



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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

2021 #37

October 22, 2021

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ABC Submits Comments/Recommendations Regarding 2021 NBCUS

America's Blood Centers (ABC) has [provided](#) recommendations and additional feedback to the responses from earlier [comments](#) ABC made regarding the federal National Blood Collection and Utilization Survey (NBCUS). In the recommendations proposed, ABC specifically requests the:

- “[t]he addition of a question to determine the number of platelet and plasma transfusion recipients. Currently, only the number of RBC transfusion recipients are tracked;
- [t]he inclusion of donors 65+ in the U.S. general population number when calculating the percentage of Americans who donate blood. Donors 65+ represent 16.5 percent of the U.S. donor base, and the current calculation includes donors aged 16-64 only;
- [a]djusting the age ranges for how many allogeneic whole blood and apheresis red blood cell donations combined were successfully collected from the following donor age groups which are benchmarks being used by most of the nation’s blood centers. The below alignment would be extremely helpful with all blood centers working tirelessly to increase the number of younger donors as the current U.S. blood donor base ages: 15, 16, 17, 18, 19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79;” and
- [t]he addition of the following question: “During 2021, how many allogeneic whole blood and apheresis red blood cell donors presented to donate from the following donor age groups? (This includes successful and unsuccessful donations and deferrals).” This new question focuses on individual donors according to the recommended age ranges; donations are already captured in the survey.”

Additionally, ABC added comments to responses from NBCUS officials urging that:

- an additional question be created for “Variable (Low Dose) platelets.”

In an accompanying Oct. 18th letter to the Office of the Assistant Secretary

(continued on page 2)



NBCUS Comments and Recommendations (continued from page 1)

(OASH) at HHS, ABC stated, “the importance of the NBCUS as a vital tool in assessing ongoing trends in the U.S. blood industry is even more apparent. As the only source of comprehensive data on blood collection and usage available for both public and private stakeholders, the report supports benchmarking and surveillance, ongoing research, regulatory needs, disaster planning, and national security concerns... To provide greater value to the blood community and the U.S. government for this critical public health benefit, we request methods to facilitate more-timely publication of NBCUS results. Given the importance of the information, coupled with the complexity of gathering the data in support of the information, a solution to fully automate the process must be identified and adopted. Until such time when an automated solution is available, a method to publish a preliminary report of the results minus the analysis after the AABB Annual Meeting needs to be identified and implemented. ABC looks forward to future collaborations with the CDC focused on the need for a more robust data infrastructure for the blood supply, a critical public health benefit, which reduces the burden on blood centers while leading to more actionable data on issues such as diversity in the blood supply... We request CDC continue to work with the blood community to identify the best mechanism to obtain these data recognizing the current blood center work effort related to the NBCUS. We also stand ready to partner on future NBCUS endeavors. Thank you for the opportunity to comment on the NBCUS.” 💧

NEJM Publishes “Perspective” on Updating MSM Blood Donation Policies

The *New England Journal of Medicine* (NEJM) has [published](#) a “Perspective” this week in which the authors urge the U.S. Food and Drug Administration (FDA) to “reevaluate and rewrite its own deferral policies for potential blood donors,” a trend that has seen other countries either adopt or move towards individual risk-based policies. The article states that “blood-donation guidelines should be based on objective, risk-conscious, science-driven criteria that mitigate the risk of accidental transmission of HIV or other blood-borne pathogens, ensure that the blood supply meets the needs of the population, and protect against stigmatization of any group. Despite the progress made, FDA guidelines continue to fall short in each of these domains... Although health systems tend to be chronically short of blood, severe supply insufficiencies during the Covid-19 pandemic further underscore the need for updated donor-screening criteria... We strongly believe that blanket donation deferrals for men who have sex with men should be eliminated and replaced with more rigorous screening questions that evaluate individual risk factors. Taking a cue from the United Kingdom’s new guidelines, U.S. blood-donation programs should no longer ask men the gender or sex of their sexual partners, and men in monogamous sexual relationships that have lasted longer than the deferral period should not be excluded from donating... We urge the agency and the administration to implement change as supported by the developing evidence.

