



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2014 #22

June 13, 2014

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**AABB Offers Information, Post-Donation Materials on Chikungunya Virus, Journal Reports on Chikungunya in Donors**

AABB issued an Association Bulletin (#14-03) on June 6, providing more information about the potential for transfusion-transmitted chikungunya virus, as well as enhancing the process of gathering and sharing post-donation information regarding chikungunya with blood donors (available to AABB members at <http://bit.ly/SNWtoW>). The Association Bulletin was published in response to the ongoing outbreak of chikungunya in the Caribbean islands and reports of infection with the virus in North America with the high volume of travel between the Caribbean and North America.

Chikungunya, a mosquito-borne alphavirus that causes clinical symptoms similar to dengue virus, has caused more than 1 million infections in Africa, the islands of the Indian Ocean, South Asia, and some Pacific islands during the past decade. Chikungunya cases have increased rapidly since first being detected in the Caribbean islands, with more than 100,000 confirmed and suspected infections reported at the time of publication.

Despite the magnitude of the spread of Chikungunya from Africa to the Pacific Ocean, and now to the Caribbean and South America, “transfusion transmission of chikungunya virus has not been documented,” but it is “theoretically possible as the virus is present in the blood for several days and approximately 20 percent of infections are asymptomatic,” stated AABB in the Association Bulletin. Modeling studies cited in the bulletin, based on data during the explosive epidemic on Reunion Island in the Indian Ocean from 2005 to 2007, during which time more than 300,000 cases were detected, suggest that the estimated prevalence of infected donations would peak at 1,500 out of 100,000 donations. Modeling in Thailand, during a less intense epidemic, suggested 38 to 52 viremic donations per 100,000 should have been expected.

Data presented in a letter to the editor published June 5 in *Blood* provide current estimates of chikungunya virus prevalence among blood donors in the Caribbean. To prevent transfusion-transmitted chikungunya virus in the French West Indies, the French Blood Agency in early 2014 implemented nucleic acid testing (NAT) with post-donation self-reporting of febrile symptoms, along a 72-hour post-donation quarantine of non-pathogen-reduced blood products.

Among the first 2,149 plasma samples collected in the French West Indies from Feb. 24 to April 9, four were positive with two remaining asymptomatic and two

(continued on page 3)



## OUR SPACE

ABC President Dave Green

### On “Big Data”

I have been extremely fortunate over the years to have known some exceptional thinkers, strategists, and visionaries. Their counsel has been instrumental in whatever success I have enjoyed, and in the case of those mentors outside blood banking, their insights into the challenges and opportunities that they have faced in their respective industries and which may impact our world, have been quite instructive. Such is the case with a board member and mentor from my former employer, who happens to also own a bank (I'll call him Joe).

Over the years, in addition to being a great friend and leader of the blood center board, he has been a strong proponent for the power of sharing data, particularly using benchmarking to drive performance. He recently shared background on a data management and reporting company, a venture started over 40 years ago in the financial banking field, which helped numerous organizations improve local performance. The company ([www.smslp.com](http://www.smslp.com)) started by Alex Sheshunoff took information available through Federal Deposit Insurance Corp. (FDIC) filings and delivered two things: common characteristics of high performing banks and reports for individual banks comparing them to their peer organizations in terms of performance. Those who used the information could set performance improvement targets and track relative success over time.

There are now a number of firms that provide the same type of information, but I think the takeaway here is twofold. First, in an extremely competitive and heavily regulated industry like banking, sharing performance data has become second nature – and the collective, along with their customers, has benefited greatly from it. And second, the free sharing of data has not harmed individual banks; instead those who embraced the power of benchmarking simply improved their performance ahead of those who did not. So their experience was not one of using information against a competitor, it was a clear case of using data to improve their own performance.

As our “big data” capabilities in blood banking evolve, I encourage us to learn from the financial banking experience and accelerate our move toward more transparent and open information sharing. We have a myriad of opportunities to leverage our collective strength in advocacy, advance important medical initiatives, and improve operating performance through access to a robust, but very secure, data repository. But in “big data” size does matter; so the more comprehensive and inclusive our reporting, the more power we will have to pursue our respective interests and deliver value to our communities. As always, thanks for the idea Joe.

A handwritten signature in black ink, appearing to read 'Dave Green', written in a cursive style.

[DGGreen@bloodsystems.org](mailto:DGGreen@bloodsystems.org) ♦

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

### America's Blood Centers

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Chikungunya Virus in Caribbean (continued from page 1)

reporting a subsequent febrile syndrome. Post-donation reporting of febrile symptoms would have detected two of four cases, suggesting that the combination of NAT and post-donation self-reporting of symptoms are key to maintaining a safe blood supply during epidemic situations, the authors concluded.

Given the large chikungunya virus outbreaks in the Caribbean and the potential for transfusion-transmission, AABB provided information on options to reduce the potential risk of transfusion-transmission along with post-donation education materials and potential future actions. There is currently no regulation, guidance, or standard regarding reducing the risk of transfusion-transmitted chikungunya in the US, although some authorities in the European Union and Southeast Asia have implemented temporary deferral periods following any travel to the tropics to reduce risk from dengue and other acute viral infections.

