement is available [here](#) and for use by members of ABC locally.

(Source: ABC, AABB, American Red Cross [Joint Statement](#), 9/29/21) ♦

ABC Signs on to SCD Coalition Congressional Letter

America's Blood Centers (ABC) joined a coalition of 40 organizations in voicing support to improve outcomes for individuals suffering from sickle cell disease (SCD) and asking for congressional help in addressing this issue. The coalition [letter](#) sent to Sens. Cory Booker (D-N.J.), Tim Scott (R-S.C.), Reps. Michael Burgess (R-Texas), and Danny Davis (D-Ill.) states, "we remain deeply concerned that those living with SCD have been impacted disproportionately by COVID-19 and continue to lack access to quality, state-of-the-art outpatient and preventive care for their disease. The four of you have a history of working in a bicameral and bipartisan manner to better the lives of people with SCD. Today, we write to ask you to join forces again and introduce legislation authorizing the Centers for Medicare and Medicaid Services (CMS) to quickly develop a program for Medicaid beneficiaries to improve access to comprehensive outpatient care for individuals with SCD."

The organizations suggest, "An organized approach to primary and preventive care for individuals with SCD is desperately needed to improve the health and quality of life for this population. The Medicaid demonstration program we are proposing be authorized will focus on providing specialized and primary care in appropriate outpatient settings. With the recent publication of clinical practice guidelines in SCD and approvals of new treatments for SCD and more in the pipeline, there is no better time than now to improve the SCD community's access to state-of-the-art care. During this time of crisis, it is critical to initiate this program. We ask for your leadership on this issue by introducing the draft legislation that we have worked on with your staff. Once introduced our organizations are committed to seeking co-sponsors and working with the committees of jurisdiction to move the policy and program forward."

(Source: SCD Congressional Coalition [Letter](#), 9/29/21) ♦



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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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RESEARCH IN BRIEF

Implementing Pathogen Reduced Platelets — The Canadian Experience. A study in *Transfusion* “describe[s] an application of the Cerus Intercept pathogen reduction (PR) system to pooled platelets.” The authors explained that “[a] pilot project will see Intercept implemented in one region in Canada...PR pooled platelets will be licensed for a maximum shelf life of five days, while existing apheresis platelet products will continue to be licensed for a maximum shelf life of seven days.” They noted that, “[a] custom-built simulation model, the Center Inventory Application (CIA), was used to represent the regional distribution network.” Three scenarios were run. “The first set simulated a four-day or three-day effective pooled platelet shelf life which is compared against a base case in which all platelet products have a five-day effective shelf life...The number of pooled and apheresis units short increases as the effective shelf life of pooled platelets is decreased.” The researchers described that, “[t]he shortage of pooled units places pressure on apheresis units since they may be substituted for pooled units...This results in fewer wasting apheresis units, but an increase in shortages.” In scenario two, additional collections were performed to restore service levels, given no change in demand. The study found that “patient service levels can be maintained by increasing the production of pooled units and/or increasing apheresis collections...[A] production increase of nine percent for pooled units and an increase in apheresis collections of six percent would restore service levels for both products, assuming no increase in demand for pooled units at the hospital level.” The authors stated that “[i]t is known that PR decreases the absolute platelet count in units produced via the process...Some sources, suggest an increase in transfusion rates by as much as 20 percent following the implementation of PR technology.” Scenario three had additional collections to address a 20 percent increase in pooled platelet demand. The study found that “collecting nine percent more pooled units and six percent more apheresis units would maintain service levels for both types of platelets.” The authors concluded that “[a]dditional platelet collections will be necessary to accommodate the shorter PR platelet shelf life and to cover increased patient transfusion needs due to a lower platelet yield in PR units.”

Citation: Blake, J.T., McTaggart, K., Couture, C. [Estimating the impact on the inventory of implementing pathogen-reduced platelets in Canada](#). *Transfusion*. 2021

Contributed by Richard Gammon, MD, Medical Director at OneBlood 💧

REGULATORY NEWS

The U.S. Food and Drug Administration (FDA) updated its Biological Product Deviation Reporting on Oct. 1st for [blood product codes](#) and HCT/P codes. Changes for the blood deviation codes include:

- [r]emoved references to ZIKV as it is no longer a relevant transfusion-transmitted infection;
- LA-82-20 Crossmatch tag, tie tag, or transfusion record missing or attached to incorrect unit {e.g., intended for different patient; reporting is not required if tag/transfusion record was switched between two units intended for the same patient}; [and]
- QC-97-07 Product released prior to obtaining current sample for ABO, Rh, antibody screen and/or compatibility testing {includes original sample was expired, patient left facility and new sample was required; antibody screen/crossmatch expired}.