Citation: Miller, A and Cahill, S. Blood donation by gay and bisexual men — the need for a policy update. *NEJM*. 2021. Doi: [10.1056/NEJMp2112329](https://doi.org/10.1056/NEJMp2112329).

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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

Effect of Convalescent Plasma on Organ Support-Free Days. In a study in *JAMA* “trial investigators conducted an international, multicenter randomized clinical trial to address [the] uncertainty in the evidence [of COVID-19 convalescent plasma (CCP)] and to determine whether use of CCP compared with no CCP improves outcomes in critically ill patients with COVID-19 within the Randomized, Embedded, Multifactorial, Adaptive Platform Trial for Community-Acquired Pneumonia (REMAP-CAP). The study included participants from 129 trial sites in Australia, Canada, the United Kingdom (UK), and the U.S.” The authors explained that “[p]atients aged 18 years or older with confirmed SARS-CoV-2 infection admitted to the hospital and classified as moderately or severely ill were eligible...Participants were randomized to receive [2 units] [of] high-titer, ABO compatible CCP within 48 hours of randomization or no CCP.” The investigators stated that “[t]he primary outcome was respiratory and cardiovascular organ support-free days up to day 21...Between March 9th, 2020, and January 18th, 2021, 2,011 [patients who] were critically ill (median age, 61 years [IQR, 52-70 years]) and were assigned to CCP at randomization (n = 1,084), CCP if clinical deterioration (n = 11), or no CCP (n = 916). Follow-up ended on April 19th, 2021, and 1,990 (99 percent) completed the trial.” They noted that “[t]he median number of organ support-free days was 0 (IQR, -1 to 16) in the CCP group and 3 (IQR, -1 to 16) in the no CCP group...The in-hospital mortality rate was 37.3 percent (401/1,075) for the CCP group and 38.4 percent (347/904) for the no CCP group and the median number of days alive and free of organ support was 14 (IQR, 3 to 18) and 14 (IQR, 7 to 18), respectively...Relative to no CCP, the median-adjusted OR from the primary model was 0.97 (95 percent credible interval (CrI), 0.83 to 1.15), yielding a posterior probability of futility of 99.4 percent...Compared with the no CCP group, the median-adjusted OR for in-hospital survival was 1.04 (95 percent CrI, 0.85 to 1.27) for the CCP, yielding a posterior probability of futility of 91.8 percent.” The authors concluded that “[a]mong critically ill adults with confirmed COVID-19, treatment with two units of high-titer, ABO-compatible CCP had a low likelihood of providing improvement in the number of organ support-free days.”

Citation: Estcourt, L., Turgeon, A., McQuilten, Z.K., *et al.* Effect of convalescent plasma on organ support-free days in critically ill patients with COVID-19. *JAMA*. 2021. Doi: [10.1001/jama.2021.18178](https://doi.org/10.1001/jama.2021.18178).

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

Convalescent Plasma (CP) Produced by Gravity-based Filtration as a Therapy in Low-resource Settings. Researchers in Suriname described “pre-planned interim analysis” of a non-randomized, open label, prospective clinical trial of individuals in the intensive care unit (ICU) with severe or life-threatening COVID-19 symptoms. They noted that “significant logistical challenges had to be overcome, including the lack of conventional plasmapheresis machines and lack of a local immune assay to quantify virus-specific and virus-neutralizing antibodies (Abs). Furthermore, the optimal volume of CP for infusion as well as safety of blood donation for a CP donor were unknown. In this study, we made use of a gravity-driven blood filter for CP production.” The study included 78 enrolled patients with 28 receiving CP. The authors explained “primary endpoint was a 28-day ICU mortality. Secondary endpoints were changes two days after treatment initiation in pulmonary oxygen exchange capacity (PF ratio) and chest x-ray (CXR) score.” The investigators stated that “[c]hest x-rays were examined immediately prior to (day 0) and two days after (day 2) CP administration, or on day zero and day two following inclusion in the control group by two independent radiologists blinded to group assignment. CXR scoring was based on radiological improvement observed after treatment with CP...[D]onors of CP were recruited from hospitalized adult (≥18 years of age) patients who had recovered from a PCR-confirmed SARS-CoV-2 infection at the time of plasma donation. Eligibility criteria for donating CP were a positive response measured as optical densitometry (OD) levels of the anti-SARS-CoV-2 total IgG antibody Wantai test, being at least 14 days asymptomatic following resolution of COVID-19 and having two negative PCR-tests from nasopharyngeal swabs.” CP was acquired via “plasmapheresis.” The researchers found “[s]urvival probability was significantly higher in the CP group compared to the control group with standard care (P=0.027) (Figure 3A). At day 28 in ICU,