The post-donation materials provided by AABB can be used to educate donors about the major symptoms of acute infections, like chikungunya, that may be acquired while traveling to the Caribbean islands. The materials also suggest that blood centers consider recalling non-transfused products if a donor reports experiencing two or more of the following symptoms:

- Fever > 100° F;
- Muscle and/or joint aches or weakness;
- Headache;
- Eye pain;
- Rash; or
- Bleeding or easy bruising (unrelated to blood donation).

The post-donation information focuses on travel during the two weeks before donation and donors are asked to call the blood center if they develop unexplained post-donation illness with two or more of the above symptoms. Blood centers should consider recalling any in-date products collected in the past 14 days before the onset of symptoms and deferring the donor for 28 days following resolution of symptoms.

“Further interventions may become necessary as additional information about the chikungunya virus outbreak in the Caribbean emerges,” including a temporary travel deferral, noted AABB. The organization is preparing a survey for blood use in centers to assess travel by donors and the impact of deferral on the blood supply, which may result in additional recommendations.

Additional information about chikungunya virus is available in AABB’s Emerging Infectious Diseases fact-sheet, available at <http://bit.ly/1pkZk6Z>. (Sources: AABB Association Bulletin #14-03, 6/6/14; AABB Chikungunya virus fact-sheet, 6/6/14)

**Citations:** Charrel RN, *et al.* Prospective detection of chikungunya virus in blood donors, Caribbean 2014. *Blood* 2014. June 5;123(23):3679-81.

Appassakij H, *et al.* The risk of blood transfusion-associated Chikungunya fever during the 2009 epidemic in Songkhla Province, Thailand. *Transfusion*. 2014 Feb. 17. [Epub ahead of print]

Brouard C, *et al.* Estimated risk of Chikungunya viremic blood donation during an epidemic on Reunion Island in the Indian Ocean, 2005 to 2007. *Transfusion*. 2008 July;48(7):1333-41. 💧

## The FABC Working for You – Global Blood Fund Facilitates Equipment Donations to Developing Countries

*The Foundation for America's Blood Centers (FABC) supports initiatives spearheaded by America's Blood Centers that improve the availability, quality, and safety of blood to save, extend, or enhance the lives of patients.*

Blood centers in the US and other wealthy nations dispose of millions of dollars of blood collection and processing equipment each year to buy more updated equipment. Meanwhile, thousands of people in poorer nations go without sufficient or safe blood due to lacking resources.

Last year, Global Blood Fund (GBF) received a grant from the FABC to develop an online portal to share information on equipment and skills available for donation to blood services in low-income countries. The portal, *EqXchange*, was launched in October at AABB's Annual Meeting & CTTXPO in Denver, Colo. (see *ABC Newsletter*, 10/4/13). GBF Executive Director Gavin Evans recently offered an update on the *EqXchange*.



“We are obviously looking for a balance between donors and potential recipients,” said Mr. Evans. “There has been good growth in registrations from poorly resourced countries looking for information on donated items and to register their needs, with Africa particularly strongly represented. Donations – from blood mobiles to smaller items, such as scales and portable beds – have been steady, but the needs are so great that there is considerable room for growth here to calibrate supply with demand.”

Countries benefiting from recent equipment donations include Mexico, Cambodia, Libya, Tanzania, Rwanda, and Jordan, with a pipeline of donations in preparation for shipment or waiting for the right “match” with an overseas blood service in need. For example, Gulf Coast Regional Blood Center in Houston recently donated an un-used donor coach to a blood bank in Mexico (see *ABC Newsletter*, 5/23/14).

“Donations have come from ABC members, but also from the Red Cross and internationally from Canada and Europe” said Mr. Evans. He added that awareness of this resource is key. “We do not believe that enough centers yet know about the opportunity to donate. While the portal works well technically, we need to drive engagement for it to fulfill its potential,” said Mr. Evans.

GBF plans to attend events in Africa and Europe in the coming months to drive up the number of potential beneficiaries, but is calling on ABC members not using the portal to consider listing items of equipment for donation and not simply to default to disposal as the only option.

“Routine upgrades can displace equipment with years of service remaining, and *EqXchange* gives ABC members the chance to get their old technology into an environment where it can continue to save and improve lives,” said Mr. Evans.

While some blood centers may have concerns that donating equipment is costly or difficult, Mr. Evans reminds them that GBF is available as a resource. “GBF is able to resource and manage the logistics of rehoming donated items. All that is needed to improve blood safety and sufficiency in Africa and elsewhere is a few minutes of someone’s time,” he said.

The *EqXchange* portal can be accessed through GBF’s website at [www.globalbloodfund.org](http://www.globalbloodfund.org). ♦



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## INSIDE ABC

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

### ABC Represented at Congressional Briefing on Diagnostics in Blood Safety

AdvaMedDx, a division of the Advanced Medical Technology Association (AdvaMed) that represents medical diagnostic test manufacturers, held a congressional briefing on June 6 regarding the role of diagnostics in blood safety. America's Blood Centers was represented at the briefing by ABC's Chief Medical Officer Louis Katz, MD, who discussed challenges for the US blood community.

Attendees gathered in the Rayburn House Office Building in Washington, D.C., to discuss the role of advanced diagnostic testing and devices to continuously improve blood safety, and how new molecular diagnostic tests are able to quickly perform extended matching for donors and patients reducing complications. Speakers also discussed the importance of applying the same low tolerance for infectious disease risk to post-transfusion adverse reactions.