There were no changes to the blood product codes themselves. The agency also provided a [listing](#) of new HCT/P product codes which include:

- MH06 - HPC Apheresis, Autologous; [and]
- MH07 - HPC Apheresis, Allogeneic; first or second degree relative

No changes were made to the HCT/P deviation codes themselves.

(Source: FDA [Announcement](#),10/1/21) 💧



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

INSIDE ABC

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

2021 Financial Ratio Survey Launches

ABC has launched the 2021 Financial Ratio Survey. ABC members are encouraged to take part as the results provide members with a powerful tool for managing blood programs, benchmarking valuable operational data, and identifying best practices. Most of the financial information requested is public information that blood centers already report on IRS Form 990 or is included in annual audited financials. Only participating blood centers receive the final report. Please complete the survey by the October 22nd deadline. Members may contact [Jill Evans](#), director of Regulatory Affairs at ABC, with any questions or comments. More details are available to ABC members in MCN 21-084.

ABC Webinar: Vaccine Mandates — Federal Guidance and Center Experiences

ABC is announcing an October 14th webinar from 3-4 p.m. EDT on Vaccine Mandates: Federal Guidance and Center Experiences. This webinar will include Theresa Pina, vice president of Operations – Marketing, Recruitment and Mobile Operations at Gulf Coast Regional Blood Center and Eric Eaton, chief financial officer at Gulf Coast Regional Blood Center discussing their blood center's experience, lessons learned, and results in implementing a vaccine mandate, including the impact on operations, communications, legal, and human resources. ABC's Senior Director of Federal Government Affairs Diane Calmus, JD will provide an overview of recent federal guidance related to vaccine mandates and its impact on ABC member centers. ABC will also discuss the results from the third member survey on vaccines with attendees. Additional details including a link to join the webinar are available to ABC members [here](#) or in MCN 21-085. Please contact [ABC Member Services](#) to receive a copy of the MCN.

Register for the 60th ABC Annual Meeting

[Register](#) today for the [60th ABC Annual Meeting](#) and 25th Annual Awards of Excellence. These events will take place March 7th-9th at the Ritz-Carlton (Pentagon City) in Arlington, Va. Please secure your hotel [reservation](#) today. This year's meeting will be in-person while [Advocacy Day](#) will be held virtually the following week given continued visitor restrictions on Capitol Hill. This will allow each blood center to bring together multiple colleagues to connect with their members of Congress and their staff. More information will be provided to ABC members as it becomes available. The ABC Annual Meeting brings together blood center executives and national leaders to discuss advocacy and regulatory updates, the latest in science, medicine, and technical affairs, and hot topics facing the blood community. In addition, ABC is excited to share that the final day of this year's meeting will feature two in-depth training workshops focused on building tangible advocacy skills that can immediately benefit your center. The preliminary program-at-a-glance is [available](#). Please contact [ABC Member Services](#) with questions. 💧

Upcoming ABC Webinars – Don't Miss Out!

- **Vaccine Mandates: Federal Guidance and Center Experiences** – Oct. 14th from 3 – 4 p.m. (EDT). Login information available to ABC members [here](#).
- **ABC SMT Journal Club Webinar** – Dec. 13th. More details coming soon.



BRIEFLY NOTED

Mercer **announced** findings from its “[2021 External Healthcare Labor Market Analysis](#)” in a news release that **projects healthcare labor shortages in the U.S. in every state by 2026.** “The healthcare workforce is burned-out following a nearly two-year face-off against COVID-19. The demands placed on healthcare workers since the start of the pandemic have been unrelenting and overall, this data shows that there will not be enough healthcare workers to fill demand in the near future,” said John Derse, healthcare industry leader at Mercer, in the news release. “While hospitals and healthcare systems cannot control what’s happening in the external labor market, effective workforce planning and managing internal workforces can help mitigate their exposure to these risks. Workforce strategies that will position an employer for long-term success should focus on transforming care models, rethink compensation and benefits, and introduce more flexibility into staffing, development, and rewards. Prior to the pandemic, the shortages were driven by a healthcare population that was trending older, sicker, and more sedentary. Employers should not wait to transform their retention models to accommodate for all demographics in their workforce impacted by the pandemic, particularly ageing skilled professionals considering early retirement.” Key findings also included:

- “[t]here will be a shortage of healthcare workers at the low-end of the wage spectrum, which will directly impact access to home care;
- [p]rimary care will increasingly be provided by non-physicians;
- [t]here will be significant shortages of nurses in over half of US states, but surplus in some areas of the South and Southwest; and
- [a] hiring rush for mental health providers will emerge by 2026.”