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RESEARCH IN BRIEF (continued from page 3)

mortality had occurred in five out of 28 (18 percent) of the intervention group versus 18 out of 50 (36 percent) in the control group.” They noted that limitations existed in their study including its, “non-randomized design, which may have resulted in differences between the CP and the control group. As CP was not always readily available during the second epidemic, selection bias could be present. Furthermore, CP therapy was initiated three days after ICU admittance. As such, treatment bias may therefore exist since the CP group consisted of more life-threatening patients than the control group... Another limitation is the relatively small number of patients. Based on the results of this trial, new patients are being enrolled, which may provide further evidence on the potential beneficial effects of CP. Further characterization of the CP used in this study is needed to fully ascertain its efficacy and correlate variation in plasma factors to clinical outcome in CP recipients.” The authors concluded that “Access to CP therapy in a low-resource setting was enabled by the novel filtration [device,] which was easy to implement in an ICU setting and was used without adverse effects on both the donor and the CP recipients... SARS-CoV-2-specific therapies, including CP from recovered patients, could be highly effective options to treat COVID-19 in the absence of widespread vaccination.”

Citation: Bihariesingh-Sanchit, R., Bansie, R., Fröberg, J. *et al.* [Mortality reduction in ICU-admitted COVID-19 patients in Suriname after treatment with convalescent plasma acquired via gravity filtration.](#) *Anesthesia & Clinical Research.* 2021.

BRIEFLY NOTED

The U.S. Food and Drug Administration (FDA) [announced](#) that it has “expanded the use of a booster dose” for the Moderna and Janssen (Johnson and Johnson) COVID-19 vaccines in eligible populations. According to the announcement, the agency has amended the emergency use authorizations (EUAs) to allow for a booster dose as follows:

- “The use of a single booster dose of the Moderna COVID-19 vaccine that may be administered at least six months after completion of the primary series to individuals:
 - 65 years of age and older;
 - 18 through 64 years of age at high risk of severe COVID-19; [and]
 - 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2.
- [t]he use of a single booster dose of the Janssen (Johnson and Johnson) COVID-19 vaccine may be administered at least two months after completion of the single-dose primary regimen to individuals 18 years of age and older.
- The use of each of the available COVID-19 vaccines as a heterologous (or “mix and match”) booster dose in eligible individuals following completion of primary vaccination with a different available COVID-19 vaccine.
- To clarify that a single booster dose of the Pfizer-BioNTech COVID-19 vaccine may be administered at least six months after completion of the primary series to individuals 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2.”

The agency added that “[f]ollowing a presentation of clinical trial data from the National Institute of Allergy and Infectious Diseases, the Vaccines and Related Biological Products Advisory Committee’s discussion of information submitted for consideration, along with the agency’s evaluation of the available data, the FDA has determined that the known and potential benefits of the use of a single heterologous booster dose outweigh the known and potential risks of their use in eligible populations.”

(FDA [Announcement](#), 10/20/21) 💧



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.

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.

