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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2024 #6 **February 16, 2024**

INSIDE:

JAMA Study Explores Whole Blood Transfusion and Survival in Trauma Patients with Severe Hemorrhage

Researchers in *JAMA Surgery* have published a study that sought to, "analyze survival associated with whole blood (WB) transfusion timing among patients presenting with severe hemorrhage who received WB as an adjunct to massive transfusion protocol (MTP) in U.S. and Canadian adult civilian trauma centers over a two-year period."

For this retrospective cohort study, the investigators conducted survival and secondary analyses of, "adult patients treated at level 1 and 2 U.S. and Canadian civilian trauma centers participating in the American College of Surgeons (ACS) Trauma Quality Improvement Program (TQIP) between January 2019 and December 2020." Study participants included civilians over the age of 17, "presenting with severe hemorrhage who received WB and MTP within the first 24 hours of emergency department (ED) presentation. Severe hemorrhage was defined as systolic blood pressure less than 90 mm Hg, shock index greater than one, and receipt of MTP." The authors noted that, "we chose these criteria to define severe hemorrhage, as the combination of a shock index greater than one and hypotension on ED arrival has been associated with trauma-induced coagulopathy (TIC), increased bleeding-related mortality, and the requisite for MTP. The MTP was defined as receiving a balanced ratio of packed red blood cells, plasma, and platelets of four or more units transfused within one hour from ED presentation up to four hours after ED arrival, as has been done in previous studies…All patients received WB as an adjunct to MTP."

The authors stated that, "[t]he primary outcomes measured were survival time at 24 hours and 30 days. Secondary outcomes selected a priori were survival time at four hours, major complications, hospital length of stay (LOS), and intensive care unit (ICU) LOS…In total, 1,394 patients were identified [as meeting the study criteria] (239 female [17 percent]; 1,155 male [83 percent]; median age, 39 years [interquartile range (IQR), 25-51 years]…The overall 30-day mortality rate was 16 percent. The median time to first WB transfusion overall was 30 minutes (IQR, 6-31 minutes), and the median time to first product of MTP was 36 minutes (IQR, 9-37 minutes). Patients in the study were profoundly injured, with a median Injury Severity Score of 27 (IQR, 17-35). The median WB units transfused was two (IQR, 1-2 units), with 304 patients (22 percent) receiving more than two units of WB within four hours. The median hospital length of stay (LOS) was 20 days (IQR, 6-27 days). The median ICU LOS was 11 days (IQR, 3-15 days)."

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JAMA Study Explores Whole Blood Transfusion & Survival in Trauma Patients (continued from page 1)

The researchers explained that, "[w]e performed a survival analysis at 24 hours. A survival curve demonstrated a difference in survival within one hour of ED presentation and WB transfusion. There was an association between improved survival at 24 hours for earlier WB transfusion compared with later WB transfusion at each time point (adjusted HR, 0.40; 95 percent CI, 0.22-0.73; P = .003) Similarly, the adjusted survival regression model demonstrated improved survival benefit associated with earlier WB transfusion at every time point at 30 days (adjusted HR, 0.32; 95 percent CI, 0.22-0.45; P < .001) Additionally, the most pronounced reduction in the estimated probability of survival was found when the time to WB transfusion was after 14 minutes from 0.961 (95 percent CI, 0.855-1.067) at 14 minutes to 0.913 (95 percent CI, 0.806-1.020) at 15 minutes, with a risk difference of 5.7 percent (95 percent CI, 3.93-7.46 percent) at the following 15-minute time point. For the secondary outcome of survival at four hours, for every 1-minute increase in time to WB transfusion, there was an associated increase in risk of mortality (HR, 1.15; 95 percent CI, 1.07-1.25; P < .001)."

The study concluded that, "early receipt of WB at any time point within the first 24 hours of ED arrival was associated with improved survival in patients presenting with severe hemorrhage. The survival benefit was noted shortly after transfusion. Therefore, WB resuscitation given as soon as possible may provide a survival advantage in actively hemorrhaging patients." The authors added that, "[f]urther prospective studies are warranted to complement our results to incorporate these findings into MTPs and further understand best WB transfusion practices." Limitations of the study identified by the researchers included, "the observed benefits were merely associated with the time to first WB transfusion and should not be interpreted as a direct cause. Since this study was observational and lacked randomization, there was an inherent risk of confounding factors due to clinical indications and other potentially unmeasured biases…Furthermore, our ability to consider the rate of specific ED procedures that could potentially lead to a delay of the initial WB transfusion in the later recipients was limited…Our study was subject to other certain database limitations, including the absence of laboratory data, practitioner-level data, and information on the administration of tranexamic acid…Finally, prehospital blood product transfusion is not specified in the TQIP data set."

Citation: Torres, C., Kenzik, K., Saillant, N., *et al*. "Timing to first whole blood transfusion and survival following severe hemorrhage in trauma patients." *JAMA Surgery*. 2024.