(Source: Mercer [News Release](#), 9/29/21)

A news analysis from Premier states that “[h]ospitals and health systems across the country are **paying \$24 billion more per year for qualified clinical labor than before the COVID-19 pandemic,**” according to a [report](#) from Becker’s Healthcare. As part of the analysis Premier used its artificial intelligence database to compare workforce trends from October 2019 through August 2021. Insights from the analysis include:

- [c]linical labor costs are up by an average of eight percent per patient day compared to 2019, pre-pandemic. For a 500-bed hospital, this equates to \$17 million in additional annual labor expenses;
- [c]ompared to the pre-pandemic baseline in 2019, the number of overtime hours employees worked is up 52 percent as of September 2021;
- [t]he use of agency and temporary labor is up 132 percent for full-time workers and 131 percent for part-time workers;
- [o]vertime and use of agency staff add about 50 percent or more to a typical employee's hourly rate;
- The annual rate of turnover in emergency, ICU, and nursing departments has nearly doubled from pre-pandemic to this year. Specifically, it increased from 18 percent pre-pandemic to 30 percent this year; [and]
- The study found that the use of sick time for full time clinical staff in the ED is up 50 percent, and more than 60 percent for part-time employees when compared to the pre-pandemic baseline.

(Source: Becker’s Healthcare, [Hospitals paying \\$24B more for clinical labor amid COVID-19 pandemic](#), 10/7/21)

(continued on page 6)



BRIEFLY NOTED (continued from page 5)

The American Society for Hematology (ASH) **published** the 2021 “[Guidelines for Sickle Cell Disease: Stem Cell Transplantation](#).” According to a news release from the organization, these guidelines “are the final installment of the Society’s five evidence-based clinical practice guidelines on sickle cell disease (SCD), and round out the full collection of recommendations for improving care for individuals living with SCD...Highlights of the SH Guideline Recommendations for SCD: Stem Cell Transplantation [include]:

- Hematopoietic stem cell transplantation (HSCT) should be considered over standard of care (transfusion) in individuals with SCD who have experienced a stroke or are at very high risk of stroke. Further, transplantation should be considered for all patients with neurologic injury who have a matched, related sibling donor. Recommendations point to evidence suggesting that children under age 13 who receive HSCT from a matched sibling donor have better outcomes than those older than age 13;
- For patients with frequent pain, as well as those with recurrent episodes of acute chest syndrome, the ASH guidelines suggest transplantation from a matched sibling donor over the standard of care;
- For individuals with an indication for HSCT who lack a matched sibling donor, the ASH guideline panel suggests transplantation from alternate donors only in the context of a clinical trial; [and]
- In patients with an indication for transplant, the ASH guideline panel suggests transplantation with cells from a matched donor earlier in life due to the risk of irreversible SCD-related damage to the body that increases with age.”

(Source: ASH [News Release](#), 9/28/21) 💧

NEW on CollABORate

COLLABORATE

SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

Recent discussion topics on the ABC [CollABORate](#) Online Member Community include:

- [Iron Mitigation](#) (COLLECTIONS & DONOR SERVICES)
- [Feel-Good Friday News](#) (COMMUNICATIONS & DONOR RECRUITMENT)
- [Respiratory Distress](#) (MEDICAL ISSUES)
- [Prequalifying Donors](#) (MEDICAL ISSUES)
- [CLIA Waived Platelet Count Analyzer](#) (MEDICAL ISSUES)
- [Prescreening Donors](#) (QUALITY BYTES)
- [12 Hour Hold for Bacterial Detection](#) (QUALITY BYTES)
- [X-ray Irradiator](#) (TECHNICAL DIRECTORS)

ABC members are encouraged to [login](#) and join the conversations today!



Join us at the 2021 AABB Conference

Visit the Abbott booth during the AABB conference to learn how we're ensuring safe and sustainable blood and plasma supply.