2021 ADRP International Showcase on November 9th

ADRP will be hosting the 2021 International Showcase virtually from 1-2:30 p.m. EST on November 9th. [Registration](#) is free and open to everyone. The event will feature:

- “Untapped Potential in Elementary Schools – the Future of Blood Donation” by Maryke Harris, Public Relations Practitioner at South Africa National Blood Service;
- “Creating An Outstanding Onboarding Experience to Increase Donor Retention in New Donors” by Isabelle Contu, CX Advisor at Héma-Québec;
- “How and Why Charities Should Provide Feedback to Their Donors” by Lars Eberhart, Head of Donor Management at Blood Center for Vienna, Lower Austria, and Burgenland;
- “Implementation of UK FAIR Recommendations in Scotland” by Dr. Lorna McClintock, Consultant Haematologist and Clinical Lead for Blood Donation at Scottish National Blood Transfusion Service;
- “Donor Recognition – How to Recognize Donors without Incentivizing” by Irene van Schalkwyk, Manager, Marketing Services at New Zealand Blood Service; and
- “A Creative Way to Engage Donors: Challenge Them” by Rufan Li, Chief Marketing Officer at Hoxworth Blood Center.

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Upcoming ABC Webinars – Don't Miss Out!

- **ADRP International Showcase** – Nov. 9th. View program and register [here](#).
- **ABC SMT Journal Club Webinar** – Dec. 13th. More details coming soon.



INSIDE ABC (continued from page 5)

Recording Available for ABC Webinar: Vaccine Mandates — Federal Guidance and Center Experiences

A recording is now available to ABC members [here](#) of the Vaccine Mandates: Federal Guidance and Center Experience webinar. It featured 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 also provided an overview and update on the recent federal guidance related to vaccine mandates and its impact on ABC member centers. She discussed the results from the third ABC member survey on vaccines with attendees. Please contact [ABC Member Services](#) with any trouble accessing the recording. 💧

NEW on CollABORate

COLLABORATE

SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

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

- [Directed Donation](#) (MEDICAL ISSUES)
- [Feel Like You are Missing Out](#) (OPEN FORUM)
- [Donors Taking Testosterone](#) (QUALITY BYTES)

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



AMERICA'S BLOOD CENTERS'
60TH ANNUAL MEETING
MARCH 7-9, 2022

WORD IN WASHINGTON

U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra, JD [announced](#) that the public health emergency for COVID-19 has been extended for another 90 days as of October 18th. The declaration was scheduled to expire this month and this extension will continue the public health emergency into January 2022. The declaration allows the Administration to provide response aid to local state health departments in addition to flexibility for government-run health insurance programs and emergency approvals of new drugs and tests.

(Source: HHS [Announcement](#), 10/15/21)

HHS [announced](#) that Assistant Secretary for Health (ASH) Rachel Levine, MD has been ceremonially sworn in as a four-star admiral. The announcement states that this makes Admiral Levine the highest ranking official in the U.S. Public Health Service (USPHS) Commissioned Corps and its first-ever female four-star admiral. HHS Secretary Xavier Becerra, JD stated, “Admiral Levine’s historic appointment as the first openly transgender four-star officer is a giant step forward towards equality as a nation. This is a proud moment for us at HHS. Admiral Levine — a highly accomplished pediatrician who helps drive our agency’s agenda to boost health access and equity and to strengthen behavioral health — is a cherished and critical partner in our work to build a healthier America.” Admiral Levine added, “I am humbled to serve as the first female four-star officer of the U.S. Public Health Service Commissioned Corps and first openly transgender four-star officer across any of the eight uniformed services. This is a momentous occasion, and I am pleased to take this role for the impact I can make, and for the historic nature of what it symbolizes. May this appointment be the first of many like it as we create a more inclusive future.”

(Source: HHS [News Release](#), 10/19/21)

The National Heart, Lung, and Blood Institute (NHLBI) has [started](#) a national health education program that “aims to bring greater visibility to blood diseases and disorders like anemia, sickle cell disease and others, their diagnosis, treatment and management, and blood safety by translating research for patients and professionals.” Titled the “Blood Diseases and Disorders Education Program,” its goals include:

- “[r]ais[ing] awareness about blood diseases and disorders affecting Americans;
- [c]reat[ing] science-based, patient-centered resources and materials addressing patients’ needs across the care continuum;
- [p]romot[ing] the importance of and addresses blood safety concerns;
- [d]isseminat[ing] NHLBI blood science research and clinical trial information; and
- [m]aintain[ing] a partnership network of organizations interested in blood diseases, blood disorders and safety.”