Dr. Katz presented some of the challenges facing US blood bankers, including declining use of the core products, with increasing price pressure on blood centers from hospitals looking to cut costs. Given these challenges, new technology, while very attractive, must demonstrate a significant "return on investment" (i.e., both clinical value and cost recovery) before it is implemented, explained Dr. Katz. A key question – how much safety the blood community is willing and able to pay for – is not answered in the current regulatory decision-making framework, he added.

Other speakers at the briefing included Sukanta Banerjee, PhD, senior director of Research & Development at BioArray Solutions; Arthur Bracey, MD, a pathologist at Gulf Coast Pathology, Blood Banking and Transfusion Medicine; and Joann Moulds, PhD, MT(ASCP)SBB, scientific director at Grifols Immunohematology Center.

### ABC Requests Volunteers for Workshop Planning Committees

America's Blood Centers requests volunteers for the ABC Technical/Lab Directors Workshop Planning Committee, as well as the ABC Quality Workshop Planning Committee. The ABC Technical/Lab Directors Workshop will be held May 5 to 6, 2015 in Orlando, Fla., in conjunction with the ABC Quality Workshop, which will be held May 6 to 7.

These workshops offer ABC members an excellent opportunity for networking, sharing information, and learning. The overall responsibilities in serving on either planning committee entail monthly conference calls to begin planning the agenda, determining topics, inviting speakers, and other details, as needed. ABC encourages blood center professionals to consider expressing their ideas and creativity through serving on one of the workshop planning committees. Those interested in serving on the Quality



ABC Chief Medical Officer, Louis Katz, MD, speaks during a recent congressional briefing on diagnostics in blood safety.

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**INSIDE ABC** (continued from page 5)

Workshop Planning Committee should contact Toni Mattoch at [tmattoch@americasblood.org](mailto:tmattoch@americasblood.org) by June 20. Those interested in serving on the Technical/Lab Directors Workshop should contact Ruth Sylvester at [rsylvester@americasblood.org](mailto:rsylvester@americasblood.org) by June 20.

### Medical Directors Workshop Scholarship Awardees Named

America's Blood Centers recently announced the recipients of the ABC Specialty Workshop Scholarships to attend the Medical Directors Workshop on Aug. 5 in Seattle in conjunction with ABC's Summer Meeting.

The ABC Specialty Workshops Scholarship Program, made possible by a grant from the Foundation for America's Blood Centers, provides scholarships to ABC member blood centers to supplement costs for attendance to an ABC Specialty Workshop. The four scholarship recipients for the upcoming Medical Directors Workshop are:

- **Kyle Annen, DO**, Associate Medical Director, Heartland Blood Centers;
- **Richard Gammon, MD**, Medical Director, OneBlood;
- **James Shikle, MD**, Medical Director, Sheppard Community Blood Center; and
- **Thomas Watkins, MD**, Medical Director, MEDIC Regional Blood Center.

ABC congratulates all of the recipients and thanks all of those who applied. Questions may be directed to Abbey Nunes at [anunes@americasblood.org](mailto:anunes@americasblood.org). ♦

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## RESEARCH IN BRIEF

**A recent commentary published in *Transfusion* discusses iron balance in blood donors and one blood center's experience in taking a new approach with its messaging to deferred donors.** Merlyn Sayers, MB, BCh, PhD, president and CEO, and Jeff Centilli, director of applications at Carter BloodCare, an America's Blood Centers member, discussed iron depletion in blood donors and their center's experience with donors deferred for low hemoglobin. Since the results of the Retrovirus Epidemiology Donor Study (REDS)-II confirmed that iron deficiency is common among frequent blood donors, this issue and its medical significance has been brought "into sharper focus," wrote the authors. The AABB Interorganizational Task Force on Donor Hemoglobin Deferrals published in 2012 Association Bulletin #12-03 on how to mitigate iron depletion, which discussed the inter-donation interval, measuring donor ferritin, and the role of iron replacement therapy (available to AABB members at <http://bit.ly/115E6rT>). Dr. Sayers and Mr. Centilli describe Carter BloodCare's approach to crafting a message for donors deferred for low hemoglobin. The center sought to inform deferred donors of the likelihood of a future successful donation and also to modify its donor call lists so that recruitment messages did not encourage premature returns with only slim possibilities of successful donation. They reviewed the center's experience with donors deferred for low hemoglobin between 2005 to 2013, particularly the 47,764 females who returned to donate after deferral for low hemoglobin. The authors' analysis confirmed that a deferred female donor had a greater likelihood of successful subsequent donation the closer her deferral hemoglobin level to the 12.5 g/dL threshold and the longer she waited before return. Donors deferred with hemoglobin levels less than 10.9 g/dL, despite waiting 21 to 24 weeks after deferral, did not achieve a 50 percent likelihood of a successful donation, and 26 percent of women deferred for hemoglobin levels between 12.2 and 12.4 g/dL were again deferred despite delaying their return by 21 to 24 weeks. This information enables the center to give donors a better estimate of when they should try donating again. They add that such donors would be a candidate group for the use of ferritin testing. However, the authors remind readers that a feasible point-of-care ferritin test is not currently available. "Regardless of the method chosen to determine iron stores, greater attention will need to be paid to the messages given to donors," which may involve suggesting iron supplementation, recommending iron-rich diets, or actively deterring donors who are deferred multiple times from further attempts. They note that with such interventions, blood centers enter the territory of offering treatment. The authors conclude that preventing iron depletion in blood donors "has the potential to contribute to a broader public health intervention," as iron deficiency has been recognized as an important priority in the US National Health and Nutrition Examination Surveys and by the Department of Health and Human Services' National Health Objectives.