Help your blood bank be prepared to respond to the next emergency at the

**AABB SCIENCE &
INNOVATION WORKSHOP**

Monday, October 18

9:00 am – 9:45 am EDT



WORD IN WASHINGTON



The National Institutes of Health (NIH) [announced](#) that Francis Collins, MD, PhD will step down as director of the agency by the end of the year. He stated in an agency news release, “[i]t has been an incredible privilege to lead this great agency for more than a decade,” said Dr. Collins. “I love this agency and its people so deeply that the decision to step down was a difficult one, done in close counsel with my wife, Diane Baker, and my family. I am proud of all we’ve accomplished. I fundamentally believe, however, that no single person should serve in the position too long, and that it’s time to bring in a new scientist to lead the NIH into the future. I’m most grateful and proud of the NIH staff and the scientific community, whose extraordinary commitment to lifesaving research delivers hope to the American people and the world every day.” U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra, JD added, “few people could come anywhere close to achieving in a lifetime what Dr. Collins has at the helm of NIH. It takes an extraordinary person to tackle the biggest scientific challenges facing our nation — and under three presidents, amidst three distinctly different chapters of American history. Dr. Collins, master of scientific breakthroughs and scientific reason — from mapping the human genome to fighting the most devastating pandemic of a century — has routinely broken ground to save countless lives, while unleashing innovation to benefit humanity for generations to come.” Dr. Collins is currently the “longest serving presidentially appointed NIH director, having served three U.S. presidents over more than 12 years.”

(Source: NIH [News Release](#), 10/5/21) 💧

PEOPLE

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI, has been [named](#) the next president and chief executive officer (CEO) of The Joint Commission. Dr. Perlin will assume this role on March 1st 2022 succeeding Mark Chassin, MD, FACP, MPP, MPH who previously [announced](#) in February that he would be stepping down after 14 years of service at The Joint Commission. “I am very pleased with the appointment of Jonathan B. Perlin to lead The Joint Commission going forward,” said Dr. Chassin in a news release. “Jonathan is a nationally recognized leader and expert in quality improvement. I know that he will continue to transform The Joint Commission’s critical work to improve patient safety and quality of care in health care organizations across the country and around the world.” Dr. Perlin added in the news release, “I am honored to have the opportunity to work with members of The Joint Commission community, including many government colleagues, and health services partners domestically and abroad in driving higher performance, more equitable and higher value healthcare.” He currently serves as the president, clinical operations, and chief medical officer of HCA Healthcare. Prior to that, Dr. Perlin “was Under Secretary for Health in the U.S. Department of Veterans Affairs...he has served previously on numerous boards and commissions including The Joint Commission (2007-2010), the National Patient Safety Foundation and in 2009, he was appointed as the inaugural chair of the U.S. Department of Health and Human Services Health IT Standards Committee.”



(Source: The Joint Commission [News Release](#), 9/22/21) 💧



GLOBAL NEWS

The World Health Organization (WHO) **issued** a recommendation in support of “widespread use of the RTS,S/AS01 (RTS,S) malaria vaccine among children in sub-Saharan Africa and in other regions with moderate to high *P. falciparum* malaria transmission.” The recommendation is based on two years of data from malaria vaccine pilot programs implemented by the Ministries of Health in Ghana, Kenya, and Malawi. The agency is recommending that the “RTS,S/AS01 malaria vaccine should be provided in a schedule of four doses in children from five months of age for the reduction of malaria disease and burden.” Some of the key findings of the pilots included:

- “vaccine introduction is feasible, improves health and saves lives, with good and equitable coverage of RTS,S seen through routine immunization systems. This occurred even in the context of the COVID-19 pandemic;
- Data from the pilot programs showed that more than two-thirds of children in the three countries who are not sleeping under a bednet are benefitting from the RTS,S vaccine;
- [t]o date, more than 2.3 million doses of the vaccine have been administered in three African countries — the vaccine has a favorable safety profile;
- [s]ignificant reduction (30 percent) in deadly severe malaria, even when introduced in areas where insecticide-treated nets are widely used and there is good access to diagnosis and treatment; [and]
- [m]odeling estimates that the vaccine is cost effective in areas of moderate to high malaria transmission.”

The WHO stated that next steps will feature “funding decisions from the global health community for broader rollout, and country decision-making on whether to adopt the vaccine as part of national malaria control strategies.”