The NHLBI has designed the resources and materials developed for the program to be useful for:

- “[p]eople living with blood diseases and disorders, as well as their family members and caregivers;
- [h]ealthcare professionals who diagnose, treat, and manage blood diseases and disorders, and
- [o]rganizations interested in blood health education.”

(Source: NHLBI [Announcement](#), 8/31/21) ♦



MEMBER NEWS

The Blood Center (New Orleans, La.) has [partnered](#) with New Orleans Emergency Medical Services (NOEMS) to be “the first ground ambulance service in the region to provide pre-hospital emergency blood transfusions to patients with traumatic injuries.” According to a news release, as of October 18th, NOEMS will begin to administer whole red blood in the field. Select paramedics have been training to recognize when and how to administer blood... The term ‘Golden Hour’ is often used in emergency medicine, meaning that the patient must receive definitive care within 60 minutes of the traumatic injury. With the opportunity to administer whole [blood] pre-hospital, NOEMS can provide that definitive care sooner, thus increasing survivability.” Director of NOEMS, Emily Nichols, MD, added in the news release, “[t]his is a monumental occasion as we partner with The Blood Center to administer [whole] blood. Our goal is to decrease the morbidity and mortality rates in patients with traumatic injuries within the City of New Orleans. Red blood cell transfusion improves the recipient’s oxygen-carrying capacity by increasing the mass of circulating red cells. This, combined with traditional hemorrhage control will optimize survival rates. The Blood Center Medical Director Tim Peterson, MD stated in the news release, “[i]t’s the blood donated before an emergency that can save a life. By partnering with New Orleans EMS, we’re hopeful more lives can be saved by the simple act of kindness that donating blood is.”

(Source: The Blood Center [News Release](#), 10/15/21)

South Texas Blood & Tissue Center [announced](#) that it has completed construction of a helicopter landing pad to:

- “[a]llow medical helicopters that carry specially screened units of whole blood to restock supplies as needed; and
- [p]rovide a location for helicopters to pick up blood for delivery to major trauma events or natural disasters.”

Adrienne Mendoza, vice president of Blood Operations at South Texas Blood & Tissue Center, a subsidiary of San Antonio-based nonprofit BioBridge Global, stated in a news release, “[m]aking this option available is just part of our commitment to saving lives. Since we serve such a large area, it just made sense to provide this to helicopter operators as an option... The landing pad also could help us quickly supply blood in the case of a mass casualty or weather event as part of the Blood Emergency Readiness Corps, the new national emergency blood supply system.” The news release states that the landing site is located “between the BioBridge Global Headquarters Building and its Annex Building on San Antonio’s northwest side” and is “the first helicopter landing pad for a blood center in the state.”



Photo courtesy of South Texas Blood & Tissue Center.

(South Texas Blood & Tissue Center [News Release](#), 10/12/21) ♦

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!



GLOBAL NEWS

The United Kingdom's (UK) National Institute for Health and Care Excellence (NICE) has recommended the use of a new [treatment](#) option to prevent recurring pain crises for individuals 16 years of age and older who are living with sickle cell disease (SCD). The therapeutic, Crizanlizumab (Adakveo, Novartis) is the first time in 20 years that a new treatment recommendation has been issued by NICE. NHS Blood and Transplant (NHSBT), the national blood provider for England and transplant services for the UK, issued a [statement](#) regarding the recommendation, “[w]e welcome the decision to approve crizanlizumab for use in patients with sickle cell disorders suffering from frequent painful crises. Sickle cell continues to be the fastest growing blood disorder in the UK and mostly affects Black people. We hope this advance will have a major impact on reduction of painful episodes and improve the quality of life for patients suffering from sickle cell disorders and while it is a positive step, it does not change the fast-increasing need for ethnically matched blood for sickle cell patients in England.”