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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 recognizes 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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STATE ADVOCACY BRIEFS

The California General Assembly has introduced a bill regarding di-(2-ethylhexyl) phthalate (DEHP) in medical devices. The proposed legislation, AB-2300, would, "prohibit a person or entity from manufacturing, selling, or distributing into commerce in the [s]tate of California intravenous solution containers made with intentionally added DEHP. The bill would, commencing January 1st, 2031, prohibit a person or entity from manufacturing, selling, or distributing into commerce in the [s]tate of California intravenous tubing made with intentionally added DEHP for use in neonatal intensive care units, nutrition infusions, or oncology treatment infusions. The bill would prohibit a person or entity from replacing DEHP for revised or new products with other specified ortho-phthalates."

(Source: AB-2300, 2/12/24)

South Carolina House Bill (HB) 5060, titled "Blood and Organ Donation," introduced this month would require that, "whole blood, plasma, blood derivatives, blood products, other human tissue, and organs must be tested for the presence of high-count spike proteins from long COVID-19 or products created from gene therapy biologics, and labeled accordingly, before being used by a hospital or other health care provider in the state for any blood, other human tissue, or organ donation procedure including, but not limited to, a transfusion or transplantation." The bill would allow patients to decline blood from a vaccinated donor or an individual with long COVID.

(Source: HB 5060, 2/7/24)

HB 0115 has been introduced in Wyoming and would require, "any person who collects human blood donations for the purpose of providing blood for human blood transfusion [to] require blood donors to disclose whether the blood donor has received a COVID-19 vaccine or a messenger ribonucleic acid vaccine during the donor's lifetime." The also bill contains labeling requirements and allows the recipient of the blood transfusion to "request blood based on whether or not the blood originated from a person who has received a COVID-19 vaccine or a messenger ribonucleic acid vaccine, as long as the requested blood is available."

(Source: HB 0115, 2/6/24)

A Senate Bill (Senate File 2139) relating to autologous and directed blood donations has been introduced in Iowa. "The bill provides that a blood bank that facilitates autologous or directed blood donations shall comply with a physician's order for autologous or directed blood donation." Since its introduction, the bill has been amended to only allow the blood center not to do a directed donation if the blood bank and hospital determine the donation, "would result in an imminent risk to the individual's life."

(Source: Senate File 2139, 1/30/24)

Mississippi has introduced Senate Bill (SB) 2222. The legislation would, "extend the period of eligibility for the income tax credit for employer taxpayers for blood donations made by employees during a blood drive" through 2025.

(Source: Mississippi SB 2222, 2/2/24)

America's Blood Centers (ABC) has continued to see multiple bills introduced regarding the issue of vaccination and blood donation. This appears to be a coordinated effort, and thus ABC anticipates more bills will follow. We will continue to watch for bills impacting community blood centers, but ask that ABC members please reach out to Diane Calmus, JD, senior director of Government Affairs, if you have any questions or hear about a similar bill being introduced in your state.

WORD IN WASHINGTON

The U.S. Department of Health and Human Services (HHS) has announced the publication of the "National Public Health Strategy to Prevent and Control Vector-Borne Diseases in People." The agency explained in a news release that, "the strategy identifies and describes federal priorities to detect, prevent, respond to, and control diseases and conditions caused by vectors in the U.S. [It] represents the largest formal federal coordination effort focused on vector-borne disease prevention and control with contributions by over 50 representatives across 17 federal agencies. This collaborative effort will help:

- [a]ddress the significant public health challenges related to vector-borne diseases;
- [i]ncorporate a One Health approach to enhance coordination and communication across human, animal, and environmental areas; and
- [r]everse the upward trends in illness, suffering, and death."

Implementation goals of the strategy include:

- "[b]etter understanding when, where, and how people are exposed to and get sick or die;
- [d]eveloping, evaluating, and improving tools, methods, and guidance to diagnose diseases and their pathogens;
- [d]eveloping, evaluating, and improving tools, methods, and guidance to prevent and control disease;
- [d]eveloping and assessing drugs and treatment strategies; and
- [d]isseminating and implementing public health tools, programs, and collaborations to prevent, detect, diagnose, and respond to threats."

Vectors are, "biting insects and arachnids like mosquitoes, ticks, fleas, and lice [and] can spread germs that make people sick…Diseases and conditions spread by vectors include Lyme disease, Zika virus, West Nile virus, dengue, malaria, plague, Rocky Mountain spotted fever, and alpha-gal syndrome."

(Source: HHS Announcement, 2/6/24)

HHS recently developed new voluntary health care specific cybersecurity performance goals (CPGs) and a new gateway website. According to the agency, the tools are designed to, "help Health Care and Public Health (HPH) sector organizations implement these high-impact cybersecurity practices and ease access to the plethora of cybersecurity resources HHS and other federal partners offer…As outlined in the recent HHS Health Care Sector Cybersecurity concept paper, HHS is publishing the CPGs to help health care organizations, and health care delivery organizations in particular, prioritize implementation of high-impact cybersecurity practices. The HPH CPGs are designed to better protect the healthcare sector from cyberattacks, improve response when events occur, and minimize residual risk. HPH CPGs include both essential goals to outline minimum foundational practices for cybersecurity performance and enhanced goals to encourage adoption of more advanced practices.