(Source: WHO [News Release](#), 10/6/21)

The WHO **published** an interim statement on additional or “booster” doses of the COVID-19 vaccine. The agency indicated that it continues to monitor and review emerging data regarding timing and availability of booster doses and stated that factors to be considered should include:

- waning immunity;
- vaccine effectiveness; and
- global vaccine supply and global/national equity.

According to the statement, “[i]ntroducing booster doses should be firmly evidence-driven and targeted to the population groups in greatest need. The rationale for implementing booster doses should be guided by evidence on waning vaccine effectiveness, in particular a decline in protection against severe disease in the general population and in high-risk populations, or due to a circulating variant of concern (VoC). To date, the evidence remains limited and still inconclusive on any widespread need for booster doses following a primary vaccination series. In the context of ongoing global vaccine supply constraints, broad-based administration of booster doses risks exacerbating inequities in vaccine access by driving up demand and diverting supply while priority populations in some countries, or in subnational settings, have not yet received a primary vaccination series. The focus remains on urgently increasing global vaccination coverage with the primary series driven by the objective to protect against severe disease.”

(Source: WHO [Statement](#), 10/4/21) 💧



COMPANY NEWS

Ortho Clinical Diagnostics [announced](#) the development and availability of the “Immediate Spin Cross-match” (ISXM) serological test on the company’s Ortho Vision® platforms to assist in the detection of “incompatibility between donors and recipients in blood transfusions.” Andrew Corkum, head of Ortho’s transfusion medicine product portfolio, added in a company news release, “We’re pleased to continue our legacy and tradition of bringing relevant immunohematology assays to market to further enable transfusion labs to perform critical tests needed for urgent patient care. The availability of ISXM across all Ortho platforms is a direct response to customer requests to improve workflow and respond quickly to patient needs. We are proud to offer this new menu capability to further ensure the ongoing safety of blood transfusions while giving laboratory staff the ability to streamline their facilities.”

(Ortho Clinical Diagnostics [News Release](#), 9/27/21)

Biolog-id and **Fujicom** have [partnered](#) to bring Biolog’s transfusion supply chain offering to Brazil. According to Sandra Fujita, commercial director at Fujicom, in the joint news release from the companies, “[t]he arrival of biolog-id’s innovative solution on the Brazilian blood bank market will foster the improvement of the traceability and control of processes that remain non-automated yet. Based on radio-frequency identification (RFID) technology, it will ensure our clients a more efficient management of their product inventory by improving the profitability and the quality of the services provided.”

(Source: Biolog-id and Fujicom Joint [News Release](#), 9/27/21)

Johnson & Johnson [submitted](#) data to the U.S. Food and Drug Administration (FDA) this week supporting an additional or “booster” dose of the company’s Janssen COVID-19 vaccine in individuals 18 years of age and older. According to a news release, “[t]he submission includes recent results from the Phase III ENSEMBLE 2 study that found a booster of the [Janssen] COVID-19 vaccine given 56 days after the primary dose provided 94 percent protection against symptomatic (moderate to severe/critical) COVID-19 in the U.S. (CI, 58 percent-100 percent) and 100 percent protection (CI, 33 percent-100 percent) against severe/critical COVID-19, at least 14 days post-booster vaccination. Also, part of the submission is Phase I/IIa data showing that when a booster of the [Janssen] COVID-19 vaccine was given six months after the single shot, antibody levels increased nine-fold one week after the booster and continued to climb to 12-fold higher four weeks after the booster. The vaccine, when given as a booster or primary dose, was generally well-tolerated.” The company previously received emergency use authorization from the FDA for a single dose of the Janssen COVID-19 in February.

(Source: Johnson & Johnson [News Release](#), 10/5/21)

Moderna, Inc. [announced](#) this week that the European Medicines Agency (EMA) has authorized an additional (third) dose of the company’s COVID-19 messenger RNA (mRNA) vaccine for immunocompromised individuals 12 years of age and older. The company said in a news release that, “[a] growing number of studies have shown the benefit of a third dose of COVID-19 vaccine in immunocompromised subjects. In particular, a recent double-blind, randomized controlled trial of 120 individuals who had undergone solid organ transplant procedures (heart, kidney, kidney-pancreas, liver, lung, pancreas) demonstrated that a third dose of the Moderna COVID-19 vaccine improved immune response compared to placebo. In the study, the third dose was generally well tolerated.” Moderna submitted data to the FDA last month for evaluation of a booster dose.