(Sources: NICE [Recommendation](#), 10/5/21; NHSBT [Statement](#), 10/6/21)

The World Health Organization (WHO) issued a [news release](#) raising awareness of a joint [statement](#) with several partners that encouraged action in the form of better protections for healthcare workers worldwide “from COVID-19 and other health issues.” The statement [calls] on all Member State governments and stakeholders to strengthen the monitoring and reporting of COVID-19 infections, ill-health, and deaths among health and care workers...The Statement also urges political leaders and policy makers to do all within their power to make regulatory, policy, and investment decisions that ensure the protection of health and care workers...Finally, the partners call upon leaders and policy makers to ensure equitable access to vaccines so that health and care workers are prioritized in the uptake of COVID-19 vaccinations. Available data from 119 countries suggest that by September 2021, 2 in 5 health and care workers were fully vaccinated on average, with considerable difference across regions and economic groupings.” The WHO estimates that “between 80,000 to 180,000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021.” The WHO’s partners for the joint statement included:

- Frontline Health Workers Coalition;
- Global Health Workforce Network;
- Health Service Executive, Ireland; International Council of Nurses;
- International Pharmaceutical Federation;
- International Labour Organization;
- the Organisation for Economic Co-operation and Development (OECD);
- Public Services International; and
- The World Medical Association.

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

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.



COMPANY NEWS



AABB has rebranded and become the Association for the Advancement of Blood & Biotherapies. According to the organization, “[o]ur new name respects and connects our past, present, and future... The new logo symbolizes forward and collaborative thinking with a repetition of circular shapes that draw the eye across, around, in, and out. The interlocking letters represent the connections of our community. Donor to Patient. Lab to Bedside. Member to Member.

(Source: AABB [Announcement](#), 10/17/21)

Grifols [announced](#) a public-private partnership this week, the National Service Projects Organization (NSPO) in Egypt aimed at achieving “plasma medicine self-sufficiency.” According to a company news release, “Grifols Egypt for Plasma Derivatives, the joint-venture company between Grifols and the NSPO, initially plans to construct and fully equip 20 donation centers throughout the country.” The first plasma center in the region is scheduled to open for plasma donations next month. Grifols stated in the news release that “[f]acilities in Egypt are expected to be authorized by local authorities as well as international regulatory agencies, such as the European Medicines Agency (EMA) and certified by the International Quality Plasma Program (IQPP) of the Plasma Protein Therapeutics Association (PPTA)...local donation requirements are now aligned with those of the U.S. Food and Drug Administration...Until Egypt’s plasma-production facilities are operational, Grifols will use its existing installations to produce medicines from the plasma collected in the country. Expected European inspections of the donor centers mean that the plasma could also be used in Europe.”

(Source: Grifols [News Release](#), 10/19/21) ♦

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

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

Clinical Laboratory Scientist - MT Certified. LifeSouth Community Blood Centers is currently seeking Level III Clinical Laboratory Scientists in Stone Mountain, GA. This position is responsible for performing and interpreting clinical laboratory tests that require the exercise of independent judgment. Must be MT certified; confirmatory testing experience preferred. Applicants should apply here: <https://lifesouth.csod.com/ux/ats/careersite/5/home/reqquisition/2342?c=lifesouth>.

MT / MLS (Carter BloodCare – Fort Worth, Texas). Principal Accountability: The Medical Technologist 1 (MT 1) will report to the Manager or designee of Reference & Transfusion (R&T) Services at John Peter Smith (JPS) located in Fort Worth, TX. The incumbent will participate in all activities in the R&T Services to include but not limited to: Support Carter BloodCare's (CBC) vision, mission, and core values. Maintain compliance with the CBC's attendance policies and department schedules as outlined in the CBC Employee Handbook. Perform testing and services associated with assigned departmental duties. These duties are in the scope of complexity according to accrediting agencies. Participation in competency, proficiency, and educational opportunities. Education: Bachelor's Degree required. Medical Technologist: MT (ASCP), BB (ASCP), MT (AMT) or equivalent certification required. Experience: Recent graduate from an accredited Clinical Laboratory Sciences (CLS) program within the last five years and currently board eligible. NOTE: Must successfully obtain, maintain board certification (i.e., MLS (ASCP) or equivalent) and provided board certification documentation to the CBC Human Resources department within 12 months of hire date. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 26791 or 26430.