(Source: HHS News Release, 1/24/24)

PEOPLE

Delisa English, MBA was recently appointed chair of the Blood Centers of America (BCA) Board of Directors. According to a news release announcing the appointment, Ms. English has more than 28 years [of experience] in the blood industry, and she has, "served as [p]resident and chief executive officer (CEO) of The Blood Connection (TBC) for the past decade. Prior to joining TBC, Ms. English held several leadership roles with the American Red Cross Biomedical Services. She holds a Master of Business Administration degree from The University of Tennessee and a Bachelor of Science degree from Auburn University. Ms. English is active in the Greenville, S.C. community volunteering with several organizations and serving on non-profit boards." She said in the news release, "[i]t is a privilege to be chosen to serve on the Board for BCA. I'm looking forward to working alongside the BCA committee advocating and educating for the nation's blood supply in the various communities these independent blood centers represent and serve." BCA President and CEO Bill Block added, "[i]t is an honor to be able to have Ms. English serve in this capacity with BCA. Ms. English has significant expertise and tenure in serving the [c]ooperative for many years in Committee leadership as well as on the BCA Executive Committee. I look forward to working with her and fellow blood centers across our organization to continue to combine our deep local knowledge with our extensive national network to expand services to the communities we serve."

(Source: TBC News Release, 2/5/24)

Velico President & CEO, Richard Meehan welcomes Andre Cap to the company as Chief Military Liaison Officer.

Velico Medical, Inc. announced the appointment of **Colonel Andrew (Andre) P. Cap, MD, PhD**, U.S. Army, retired, as chief military liaison officer. In this role, he "will develop existing and new relationships and military projects in the field of spray dried plasma production and novel blood technologies," according to a Velico Medical news release. Colonel Cap, ret., "recently retired from the U.S. Army, where he served as Director of Research, U.S. Army Institute of Surgical Research (USAISR). In that capacity, he managed over 350 personnel and a budget of over $55M in executing the Department of Defense's (DOD) primary intramural research program in combat casualty care. Prior to this role, he led the U.S. Army's Blood Research Program [and has] worked extensively with the Armed Services Blood Program, Special Operations Command and Joint Trauma System (JTS) on a variety of blood and combat casualty care challenges. He served as Co-Chairman of the NATO Blood Panel and as a contributor to the NATO Prehospital Care Improvement Initiative. Colonel Cap, ret. stated in the news release, "I'm looking forward not only to taking on the challenges of this new role and contributing to the successful roll out of these important lifesaving technologies to armed services blood cent[er] programs throughout the allied world, but also to bring new and innovative thinking about the role of dried plasma in military operations."

(Source: Velico Medical News Release, 1/30/24)

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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 staffs only, unless otherwise specified.

February *Blood Bulletin* Published

America's Blood Centers (ABC) has published the February 2024 edition of the *Blood Bulletin*. The issue titled "Consignee Notification" is available in PDF or MS Word formats. The article was written by Daniela Hermelin, MD, Chief Medical Officer at ImpactLife; Louis Katz, MD, Chief Medical Officer Emeritus at ImpactLife; Richard Gammon, MD, Medical Director at OneBlood; Kip Kuttner, DO, Vice President and Medical Director at Miller-Keystone Blood Center; Kirsten Alcorn, MD, Co- Chief Medical Officer at Bloodworks Northwest; Ruchika Goel, MD, Senior Medical Officer at Vitalant; Courtney Hopkins, DO, Senior Medical Officer at Vitalant; Alcinda Flowers, MD, Medical Director at Versiti; Timothy Pancioli, DO, Associate Medical Director at Versiti, Kevin Ha, MD, Associate Medical Director at Versiti. Jed Gorlin, MD, MBA, Chief Medical Officer at America's Blood Centers, was a contributor on this issue. *Blood Bulletin* is a quarterly publication reviewed and edited by ABC's Scientific, Medical, and Technical (SMT) Publications Committee. An archive of Blood Bulletin issues prior to 2022 are available exclusively to ABC members here.

(Source: MCN 24-012, 2/13/24)

Save the Date: SMT Journal Club on March 29th

The next ABC Scientific, Medical, and Technical (SMT) Journal Club Webinar will take place on March 29th from 12-1 p.m. EST. The webinar is free to all ABC members. An email announcement with a registration link and the articles to be reviewed on the webinar will be available soon. A Continuing Medical Education (CME) credit (1.0) is now offered for all ABC SMT Journal Club webinars.