**Citation:** Sayers M, Centilli J. Concerning iron balance in blood donors. *Transfusion*. 2014 June 3. [Epub ahead of print] ♦

### 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. Please send letters to Publications Editor Betty Klinck at [newsletter@americasblood.org](mailto:newsletter@americasblood.org) or fax them to (202) 393-1282. 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.

## REGULATORY NEWS

**AABB has posted revised flow charts on its website, available at <http://bit.ly/1irSnJO>, to comply with the Food and Drug Administration's malaria donor management recommendations.** The flowcharts correspond to questions 28 and 39 on the full-length Donor History Questionnaire and question 12 on the abbreviated Donor History Questionnaire. The AABB Donor History Task Force, working with FDA liaisons, revised the flowcharts to reflect the recommendations made in the August 2013 guidance for industry "Recommendations for Donor Questioning, Deferral, Reentry, and Product Management to Reduce the Risk of Transfusion-Transmitted Malaria" (available at <http://1.usa.gov/13P16yh>; see *ABC Newsletter*, 8/23/13). FDA will publish a separate guidance document to announce its official recognition of the revised flowcharts as an acceptable method for screening donors in compliance with the August 2013 recommendations. Blood centers that wish to implement the 2013 malaria guidance prior to publication of FDA approval of the revised flow charts must submit a Prior Approval Supplement (PAS) to their Biologics License Application to FDA. The *ABC Newsletter* will provide updated information when the separate guidance is published. (Source: AABB website, 6/12/14)

**The Food and Drug Administration published on June 5 a guidance for industry titled "Recognition and Use of a Standard for Uniform Blood and Blood Component Container Labels."** ISBT 128 is the global standard for the identification, labeling, and information transfer of human blood, cell, tissue, and organ products. Through this guidance, FDA recognizes as acceptable Version 3.0.0 Standard of ISBT 128 for the labeling of blood products. FDA's current guidance supersedes the guidance of the same title dated September 2006. The guidance can be viewed at <http://1.usa.gov/1mNMgRh>. (Source: FDA guidance, 6/5/14)

**The Food and Drug Administration announced on June 6 that it approved a recombinant fusion drug combining the Factor VIII protein with an Fc antibody peptide to extend its lifetime in circulation for treating hemophilia A.** Eloctate, Antihemophilic Factor (Recombinant), Fc fusion protein, is the first treatment designed to require less frequent injections when used to prevent or reduce bleeding in adults and children with hemophilia A, stated FDA in a press release. Eloctate, manufactured by Biogen Idec, Inc., is approved to help control and prevent bleeding episodes, manage bleeding during surgical procedures, and prevent or reduce the frequency of bleeding episodes (prophylaxis). "The approval of this product provides an additional therapeutic option for use in the care of patients with hemophilia A," said Karen Midthun, MD, director of FDA's Center for Biologics Evaluation and Research. A trial of 164 patients that compared the prophylactic treatment regimen with Eloctate to on-demand therapy demonstrated that Eloctate was effective in the treatment of bleeding episodes, in preventing or reducing bleeding, and in the control of bleeding during and after surgical procedures. No safety concerns were identified in the trial. More information can be found in the press release at <http://1.usa.gov/UhVgrr> or in the FDA approval letter at <http://1.usa.gov/1s9yPmS>. (Sources: FDA press release, 6/6/14; FDA approval letter, 6/6/14)

**The Centers for Medicare & Medicaid Services (CMS) announced its determination on June 2 that hepatitis C virus (HCV) screening will be covered by Medicare for adults in primary care.** Specifically, the determination stated that CMS will cover the HCV screening "when ordered by a beneficiary's primary care physician or practitioner within the context of a primary care setting, and performed by an eligible Medicare provider, for beneficiaries who meet either of the following conditions.

- A screening test is covered for adults at high risk for HCV infection. 'High risk' is defined as persons with a current or past history of illicit injection drug use; and persons who have a history

(continued on page 9)

**REGULATORY NEWS** (continued from page 8)

of receiving a blood transfusion prior to 1992. Repeat screening for high risk persons is covered annually only for persons who have had continued illicit injection drug use since the prior negative screening test.

- A single screening test is covered for adults who do not meet the high risk as defined above, but who were born from 1945 through 1965.”

CMS notes that this decision comes in light of adequate evidence to support HCV screening consistent with the grade B recommendations by the US Preventive Services Task Force, deeming this screening reasonable and necessary for the early prevention and detection of HCV and appropriate for individuals entitled to benefits under Medicare Part A or enrolled under Part B. “This significant development will aid in nationwide efforts to improve hepatitis diagnosis, care, and treatment ... ,” Ronald Valdiserri, MD, deputy assistant secretary for health, infectious diseases, said in a [blog.aids.gov](http://blog.aids.gov) post. “We encourage all stakeholders to join in raising awareness about the CMS decision among both healthcare providers and Medicare beneficiaries who may benefit from an HCV screening, particularly those born between 1945 and 1965, who comprise more than 75 percent of people with hepatitis C in the United States.” The CMS decision memo detailing the new HCV screening coverage can be found at <http://go.cms.gov/1l665rw>. (Source: blog.AIDS.gov, 6/3/14) ♦

**THE WORD IN WASHINGTON**

**The House and Senate are in Washington this week, predominantly working on budget and tax provision extension legislation.** Also this week in Washington, Sylvia Mathews Burwell was sworn in as Secretary of the Department of Health and Human Services on June 9, succeeding Kathleen Sebelius. America’s Blood Centers supported Ms. Burwell’s confirmation for the post and sent a note of thanks to Kathleen Sebelius which in turn resulted in a gracious letter to ABC from the Secretary Sebelius (see letter on page 10).

