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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2012 #16 **April 27, 2012**

INSIDE:

Our Space: Recalibration and Inspiration.....2
FABC Kicks off 2012 With Generous Contributions From Members.....4
Blood Irradiators Focus on FDA Advisory Committee Meeting.....5
RISE Study Shows High Prevalence of Iron Depletion in Frequent Donors.....5
Register: Fund Development, Communications and Donor Recruitment Workshop 8
BRIEFLY NOTED.....8
INFECTIOUS DISEASE UPDATES 9
STOPLIGHT: Status of the ABC Blood Supply, 2011 vs. 2012.....11
MEMBER NEWS.....11
PEOPLE.....12
POSITIONS AVAILABLE 13
CALENDAR.....14

FDA Approves Feasibility Study of Pathogen Reduction System

The Food and Drug Administration has recently granted Investigational Device Exemption (IDE) approval for Terumo BCT to conduct a feasibility study for packed red blood cells derived from whole blood treated by the Mirasol System for Whole Blood, Terumo BCT announced in a press release last week. The Mirasol System is a pathogen reduction technology (PRT) that uses a combination of riboflavin and ultraviolet light to inactivate viruses, bacteria, parasites, and white blood cells that may be present in collected blood products.

In recent years, there has been much debate surrounding PRT usage, and whether the benefits outweigh the possible risks. PRTs can be used to inactivate pathogens and infections that may otherwise be undetected due to a "window" period between infection and detection with current donor screening, or due to emergence of a new pathogen. This particular element was the main topic of discussion at an AABB Annual Meeting session in October 2011, facilitated by Louis Katz, MD, vice president of Medical Affairs at Mississippi Valley Regional Blood Center.

Background. During the AABB session, Richard Benjamin, MD, PhD, medical director of the American Red Cross, suggested that the current risk-benefit analyses for PRT implementation in the US are not sufficient to make informed decisions because they do not accurately account for the risk of possible emerging pathogens (see *ABC Newsletter*, 11/4/11).

While PRTs have not found regulatory support in the US, the Health and Human Services Advisory Committee on Blood Safety and Availability has supported developing PRT and several European countries have approved such systems. FDA's approval of studies for packed red blood cells derived from whole blood treated by the Mirasol System marks the first step toward approval of such a system in the US.

"Any movement forward on PR systems is important to the blood community and welcomed," said Dr. Katz. "We have for decades been in a reactive, iterative posture with reference to established and emerging transfusion transmissible pathogens. We add successive layers of intervention, many of which are non-specific, costing us committed donors, or are expensive test platforms to prevent uncommon events. PR is an exciting, proactive intervention that will mitigate risk not only from many of the agents about which we are currently concerned, but especially as an insurance policy against new and theoretical threats that may be susceptible to these processes."

(continued on page 3)

OUR SPACE

ABC CEO Jim MacPherson

Recalibration and Inspiration

In his recent weekly column, American Hospital Association President Rich Umbdenstock noted a comment from a hospital administrator. Mr. Umbdenstock had asked her what she got out of attending AHA meetings, and she replied, "recalibration and inspiration." I thought, "Wow, I wonder if ABC members were ever struck that way about our meetings?"

Literally within minutes, an ABC member CEO emailed me saying he, too, read Rich's piece. He was struck by the hospital administrator's comment. While he had not thought of his ABC experiences exactly in those terms he said, "There was no doubt the education and services provided or inspired by ABC, along with the interaction, involvement, and discussions with tremendous blood banking colleagues, have been critical in assisting me in my role as head of my blood center."

Such spontaneous heartfelt praise for what ABC does for and with its members doesn't come daily, but when it does it certainly lifts the spirits of staff as they toil in the trenches.

Alliances like ABC have proved to be powerful vehicles for disseminating information and improving practices among its members through networking, education, innovations, and sharing best practices. There are now three blood alliances worldwide, including ABC in North America, the European Blood Alliance, and the Asia Pacific Blood Network. Colleagues in Latin America, Africa, and the Middle East have asked us to help them form their own alliances after seeing how effective the other alliances have been.

ABC with the National Marrow Donor Program and EBA are now facilitating an alliance in cell therapies based on enthusiasm of those involved in the planning.

Going back to that hospital administrator's comment about the AHA meetings, I can't stop thinking about our recent 50th Anniversary Meeting. The events (mini-concert/reception/putting contest, the fabulous dinner sponsored by Blood Systems, and the moving *Awards of Excellence* Banquet) certainly were the kind of events that bind colleagues together. The substance of the presentations also was timely and useful. I heard much praise from scores of the nearly 200 attendees. I didn't hear "recalibration and inspiration," but we'll work on it.

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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.

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PRT System Receives IDE Approval (continued from page 1)

Mirasol System Development. The Belgian Red Cross-Flanders began using Terumo BCT's (then CaridianBCT) Mirasol Pathogen Reduction Technology System to improve the safety of its whole-blood derived and apheresis platelets in July 2010 (see *ABC Newsletter*, 7/30/10). The Mirasol Pathogen Reduction Technology System has since been approved for use in several other countries and was the basis for developing the Mirasol System for Whole Blood.