ABC HR Education Webinar Announced

The next ABC Human Resources (HR) Education Webinar will take place on February 20th at 3 p.m. EST. The webinar will cover "Developing Leaders for Tomorrow;" and "Employee Conflict Resolutions." Featured speakers include Maria Brcka of LifeServe Blood Center and Stephanie Rue of SunCoast Blood Centers. The webinar is not only intended for HR professionals, but also all ABC members who would like to learn more about developing their staff and strengthening professional interpersonal skills. More information, including a link to registration, is available to ABC members in MCN 24-006. Please contact ABC Director of Scientific and Technical Operations Betzy Gonzalez, MS, BB(ASCP) with questions.

(Source: MCN 24-006, 1/26/24)

Program Available for 2024 ABC Annual Meeting

Registration is open for the ABC 2024 Annual Meeting and the program is available. The meeting will take place March 4th-6th in Arlington, Va. at the Ritz-Carlton in Pentagon City and features several exciting

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changes, including expanded content offerings and a new format. With a focus on advocacy, leadership, operations, and science and medicine, the program will feature a mix of general and breakout sessions, external speakers, blood center-led case studies, committee and council meetings, networking events, and more. *Awards of Excellence* (AoE) winners will be recognized throughout the Annual Meeting and at a reception on Capitol Hill, where we can celebrate their achievements with fellow meeting attendees, members of Congress and their staff, our federal agency partners, Blood Advocacy Week partners, and more. Sponsorship opportunities are also available. Contact us with any questions.

Registration Is Open for 2024 ADRP Annual Conference

Register today for the 2024 ADRP Annual Conference! Join more than 400 blood center professionals in St. Louis, Mo. May 14th-16th at The St. Louis Union Station Hotel. This year's conference will feature keynotes Jason Kotecki, an expert at helping people "Escape Adulthood" in order to beat burnout and become more innovative and creative by breaking rules that do not exist, and Candy Whirley, a recognized motivational speaker, leadership, and team building expert. The 2024 ADRP Annual Conference is your opportunity to gain insights into industry trends, exchange ideas, and share information with your peers, while taking advantage of networking opportunities. Attendees will be able to participate in pre-conference workshops, educational sessions, roundtables, and have access to an expansive exhibit hall. Learn more about available exhibitor and sponsorship opportunities. Remember to book your hotel room by April 19th for the discounted rate. Please contact us with questions.

RESEARCH IN BRIEF

CD 36 Expression on Red Blood Cells Constitutes a New Blood Group. Researchers of a study published in *Vox Sanguinis*, "performed additional experiments and scrutinized available datasets to evaluate if CD36 formally fulfills International Society of Blood Transfusion (ISBT) requirements to become a blood group system." The authors explained that, "[d]uring routine culture of hematopoietic stem and progenitor cells (HPSCs) towards erythroid differentiation from random, anonymized blood donors, [the study] observed a donor that appeared to exhibit a complete lack of CD36 expression at all stages of erythropoiesis. This finding was confirmed by parallel culture of HSPCs from a CD36-expressing donor with the CD36- deficient donor, here designated donors 1 and 2, respectively…Moreover, the CD36-negative cells throughout the erythroid culture underwent normal erythroid commitment…These results suggest that lack of CD36 antigen expression does not affect human erythroid cell differentiation *in vitro*, and the absence of CD36 did not have a detectable impact on upregulating erythroid-specific cell surface markers during erythroblast maturation." The researchers also noted that, "DNA sequencing showed that donor 2 was homozygous for the SNV c.1133G>T (rs146027667) in exon 12 of the CD36 gene on chromosome 7…Analysis of gnomAD frequencies showed that this SNV is common in individuals originating from Middle Eastern countries and those of Latino/Admixed American. The fact that CD36 is missing on both platelets and erythroblasts in donor 2 due to a germline variant previously implicated in CD36 deficiency in two other individuals, indicates that this variant indeed leads to CD36 deficiency…To further investigate the expression of CD36 on erythroid cells in peripheral blood, a study using 20 peripheral blood samples from random blood donors demonstrated that CD36 is highly expressed on platelets as expected." Moreover, the study showed, "a distinct but significant right shift both on reticulocytes and red blood cells, indicating that CD36 is indeed expressed on these cells, albeit at low levels…Reviewing the literature on anti-CD36, [the authors] found that it not only causes platelet-related disease including fetal/neonatal alloimmune thrombocytopenia (FNAIT) but was also reported as implicated in several cases of fetal hydrops in pregnant women lacking

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RESEARCH IN BRIEF (continued from page 7)

CD36." The study concluded that, "CD36 fulfills the current criteria for a new blood group system according to the ISBT Working Party for Red Cell Immunogenetics and Blood Group Terminology, [and they] approved [the] proposal [in] June 2023."

Citation: Alattar, A.G., Storry, J.R., Olsson, M.L. "Evidence that CD36 is expressed on red blood cells and constitutes a novel blood group system of clinical importance." *Vox Sang*. 2024.