(Source: Moderna [News Release](#), 10/5/21) 💧

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

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](#).

Nov. 4. **U.S. Food and Drug Administration (FDA) Blood Products Advisory Committee Meeting (Virtual)**. More information available [here](#).

Dec. 6-8. **American Association of Tissue Banks (AATB) Annual Meeting (Virtual)**. Registration is [open](#).

2022

Mar. 7-10. **ABC Annual Meeting, Washington, D.C.** [Registration](#) is open. More information available [here](#).

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 Services Phlebotomy Trainer (North Charleston, SC). At The Blood Connection, every role plays a part in saving lives. Join our team and help make an impact in your community today! We offer a generous benefits package including a great 401k match, tuition reimbursement, yearly increases, company bonus, and 24 days PTO! Position Overview: A Donor Services Trainer provides and documents training for apheresis, special donations and when required, whole blood collections procedures. Training is performed in accordance with departmental procedures, processes, policies along with FDA and AABB regulations/standards and training records are maintained in a method that ensures completeness and accuracy. This role conducts departmental audits to ensure staff are performing tasks correctly and promptly takes action to correct any unapproved deviations. This role assists Donor Services management with various departmental tasks and projects. The Donor Services Trainer sets an exceptional example for excellent customer service and technical performance. This role provides on floor collection staff duties when required. Minimum Qualifications: High School Diploma or GED; CPR Instructor's Certification (preferred); Two years of blood collection experience; General knowledge of Hematology; and Valid Driver's License with no major infractions and dependable transportation. Applicants should apply here:

<https://us60.dayforcehcm.com/CandidatePortal/en-US/tbc/Posting/View/1486>. Equal Opportunity Employer Veterans/Disabled

Outside Sales Representative/Event Planner (Fort Smith, Ark.) Outside sales representatives must develop new partnerships with targeted decision makers in community organizations, educational & religious institutions, and businesses to gain support in meeting the needs for volunteer blood donors. Responsibilities include organizing & 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 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

(continued on page 12)

POSITIONS (continued from page 11)

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. How to apply: <http://arkbi.org/careers/>.

Manager, Donor Operations Training. LifeStream, a local nonprofit organization providing blood services for more than 80 hospitals in Southern California, is searching for a Manager, Donor Operations Training. This position is responsible for the effective development and implementation of all training materials and programs for the staff in Donor Operations. Responsible also for New Hire Orientation and ensures new employees receive proper training on LifeStream policies and procedures. Monitors the effectiveness of training materials, trainers, and curriculum to ensure successful training outcomes. Responsible for the management and documentation of all training records and annual competencies in accordance with regulatory standards. Bachelor's Degree (BS or BA) or equivalent. Will accept Blood Bank experience in lieu of degree. Four plus years of experience in training/education in a mid-large size company. Experience in adult learning a must. Three to four years of supervisory experience. Experience with supervising people and processes; managing and prioritizing multiple assignments requiring a high level of problem-solving and organizational skills. Apply online: www.LStream.org. Or send cover letter, and resume to LifeStream: Human Resources, 384 W. Orange Show Rd. San Bernardino, CA 92408. E-mail: recruitment@lstream.org EOE.

Chief Medical Officer (Oklahoma City, Okla.). The Oklahoma Blood Institute, a large, successful blood center servicing Oklahoma, Arkansas, Texas and beyond, seeks qualified candidates for the position of **Chief Medical Officer (CMO)**. Successful applicants should be **board certified/board eligible physicians** with significant experience in **hematology, transfusion medicine, cellular therapy, laboratory medicine** or a related field. This position is ideal for a visionary, collaborative leader who thrives in a fast-paced, results-oriented environment

and who wants to innovate within a rewarding, entrepreneurial business framework. The CMO leads other physicians and a large clinical staff. He or she guides multiple departments, including a **donor screening lab, immunohematology labs (providing hospital transfusion services), therapeutic apheresis, cellular therapies, cord blood bank, and bio-research**. Some additional arenas for impact are software development, community health projects, and worldwide transfusion progress. If you are a doctor looking both to deliver excellence patient and donor care via multifaceted transfusion medicine organization and to reimagine the mission of blood banking in meeting community needs for connectivity, compassion, altruism, and healing, please visit www.obi.org. Salary Range: Competitive salary with excellent benefits package including health, dental, vision, and life insurance, 401(k), paid time off, and holiday pay. How to apply: <http://obi.org/careers>.

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>. ♦