**America’s Blood Centers’ CEO Christine Zambricki, DNAP, CRNA, FAAN, met with Sean Tunis, MD, MSc, president and CEO of the Center for Medical Technology Policy (pictured right) to discuss ABC’s interest in blood reimbursement policy.** Dr. Tunis was previously the director of the Office of Clinical Standards and Quality and chief medical officer at the Centers for Medicare & Medicaid Services (CMS).



**It is hard not to have noticed that it is primary election season, and the voters have spoken in several states.** This week, the constituent voice was heard around the country when Rep. Eric Cantor (R-VA) became the first House Majority Leader ever defeated in a primary election, affecting not only his 7<sup>th</sup> district in Virginia, but also shaking up the congressional Republican leadership. Rep. Cantor subsequently announced that he will step down from his leadership post July 31. Rep. Jack Kingston (R-GA) won the most votes in his quest to win the Republican nomination for Senate, but short of the 50 percent required to avoid a runoff election taking place later in July. Rep. Kingston, chair of the House Appropriations Subcommittee on Labor-HHS-Education, is a key congressman for blood banking interests. Veteran Sen. Thad Cochran (R-MS) narrowly received enough votes June 3 to go to a runoff election on June 24. Rep. David Joyce (R-OH) won his 14<sup>th</sup> district Republican primary on May 6. America’s Blood Centers reminds members to get involved with blood bank-friendly candidates, especially now that primary elections are under way. Voters in Colorado, Maryland, New York, Oklahoma, and Utah go to the polls June 24. ♦

## Kathleen Sebelius Sends Thanks to ABC

*Below is a reprint of a letter sent by previous Department of Health and Human Services Secretary Kathleen Sebelius to America's Blood Centers.*

The Secretary of Health and Human Services  
Washington, D.C., 20201

Ms. Christine Zambricki  
America's Blood Centers  
725 15<sup>th</sup> St. NW, Ste. 700  
Washington, DC 20005

June 4, 2014

Dear Ms. Zambricki,

Thank you very much for your thoughtful letter. For more than five years, I have had the privilege of serving President Obama and working on behalf of the American people to increase access to health and human services across the country and around the world. I am proud of the Department's extraordinary efforts and accomplishments, including our success in helping millions of Americans gain access to affordable health coverage.

My service as Secretary of Health and Human Services has been very challenging and rewarding, both professionally and personally. It is some of the most fulfilling work I have ever done.

I appreciate your kind words about my tenure, and can assure you that the critical mission of this Department will move forward with the new Secretary.

Sincerely,

Kathleen Sebelius

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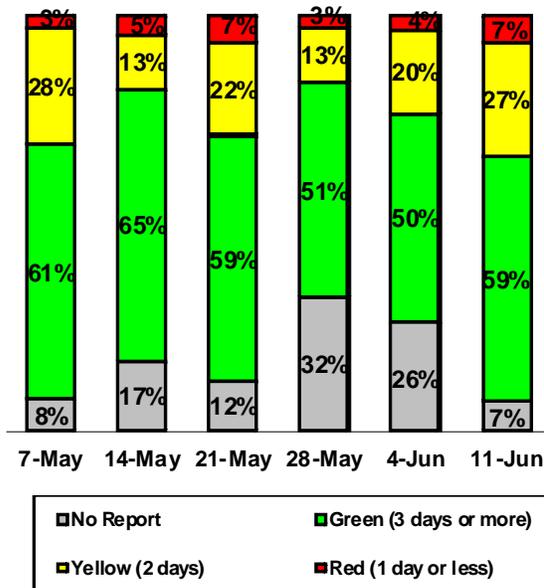
**HIV**

The Centers for Disease Control and Prevention has published the results of a systematic review estimating the per-act HIV transmission risk. Pragna Patel, MD, MPH, and colleagues conducted a literature search to identify studies reporting per-act HIV transmission risks, and analyzed 15 relevant articles to estimate the transmission risk associated with various behaviors. The study also examined relative risks of factors that increase or decrease per-act HIV transmission risk for sexual exposures. The representative per-episode risks were 92 percent for blood transfusion, 23 percent for mother-to-child transmission, and 1 percent after receptive anal intercourse, compared to 0.08 percent after receptive penile-vaginal intercourse, 0.63 percent with needle sharing injection drug use, and 0.23 percent from a percutaneous needlestick. Factors that increased transmission probability included high plasma viral load, genital ulcer disease, acute vs. asymptomatic stage of disease, and late vs. asymptomatic stage of disease. Factors that decrease HIV transmission probability included use of antiretrovirals by HIV-infected partners, early vs. delayed treatment, treatment vs. no treatment, pre-exposure prophylaxis of HIV-uninfected partners, and condom use. The authors conclude that the risk of HIV acquisition varied widely, and the risk associated with sexual intercourse was reduced substantially by the combined use of condoms and antiretroviral treatment of HIV-infected partners.