Contributed by Richard Gammon, MD, Medical Director at OneBlood

MEMBER NEWS

SunCoast Blood Centers (SCBC) has begun using new, solar-powered bloodmobiles thanks to support from the Gulf Coast Community Foundation, reported the *Sarasota Herald-Tribune*. "SCBC's solar-powered concierge bloodmobile is the first in the U.S. to embrace solar energy, marking a significant step in its commitment to adopting more fiscal and sustainable practices. Donors will benefit from reduced disruptive noises often associated with traditional, gas-powered engines, creating a noticeably quieter and more peaceful experience." According to the article, SCBC Chief Executive Officer Scott Bush stated, "[w]e're proud to be the first blood center in the nation to implement solar-powered bloodmobiles. By elevating the experience for our generous donors, while also limiting our carbon footprint, we hope to serve as an example for other blood banks around the U.S. that green energy is possible, and it has several, tremendous benefits including energy cost savings that will support our organization's expansion goals."

(Source: *Sarasota Herald-Tribune*, "SunCoast Blood Centers introduces new solar-powered electric donation buses," 2/15/23)

Carter BloodCare has partnered with the National Football League's (NFL) Dallas Cowboys on a winning play to help patients in need of blood. Kicking off this spring, the partnership supports Carter BloodCare's mission to save lives by making transfusions possible. Through player appearances, Cowboys' merchandise giveaways, a summer blood drive hosted by the Cowboys and more, the goal is to motivate new and past donors to donate blood consistently. "We are excited and grateful to have the Dallas Cowboys as a powerhouse partner in this lifesaving and life-changing team-up," said Veronica Moore, MBA, vice president of Marketing and Operations Support at Carter BloodCare in a news release. "Importantly, the Cowboys' organization understands the often critical need for blood donors to sustain the health and well-being of our community." Chad Estis, executive vice president of Business Operations for the Dallas Cowboys, added in the news release, "[t]his will truly be an impactful partnership and one that we're very happy can make a lifesaving difference in our community. We have faith that Cowboys Nation will show up with us to do their part and donate blood, not just in-season, but year-round."

(Source: Carter BloodCare News Release, 2/8/24)

Contributed by James Black, Senior Public Relations Specialist at Carter BloodCare

Héma–Québec took part in January 30th public hearings of the committee on Health and Social Services of the Assemblée nationale du Québec, "which has the order of initiative to look into ways to facilitate organ and tissue donation, notably the adoption of presumed consent," according to a news release. Recommendations from Héma-Québec included:

- "Héma-Québec has no objection to the implementation of a presumed consent to organ and tissue donation model;

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- [a] crucial aspect in establishing a donation system based on presumed consent is the creation of a single, centralized registry which would enable citizens to express their refusal to donate if they wish;
- [t]he potential donor referral processes from the hospitals and other organizations involved should be improved; [and]
- Héma-Québec reiterates the need to inform the public as well as health care professionals about organ and tissue donation through ongoing education and awareness campaigns as well as frequent targeted reminders to the public."

(Source: Héma–Québec News Release, 1/30/24)

GLOBAL NEWS

The European Council and the European Parliament have reached an agreement on regulation of substances of human origin (SoHo). According to a news release, the provisional agreement, "aim[s] at improving the safety and quality of blood, tissues and cells used in healthcare and facilitating cross-border circulation of these substances in the European Union (EU)….The proposed new rules aim to strengthen the existing legal framework while also increasing flexibility in order to keep up with scientific and technical developments." The provisional agreement explains that, "donations of SoHO should be voluntary and unpaid as a matter of principle, and donors must not be provided with financial incentives to donate. Living donors may receive compensation or reimbursement as appropriate in line with national legislation." The European Blood Alliance (EBA) and The International Federation of Blood Donor Organizations (FIODS/IFBDO) had previously published a joint statement in November 2023 endorsing voluntary non-remunerated donations VNRD and urging government officials to do the same. The Plasma Protein Therapeutics Association (PPTA) issued a statement in response to the provisional agreement explaining, "[t]he compromise text from the co-legislators (European Commission, European Parliament, and European Council) recognizes that all forms of compensation, including a fixed-rate allowance with conditions set by member states, are compatible with the principle of voluntary unpaid donation…Pending official ratification from the three EU institutions, the regulation provides Member States with the flexibility to optimize plasma collection while safeguarding donor health."

(Source: Provisional Agreement, 1/30/24; European Council News Release, 12/14/23)

The European Commission has granted "conditional marketing authorization" to Vertex Pharmaceuticals Inc.'s *ex vivo* CRISPR/Cas9 gene-edited cell therapy, Casgevy, for the treatment of sickle disease and transfusion-dependent beta thalassemia in individuals 12 years of age and older. The therapy was recommended for approval by the European Medicines Agency in December 2023

(Source: Vertex News Release, 2/13/24)

The World Health Organization (WHO) announced the availability of two reports to assist with "responses to cyberattacks on health care and the rise of disinformation in public health emergencies." The reports have been developed in collaboration with, "INTERPOL, the United Nations Office on Drugs and Crime (UNODC), the UN Office of Counter-terrorism, the UN International Computing Centre (UNICC), the UN Interregional Crime and Justice Research Institute, and the CyberPeace Institute." According to the WHO, "[t]he report [titled], 'Examining the threat of cyber-attack on health care during the COVID-19 pandemic,' highlights the far-reaching real-life impacts of cyber-attacks on health care. During the COVID-19 pandemic, health information technology (IT) infrastructure was increasingly targeted by

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GLOBAL NEWS (continued from page 8)

cyber-attacks, at times hindering hospitals from delivering timely care when it was needed most…The second report [titled], 'Understanding disinformation in the context of public health emergencies: the case of COVID-19, reflects on different approaches to counter disinformation.'"