MT / MLS (Carter BloodCare – Bedford, Texas). Principal Accountability: The Medical Technologist 1 (MT 1) will report to the Manager or designee of Reference & Transfusion (R&T) Services in Bedford, Texas. The incumbent will participate in all activities in the R&T Services to include but not limited to: (1) Support Carter BloodCare's (CBC) vision, mission, and core values. (2) Maintain compliance with the CBC's attendance policies and department schedules as outlined in the CBC Employee Handbook. (3) Perform testing and services associated with assigned departmental duties. These duties are in the scope of complexity according to accrediting agencies. (4) Participation in competency, proficiency, and educational opportunities. Education: Bachelor's Degree required. Medical Technologist: MT (ASCP), BB (ASCP), MT (AMT) or equivalent certification required. Experience: Recent graduate from an accredited Clinical Laboratory Sciences (CLS) program within the last five years and currently board eligible. NOTE: Must successfully obtain, maintain board certification (i.e., MLS (ASCP) or equivalent) and provide board certification documentation to the CBC Human

Resources department within 12 months of hire date. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 29048 or 28777.

Clinical Apheresis RN (Carter BloodCare). Principal Accountability: 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 Standard Operating Procedures (SOP) assesses and monitors patient/donor while receiving an apheresis treatment; contacts patient physicians or a CBC Medical Director as situation warrants for medical consults for clarification of orders, transfusion reactions and/or emergency situations; and ensures that excellent customer service is provided to CBC customers at all times. Regular full-time attendance is required during office hours. 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 Req # 26045 or 25152.

Clinical Apheresis Manager (Carter BloodCare). Principal Accountability: The Manager of Clinical Apheresis Services is responsible for meeting Carter BloodCare and departmental objectives. The Manager is responsible for ensuring excellent customer service and managing issues. The Manager provides oversight for a team of nurses and apheresis collection technicians who perform therapeutic procedures on hospitalized patients for treatment of disease, or collection of cells from donor or patient peripheral blood for various cell therapy treatments or research projects. The Manager is responsible for managing daily operations, business activities, and quality patient care. The position is responsible for staffing field assignments, and performing procedures in the field to assist in training or as staffing indicates. Also, the Manager is responsible for maintaining statistics and quality indicators of procedures and records of preventative or responsive maintenance along with quality control of supplies and equipment. Regular full-time attendance is required during office hours. Education: Bachelor of Science in Nursing. RN active licensure in the State of Texas, preferably with Hemapheresis Practitioner (HP) or Qualification in Apheresis (QIA) credentialing. Experience: At least five years' apheresis experience of which three years should be in therapeutic/PBSC apheresis. Two years' management experience required. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 27905.

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POSITIONS (continued from page 11)

Assistant Manager of Contact Center (Carter Blood-Care). Principal Accountability: The Assistant Manager will be responsible to the Manager of Donor Communications, for managing motivating, and mentoring Donor Communications personnel toward achieving assigned production goals for Carter BloodCare. This individual will be responsible for the creation of call lists and preparation of performance reports by collecting, analyzing, and summarizing data and trends and meet with manager to present findings and solutions. All duties and responsibilities must be performed in compliance with Standard Operating Procedures and organizational policies. Regular full-time attendance is required during office hours. Position will require early morning, late evening, weekend, and Holiday hours. Education: High School Diploma or GED equivalent required. Four-year college degree preferred. Experience: Two or more years of direct supervisory experience preferred in a highly customer service-oriented environment. One to two years of database experience required. Two or more years of call center experience a plus. Equal Opportunity Employer: Disability/Veteran. Apply at www.carterbloodcare.org, click Careers & search Req # 29054.

Outside Sales Representative/Event Planner (Little Rock, 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 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/>.

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/enUS/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 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:

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POSITIONS (continued from page 12)

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. ♠