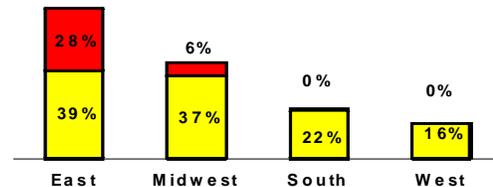
**Citation:** Patel P, *et al.* Estimating per-act HIV transmission risk: a systematic review. AIDS. 2014 June 19;28(10):1509-19. ♦

**STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply**

**Total ABC Red Cell Inventory**



**Percent of Regional Inventory at 2 Days Supply or Less, June 11, 2014**



**Percent of Total ABC Blood Supply Contributed by Each Region**  
 East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily Updates are available at:

[www.AmericasBlood.org](http://www.AmericasBlood.org)

## MEMBER NEWS

**Blood Assurance, headquartered in Chattanooga, Tenn., recently announced that the Blood Assurance Foundation held a reception for the recipients of the 2014 Crystal Green Memorial Scholarship.** Twelve high school seniors were each presented with a \$1,500 scholarship. To apply, students must attend a school that hosts a blood drive with Blood Assurance and create a marketing plan for a blood drive. The scholarship program was established in 1999 in memory of Crystal Green, a graduate of Dade County High School. Ms. Green was a student at Georgia Southern University before suffering from complications related to aplastic anemia. After hundreds of hours of platelet transfusions and a bone marrow transplant, Ms. Green passed away in 1998, shortly after turning 21. Since the inception of the program, 166 scholarships have been awarded in Crystal's name. Other programs facilitated through the Blood Assurance Foundation ([www.BloodAssurance.org/contribute](http://www.BloodAssurance.org/contribute)) include the Excellence in Education grant program for high schools and Be the Match. Future fundraising plans include securing contributions for new lab equipment, bloodmobiles, and/or donor beds. The Blood Assurance Foundation also recently announced a new fundraising campaign called By the Mile to support the national Be the Match bone marrow registry, facilitated by the National Marrow Donor Program. This campaign encourages supporters to raise funds for Be the Match by biking, skating, riding a motorcycle, or boarding in the next 100 days. The Foundation chose 100 days because that is a critical milestone for bone marrow transplant patients, after which their chance of a healthy recovery improve dramatically. The local Be the Match program in the Blood Assurance community is funded through the Blood Assurance Foundation, helping local patients in need of bone marrow transplants find matching donors. (Sources: Blood Assurance press releases, 6/4/14, 6/9/14) ♦



Pictured above are the Crystal Green Memorial Scholarship winners; (standing from left to right) Mason Bishop, Josh Baierl, Marjorie Bonner, Brenden Walsh, Lane Bramblett, (sitting from left to right) Katie Hass and Summer Jones. Not pictured: Cooper Parker, Allie Pritchett, Nathaly Trujillo, Kara West, and Caroline Duffy.

## 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, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: [mnorwood@americasblood.org](mailto:mnorwood@americasblood.org).

## POSITIONS AVAILABLE:

**Donor Recruiter.** Community Blood Center of the Carolinas (CBCCC) is opening a new collection and distribution facility in Greensboro, NC. We are seeking an energetic sales professional to develop donations, sponsors and business relationships within the community. A minimum of two years of outside sales experience is required. Candidates must be able to work well under pressure with a demonstrated ability to build new territories and meet goals. Own transportation and computer skills are required. Our ideal candidate is highly motivated and works well with executives, employees and groups with the ability to express our

service philosophy of empowering individuals to make a difference in their lives and the lives of others by educating, providing a superior experience and building loyal relationships. Email resume and salary requirements to [cbccteam@cbcc.us](mailto:cbccteam@cbcc.us); resumes without salary requirements will not be considered. EOE/Drug Free Work Zone.

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**POSITIONS** (continued from page 12)

**Chief, Product Review Branch.** The Department of Health and Human Services, Food and Drug Administration, Office of Blood Research and Review (OBRR), is searching for a Chief for the Product Review Branch. The incumbent will provide leadership and scientific direction for matters related to tests that detect transfusion transmitted infectious agents and matters related to retroviral diagnostics to multi-disciplinary scientific and other professional staff. The incumbent will be responsible for planning, directing, and managing the branch's programs, activities and personnel including participation in internal and external meetings related to pertinent regulatory submissions. The incumbent will be planning and conducting regulatory programs on analyzing data and reviewing reports submitted by the manufacturers such as reviewing Investigational New Drug Applications (INDs), Biologics License Applications (BLAs) and amendments, Investigational Device Exemptions (IDEs), Premarket Approval Applications (PMAs) and amendments, and premarket notification submissions [510(k)s], making recommendations and ensuring that the branch staff conforms to the Managed Review Process. For details and to apply: <http://1.usa.gov/1kTyorY>. The Department of Health and Human Services is an equal opportunity employer with a smoke-free environment.