(Source: WHO News Release, 2/6/23)

COMPANY NEWS

The U.S. Food and Drug Administration (FDA) has approved the biologics license application for **Roche Diagnostics**' Elecsys Chagas. According to the February 5th approval letter from the agency, "[the] Elecsys Chagas is an *in vitro* immunoassay for the qualitative detection of antibodies to *Trypanosoma cruzi* (*T. cruzi*, the causative agent of the Chagas disease) in human serum and plasma. Elecsys Chagas is intended to screen individual human donors, including volunteer donors of whole blood and blood components. The assay is also intended to be used to screen organ, tissue, and cell donors, when donor samples are obtained while the donor's heart is still beating…The electrochemiluminescence immunoassay 'ECLIA' is intended for use with cobas pro serology solution equipped with cobas e 801 analytical unit."

(Source: FDA Letter, 2/5/24)

Abbott and **Blood Centers of America** (BCA) have published data in *Transfusion* from a study regarding the use of mixed reality technology during blood donations. According to the study, the mixed reality technology developed by the two companies, "helps ease donors' feelings of anxiety and boosts the likelihood they will return to give blood again." The news release explained that, "[t]he pilot study examined the experiences of 282 blood donors who tried mixed reality at 54 collection sites in Houston, [Texas] and the Quad Cities area in Iowa and Illinois. Of the 142 donors who reported pre-donation anxiety, 68.4 percent said the use of mixed reality during donation decreased their reported anxiety. The top reported causes of pre-donation anxiety were fear that donation would hurt, fear of feeling badly after donating, fear of needles, fear of fainting, and fear of the unknown. For donors who tried mixed reality while donating, 89.2 percent said they wanted to come back to donate again." The mixed reality technology is, "an immersive digital experience designed to improve the blood donation process, attract new donors, and motivate a younger generation to give blood. Donors wear lightweight mixed reality headsets to visit a digital world while remaining fully aware of their real-world surroundings. The effort aims to address the global challenge of sustaining a reliable blood supply…The mixed reality experience allows blood donation professionals to safely conduct the donation and interact with donors at every step of the process. Because the mixed reality glasses are transparent, donors' eyes are always visible during donation to ensure constant monitoring and evaluation. The mixed reality experience was designed based on research that natural settings are the most preferred environment as donors give blood. Participants visit a whimsical virtual garden while listening to soothing music, moving a cursor with their eye movement and planting seeds that grow into colorful trees and flowers."

(Source: Abbott News Release, 2/1/24)

InVita Healthcare Technologies recently announced that they are, "engaging with industry leaders to develop a hospital transfusion system." The announcement noted that, "[a] hospital transfusion system would extend InVita's capabilities to the patient side of blood management and enable an integrated solution from donor to patient."

(Source: InVita Healthcare Technologies Statement, 2/2/24)

NEW on Coll*ABO*rate

COLLABORATE

SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

Recent discussion topics on the ABC Coll*ABO*rate Online Member Community include:

- Topical Finasteride (MEDICAL ISSUES)
- LTOWB in Pre-hospital Transfusion (ALL MEMBER FORUM)
- Hospital Satisfaction Survey (ALL MEMBER FORUM)
- Illinois Colleagues: House Bill 4250 (COUNCIL OF STATES)
- Hematology Proficiency Testing Program (TECHNICAL DIRECTORS)
- One Dad Can – Sickle Cell Awareness (COMMUNICATIONS and DONOR RECRUITMENT)
- Downtime Questionnaire (QUALITY BYTES)
- Travax Malarial Maps (QUALITY BYTES)
- Donor Notification of Test Results (QUALITY BYTES)

Upcoming ABC Webinars & Virtual Events – Don't Miss Out!

- **ABC Human Resources (HR) Education Webinar: Developing Leaders for Tomorrow & Employee Conflict Resolution** – Feb. 20th. More information available to ABC Members including a link to registration in MCN 24-006.

- **ADRP, the Association for Blood Donor Professionals Webinar: Whole Blood-Derived Platelets - Maximize Every Donor's Gift** – Feb. 21st Registration is open. More information available here.

- **ABC Scientific, Medical, and Technical (SMT) Journal Club Webinar** – Mar. 29th. More information coming soon.

CALENDAR

Note to subscribers: *Submissions for a free listing in this calendar (published weekly) are welcome. Send information to newsletter@americasblood.org. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

2024

Feb. 20. **ABC Human Resources Education Webinar: "Developing Leaders for Tomorrow & Employee Conflict Resolution."** More information and a link to registration are available to ABC members in MCN 24-006.

Feb. 21. **ADRP, the Association for Blood Donor Professionals Webinar: "Whole Blood-Derived Platelets - Maximize Every Donor's Gift."** Registration is open. More information available here.

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Mar. 4-6. **ABC Annual Meeting. Arlington, Va.** Registration is open. More information available here.

Mar. 7. **U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) Office of Therapeutic Products (OTP) Webinar: "Considerations for the Development of CAR T Cell Products."** Registration is open. More information available here.

Mar. 29. **ABC Scientific, Medical, and Technical Journal Club Webinar.** More information is coming soon.

April 11-12. **International Haemoviglance Network Symposium. Athens, Greece.** Registration is open. More information available here.

April 12-13. **BEST Meeting. Amsterdam, Netherlands.** More information is coming soon.

April 16-17. **International Plasma Protein Congress. Athens, Greece.** Registration is open. More information available here.

April 17-18. **ABC Quality and Technical Workshop. St. Louis, Mo.** Registration is open. More information available here.

May 3-4. **California Blood Bank Society (CBBS) Annual Meeting.** More information is coming soon.

May 14-16. **2024 ADRP Annual Conference. St. Louis, Mo.** Registration is open. More information available here.

May 15-16. **International Plasma and Fractionation Association/Paul-Ehrlich Institut[e] 30th International Workshop on Surveillance and Screening of Blood-borne Pathogens. Aarhus, Denmark.** Registration is open. More information available here.

June 7-8. **2024 South Central Association of Blood Banks (SCABB) Annual Meeting and Exhibit Show. Orlando, Fla.** More information is coming soon.

June 23-27. **38th International Society of Blood Transfusion (ISBT) Congress. Barcelona, Spain.** Registration is open. More information available here.

Sept. 4-6. **American Society for Clinical Pathology (ASCP). Chicago, Ill.** More information is coming soon.

Sept. 30- Oct. 3. **American Association of Tissue Banks (AATB). Denver, Colo.** More information is coming soon.

Oct. 19-22. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Houston, Texas.** More information is coming soon.

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May 20-21. **International Plasma Protein Congress. Warsaw, Poland.** More information is coming soon.

Oct. 25-28. **AABB Annual Meeting. San Diego, Calif.** More information is 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 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

Director, Quality Assurance & Regulatory Affairs (Hoxworth Blood Center). The University of Cincinnati College of Medicine (COM) has a reputation for training best-in-class health care professionals and developing cutting-edge procedures and research that improves the health and clinical care of patients. Hoxworth Blood Center (HBC) is located within the College of Medicine and is the only Regional Blood Center owned and operated by a University in United States. The HBC is seeking a **Director of Quality Assurance & Regulatory Affairs**. This position will oversee and direct the coordination of quality assurance and regulatory compliance for the Cellular Therapy, Therapeutic Apheresis, and Transplantation Immunology divisions. Required Education & Experience: Bachelor's Degree in Medical Technology, Biology, Chemistry, or related field. Seven (7) years of experience in a clinical laboratory, blood banking or other related experience. Additional Qualifications Considered: Previous experience in a FACT, AABB and HCT/P (21 CFR 1271) and GMP (21 CFR 211) for Phase I/II clinical manufacturing, Regenerative Medicines, Cleanrooms, and Aseptic Processing is ideal. Understanding of CAP requirements for histocompatibility (HLA) laboratories which includes disciplines of sequencing, molecular, serological, immunology, flow cytometry, and cellular analysis is preferred. For full description and to apply, visit https://bit.ly/489l7Gl. **The University of Cincinnati is an Equal Opportunity Employer.**

Division Director, Core Operations (Hoxworth Blood Center). Hoxworth Blood Center is recruiting for **Division Director, Core Operations**, to provide leadership, vision, and oversight of programs related to donor center core operations, including Biomedical Engineering, Materials Management, Physical Operations, and computer software informational systems. Experience in daily production of cleanroom environments, as well as recruitment and training of new employees with knowledge in cleanroom environment and regulatory framework in accordance with cGMP, FDA, and ISO regulations pertinent to the environmental control in ISO7/8 facilities is crucial. Enforce current strategic planning initiatives; develop new activities and establish goals in support of blood center strategic plans. Direct and facilitate cross functional activities that support the interdepartmental communications, productivity, and quality between various operating units. Develop innovative processes for monitoring operations to ensure high quality customer service and successful delivery of outputs. Required Education and Experience: Bachelor's Degree in related field of healthcare, biological or computer sciences. Seven (7) years of relevant experience in equipment management, computer and software information systems, blood banking, biotherapies, transfusion medicine, or scientific research. Three (3) years of direct supervisory experience managing employees, teams, and assets. For full description and to apply, visit: https://bit.ly/3OHlZet. **The University of Cincinnati is an Equal Opportunity Employer.**