**Site Manager.** Community Blood Center of the Carolinas (CBCC) is opening a new collection and distribution facility in Greensboro, NC. We are seeking an experienced Manager to oversee our new site. The position works in conjunction with recruitment and operations to ensure the attainment of collection and distribution goals. This position manages staff performing regulated functions/procedures as well as serves as the CBCC steward in the Greensboro community; developing and growing relationships with our new hospital partners and sponsors/donors. Our ideal candidate possesses a minimum of three to five years of supervisory and marketing/sales experience in a blood banking, plasma and/or medical environment working directly with hospitals and sponsors as well as regulated agencies such as the FDA, CLIA and/or AABB. Responsibilities include regulatory compliance, departmental budgets and fulfillment of goals. Three to five years strategic planning experience required. Prior experience engaging and speaking with the public required. Phlebotomy experience or accredited class required. Varied schedule including weekends, as well as 24/7 on-call rotation. High school diploma or GED required. MT, MLT (ASCP), RN or LPN preferred. Qualified candidates should email their resume and salary requirements to [cbcteam@cbcc.us](mailto:cbcteam@cbcc.us), resumes w/o salary requirements will not be considered. Drug Free Work Zone/EOE.

**IRL Advanced Clinical Lab Specialist (2nd Shift).** Blood Systems Laboratories is searching for an experienced lab professional to join its immunohematology reference lab in Phoenix, Ariz.! The IRL team performs

complex antibody identification, red cell and platelet molecular genotyping and platelet testing for hospitals throughout the country. Work schedule: 2nd shift Monday-Friday rotating weekends (includes 8 percent shift differential). Requires: Bachelor's degree; must satisfy CLIA requirements for High Complexity Testing; California testing requirements must be met within one year; certification as a Medical Technologist or Blood Banking Technologist (BB) by a recognized certifying agency; three years clinical laboratory testing experience; one year of transfusion service experience. For consideration, **please email your resume by 6/20/2014** to [jobs@bloodsystems.org](mailto:jobs@bloodsystems.org) ATTN: HR/2014/25. Pre-employment background check and drug screen required. Blood Systems is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status. Find the Hero in You. Donate blood three times a year!

**Medical Technologist.** The Blood & Tissue Center of Central Texas, located in Austin, is seeking a Medical Technologist to perform all patient testing functions and donor processing. This includes viral marker EIA testing, ABO testing, antibody screens and work-ups, antigen testing and cross-matching, as well as RPR and CMV testing. This position will accurately label blood components that are available for distribution, diligently follow all procedures for testing, maintenance, safety, and quality control, as well as assist management to maintain adequate supplies through careful monitoring of reagent usage and placement of new reagent stock. Qualified candidates must be able to work in an area where bio-hazardous elements can exist. BS in Medical Technology (or equivalent) and ASCP or NCA Certification as a Medical Technologist or Blood Bank Technologist is required. AS and certification as MLT or BB will also be considered. Must be at least 21 years old, have a valid driver's license, proof of vehicle insurance, and an acceptable driving record. Must be able to work a rotating weekly schedule and participate in on-call. Familiarity with cGMP, AABB, and FDA regulations is desired. Please visit [www.inyourhands.org](http://www.inyourhands.org) to apply.

**Recruitment & Marketing Manager.** Community Blood Center of the Carolinas (CBCC), located in Charlotte, NC is seeking a Recruitment & Marketing Manager. This position works in conjunction with marketing, recruitment, and operations to ensure alignment of all marketing efforts for attainment of collection goals. This role oversees the coordination/execution of

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drives with Donor Recruitment and/or drive sponsor to identify donors, drive objectives/goals, campaign criteria and other considerations for donor recruitment. Position provides supervision of marketing and recruitment support staff and serves as liaison with Operations. Our ideal candidate has three to five years of supervisory experience in a blood banking or another medical environment; as well as marketing/PR, budget and strategic planning experience. Six Sigma or process improvement capabilities preferred. CBCC is a Drug Free Workplace/Equal Employment Opportunity Employer. Interested candidates should send their resume and salary requirements to [cbccteam@cbcc.us](mailto:cbccteam@cbcc.us).

**Quality Assurance Assistant Director (BR004) - San Antonio, Texas.** QualTex Laboratories a subsidiary of BioBridge Global is seeking a QA Assistant Director. This person will manage the department(s) assigned, exhibit leadership and maintain knowledge of regulatory/quality requirements. Maintain excellent communication with all personnel. Bachelor's degree in Applied Science or equivalent required. Master's degree preferred. Five years lab experience required. Two years supervisory experience required. Computer experience required. Three years with good driving record required. Certified MT (CLS) or equivalent preferred. Categorical Specialty Certifications preferred. Visit our website at [www.qualtexlabs.org](http://www.qualtexlabs.org). E-mail résumé to [hr\\_dept2@biobridgeglobal.org](mailto:hr_dept2@biobridgeglobal.org). Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data, or other legally protected status.

**Reference Laboratory Technologist.** Mississippi Valley Regional Blood Center (MVRBC) is offering a full time opportunity to join our team in our Springfield, Ill. facility. MVRBC is the exclusive provider of blood products and services to 85 hospitals in Iowa, Illinois, Wisconsin, and Missouri. Our aim is to provide world-class blood products and services to communities in need. To achieve this, we need passionate, talented professionals to join our team. This individual will be performing antibody testing, antigen typing, and providing consultation to hospital staff as needed. This position is full-time with a working schedule of Monday through Friday 3:00 pm to 11:00 pm, including on-call rotation for weekends and holidays. Candidates will possess MT/MLS certification with ASCP or equivalent. SBB is a plus, but not required. Ideally candidates will have three years of blood banking experience in the past five years. MVRBC offers an opportunity to be a part of a dedicated team that makes us a recognized leader in the blood center industry, an environment that makes work/life balance a priority with a generous paid time off account, a fantastic benefit package and a competi-

itive salary. Pre-employment drug screen and background check required. Interested candidates may visit <http://bit.ly/Q4V4mV> to apply. EOE: Minorities, Women, Veterans, Disabilities