Chief Operating Officer. As we enter our 50th year of service, ImpactLife is seeking a talented and passionate individual to join our executive leadership team as the Chief Operating Officer (COO). As a member of the Executive Leadership Team, the COO will oversee and lead the operational aspects of the organization to include all marketing and public relations activities as well as blood recruitment, collection, patient services, manufacturing, and distribution activities. Additional responsibilities include departmental budgeting and development of control systems to ensure that organization objectives are met. Qualifications include bachelor's degree with preference given to candidates with a graduate degree and blood center and/or hospital executive leadership experience. This position can be located anywhere within the ImpactLife service territory extending into four states: Illinois, Iowa, Missouri, and Wisconsin. At ImpactLife we keep our mission, vision, and values at the forefront as we lead our teams. As a leader you will lead, inspire, and mentor with clear communication leading to collaboration within your team and across the organization remaining focused on achieving our tactical goals and fulfilling our strategic initiatives. Click here to apply. EOE: M/W/V/D

Quality and Regulatory Services Manager. The Quality and Regulatory Services Manager reports to the Director of QRS and is responsible for the quality and regulatory affairs, duties, and responsibilities by reviewing department procedures, forms, training documents, product and equipment quality control (QC), change control processes, and validations, and assist with the development, as necessary. Reviews applicable regulations and standards from FDA, AABB, CLIA, OSHA, NRC, State of Tennessee, and manufacturers to ensure compliance. Personnel Training: Perform Good Manufacturing Practice (cGMP) and safety training and assist in inter-departmental training and competency evaluation. Maintain compliance by enforcing applicable regulations and standards set by regulatory agencies and submit appropriate reports when required. Document Control: Maintain proficiency in Document Control within MediaLab. Able to revise and create SOPs, Forms, and Job Aids. Create, perform, and review validations. Manage the overall deviation management program to include investigation, root cause, analysis, corrective and preventative actions, and documentation. Responsible for developing, tracking, monitoring, and reporting quality indicators. Monitor and conduct trend analysis of quality indicators. Process improvement, including change control and corrective/preventative actions. Please click here to view the full job description and apply.

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POSITIONS (continued from page 13)

Medical Laboratory Technologist. The Medical Laboratory Technologist will report to the Manager of Technical Services and is responsible for performing lab procedures such as compatibility testing, reference lab work, specimen processing, test performance, and reporting test results. They also may perform computer aided labeling, component production, and distribution. They will be responsible for the maintenance and storage of blood components including temperature monitoring, labeling of blood, biohazard disposal, component preparation, daily orders, blood shipments and returns. The laboratory duties will include qualifications of Apheresis Platelets and Plasma, lot release, blood grouping, compatibility testing, antibody detection and emergency release of products. The distribution duties will include daily orders, blood shipments and returns, shipping recovered plasma, resource management, irradiation of blood products. Please click here to view the full job description and apply.

Donor Recruitment Manager. Blood Assurance is seeking a **Donor Recruitment Manager** to lead field recruitment efforts that build new and existing business in our Chattanooga and North Georgia region. Primary responsibilities include direct leadership of Account Managers in expanding blood drive activity on mobiles primarily, and in facilities as needed, based on growth strategy in a specific type of blood product recruitment and collection. Assist in developing long-term community business partnerships, and coordinating internally with all leadership levels to support or expand Blood Assurance recruitment efforts. Work closely with Donor Services leadership to ensure recruitment and collection teams are working together toward meeting overall product collection goals. Qualified applicants will have: Bachelor's degree-preferably in business, marketing, or related field. Seven to 10 years sales experience, preferably in blood banking. Three to five years sales staff management. Advanced communication skills. Public presentation and networking skills. Advanced organizational, customer service and teamwork skills. We offer many benefits including: Health/Dental/Vision Insurance, Flexible Spending Account, Employee Assistance Program for you and your family, Paid Time Off, 401K, Wellness Program and Relocation Assistance. Qualified candidates are encouraged to submit an online application for consideration at www.bloodassurance.org. Blood Assurance is an Equal Opportunity Employer and a Tobacco Free Environment.

Director, Laboratory Services. The Director, Laboratory Services reports to the Chief Medical Officer/CLIA Laboratory Director and is responsible for facilitating the design and implementation of the delivery of laboratory services, developing, and recommending strategies to improve services and clinical outcomes, reaching established goals, maintaining satisfactory outcomes, and contributing to the business plans and financial goals of the organization. The Director, Laboratory Services will provide oversight of San Diego Blood Bank's clinical and research laboratories. Educational requirements include MD or MD/PhD (doctoral-degree scientist) and board certification in anatomic/clinical pathology or clinical pathology (preferred). Eight years of progressively responsible and demonstrated experience in high-level management at a reference or health system laboratory is preferred, participation in FDA, State, Federal, and accrediting agency inspections with knowledge of regulatory accreditation and licensing requirements, and application of quality assurance principles. Please click here to view the full job description and apply