**Account Specialist.** Community Blood Center, Inc. is searching for an Account Specialist with outstanding sales skills. If you are a self-confident, outgoing individual, who achieves established targets, we want to talk with you! As an Account Specialist, you will build relationships with area businesses, schools and communities, establishing blood drives to support our mission. Successful candidates will have the ability to recognize and act on sales opportunities, will exhibit a make-it-happen attitude, will build rapport easily, and will own a track record in reaching team and individual goals. Job Requirements: Bachelor's degree in business or related field. Proven track record in outside sales and customer service. Excellent communicator skilled at motivating action and at delivering presentations that engage others. Microsoft Suite computer skills required. Please submit your resume to: <https://home.eease.adp.com/recruit/?id=6794061>. Community Blood Center, Inc., 4406 W. Spencer St., Appleton, WI 54914. [www.communityblood.org](http://www.communityblood.org), [www.facebook.com/cbloodcenter](http://www.facebook.com/cbloodcenter). EOE.

**Collection & Operations Planning Manager.** The Collection and Operations Planning Manager will manage the forecasting, planning, and scheduling of collection operations delivering results that support the organization's collection goals. Responsibilities to include: Conducting business analysis to support the growth, expansion, and success of collection services for the blood center. Assist in the development and implementation of plans and budgets that are consistent with the priorities of the organization. Ensure that collection calendar scheduling requirements are met and that scheduling policies are followed. Provide statistical reporting and propose clear business rules for developing a strong annual blood collection calendar and donor strategy. Identify opportunities and initiatives that will support continued optimization for the blood center, and where appropriate, coordinate the efforts to execute improvements. Bachelor's degree required with an emphasis in business preferred. Minimum of seven years total work experience with two years of management experience related to analysis, systems, and project design and implementation required. Demonstrated skills, knowledge and experience in sales management practices and procedures. Knowledge of group dynamics, forecasting, customer service, and the ability to effectively implement and oversee business processes. Excellent organizational skills and the ability to work

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independently while developing a functioning team. Submit your resume to: <https://home.eease.adp.com/recruit/?id=9617561>. Community Blood Center, Inc., 4406 W. Spencer St., Appleton, WI 54914. [www.communityblood.org](http://www.communityblood.org)

**Medical Technologist CLS.** San Diego Blood Bank (SDBB) is looking for a full-time Medical Technologist CLS. Perform immunohematological studies on referred blood samples; may be called on for additional research, investigational, and/or process development. Provide training, educational, and technical expertise. Support the SDBB safety, cGMP and Quality Plan. Participate in the reference lab on-call rotation, perform red cell blood grouping and antibody identification on donor and referred patient blood samples. Determine suitability for transfusion of donor units with discrepant ABO or Rh groups and unexpected red cell antibodies; perform pre-transfusion compatibility testing. Education: Bachelor of Science in Medical Technology or related field. Experience: Minimum two to three years in immunohematology reference laboratory. Molecular testing experience desirable. Certifications/Licenses: MLS(ASCP)CM / MT(ASCP) or equivalent experience; California Clinical Laboratory Scientist (CLS) license, or California Clinical Immunohematologist or Hematology Scientist license Specialist in Blood Banking, SBB(ASCP) or equivalent experience desirable. Apply online: <http://bit.ly/Iqc7BtX>. The San Diego Blood Bank is an Equal Opportunity Employer. EOE/Minority/Female/Disability/Vets

**Executive Medical Director.** New York Blood Center, based in New York City, and one of the most comprehensive blood centers in the world, is seeking an Executive Medical Director (EMD) to oversee a team of medical directors, physicians, and other professional staff, as well as the transfusion medicine fellowship and other education programs. Reporting to the SVP/CMO,

you will ensure compliance with all regulatory bodies, encourage innovation/creativity, and lead all operational, research and medical initiatives put forth by the executive team to ensure integration and alignment with Medical Programs. Requires an MD or DO, BC in Transfusion Medicine, with NYS Licensure, three years of progressive management experience in a healthcare environment, and five-plus years experience in transfusion medicine. The ability to make effective day-to-day operational decisions and develop strategic goals will be expected, as will the leadership skills necessary to support a growing medical agenda. We offer a competitive compensation package. Please email your CV to: [JGibson@NYBloodCenter.org](mailto:JGibson@NYBloodCenter.org). EOE/AA M/F/V/D

**Director Transfusion Services.** New York Blood Center, based in Westchester, NY, is one of the most comprehensive blood centers in the world. We are currently seeking a proven leader to oversee our strategic expansion goals, an operational/capital budget, as well as the overall operations and administration for our Transfusion Services laboratories located at Westchester Medical Services and Nyack Hospital. You will also ensure compliance regulations are met and the highest level of quality laboratory testing services are provided, as well as administer training programs to ensure staff competency. You must be a strategic minded professional with a BS in Medical Technology, MT (ASCP) or equivalent, and NYS MT license. 10 years experience in a clinical laboratory environment, five-plus years in leadership, and six years in transfusion services are all required. Superior leadership skills and the ability to effectively manage budgets and safely lead all transfusion service operations will also be expected. We offer a competitive compensation package. Please email resume to: [JGibson@NYBloodCenter.org](mailto:JGibson@NYBloodCenter.org). EOE/AA M/F/D/V♦