The Department of Defense (DoD) published research highlights in March regarding the prototype for this whole blood system, which discussed the potential for Mirasol to improve the safety of blood transfusions provided to military personnel in the field of combat (see *ABC Newsletter*, 3/23/12). Raymond Goodrich, PhD, Terumo BCT's vice president of Scientific and Clinical Affairs, and his research group have been working on a prototype for this portable pathogen reduction system with a grant awarded in 2009 by the DoD from the Congressionally Directed Medical Research Programs. This pre-clinical work provided the data supporting the IDE application.

"This approval is a testament to the extensive and robust evidence we have generated through our development efforts, and we are grateful for the US Department of Defense and its support of these initiatives," Kris Stegner, PhD, MBA, director of Global Clinical Affairs at Terumo BCT, said in the release.

Feasibility Study. The study now approved by FDA is set to begin this year, focusing on regular blood donors who volunteer to participate. The study seeks to evaluate the *in vivo* behavior of red blood cells in healthy human subjects after treatment with the Mirasol system, to ensure that the system maintains adequate performance of the treated red blood cells, and evaluate the system's safety. Terumo BCT hopes that the study's findings support future filings for regulatory approvals in the US.

Selected sites throughout the US will conduct a controlled, randomized, cross-over study over six to 12 months, evaluating up to 30 subjects. They will participate in two study arms: once donating one unit of fresh whole blood that is then Mirasol-treated and once donating a unit that is not Mirasol-treated.

"The data from our current studies provide strong backing for the Mirasol technology and the effective inactivation of blood-borne pathogens and donor leukocytes to reduce complications from red blood cell transfusions," said Dr. Stegner. "Now the feasibility study will help us take that body of evidence to the next level, as it represents the first step toward eventually introducing pathogen reduction in the US."

Dr. Katz added that FDA's IDE approval "signals a level of comfort at the FDA with the safety of the riboflavin/UV process, where safety concerns have been the major barriers to progress in the US." (Sources: Terumo BCT press releases, 4/19/12, 3/21/12; *ABC Newsletter*, 3/23/12, 11/4/11, 7/30/10) ♦

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 ABC Publications Editor Betty Klinck at 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.

FABC Kicks off 2012 With Generous Contributions From Members

The Foundation for America's Blood Centers (FABC) has already received three significant pledges from America's Blood Centers' members this year. Dan Connor, president and CEO of Blood Systems Inc., presented an unexpected donation of $50,000 on behalf of Blood Systems at the CBBC Supper Club dinner during ABC's Annual Meeting in March. Just recently, Byron Buhner, president and CEO of Indiana Blood Center, renewed the center's commitment to the FABC with a $100,000 contribution to be awarded over the next five years, and Mr. Connor added a four-year pledge of $25,000 per year on behalf of Blood Systems.

The FABC is the non-profit organization that funds ABC member initiatives to improve the availability, quality, and safety of the blood supply to extend or enhance the lives of patients. These contributions have a profound impact on the Foundation's ability to continue supporting the initiatives that help member blood centers, not only to maintain a safe blood supply, but also to stay on the cutting edge of technology and research, maintain a diverse donor base, and remain global leaders in blood banking.

The FABC recently announced that Mr. Connor and Mr. Buhner will issue a challenge to their fellow blood center CEOs, encouraging these leaders to join in their support for the FABC. They will be asking members to commit to a multi-year pledge to the Foundation, beginning with a minimum of $5,000 for five consecutive years. Committing to a multi-year donation allows the FABC to develop a long-term plan to increase the grants provided to members to ensure that the FABC successfully achieves its mission: that everyone who needs blood has access to a safe and adequate supply.

To learn more about the FABC and the initiatives it funds, please visit: www.thefabc.org or contact the FABC's director of Fund Development, Jodi Zand at jzand@americasblood.org. ♦

FABC Member Grant Awards (2007-2012)		
Grant Recipient	**Project Name**	**Grant Amount**
Blood Systems (2012)	Recruiting African-American Donors	$40,000
Memorial Blood Centers and Mississippi Valley Regional Blood Center (2012)	Iron Depletion and Replacement Program	$50,000
Florida's Blood Centers and Carter BloodCare (2011)	Get Healthy Wellness Program	$25,000
LifeStream (2011)	Blood Drive Chairperson Training	$25,000
Memorial Blood Centers (2011)	"Planning for Transfusion Emergency" Simulations	$25,000
Blood Centers of the Pacific (2009)	"Blood Bytes" Broadcast PSA/Video Series	$70,000
LifeSouth Community Blood Centers (2009)	Five Points of Life in the Classroom	$60,000
Coffee Memorial Blood Center (2009)	Bridging our Generations by Enhancing the High School Blood Drive Experience	$45,500
Carter BloodCare (2009)	Population Health and Wellness Initiative	$50,000
Blood Centers of the Pacific (2007)	Donor Frequency Model	$30,000
The Blood Alliance (2007)	Building Partnerships with Hospitals to Increase Awareness, Visibility, and Blood Donations	$15,000
Northwest Florida Blood Center (2007)	Research Project on Donor Recruitment/Retention in Military Institutions	$25,000
The programs funded by the FABC are available to all ABC members. To learn more about these grant projects visit: http://members.americasblood.org/go.cfm?do=Page.View&pid=29		

Blood Irradiators Focus of FDA Advisory Committee Meeting

The Food and Drug Administration's Radiological Devices Panel of the Medical Devices Advisory Committee held a meeting on April 12 to provide advice and recommendations to the agency regarding the classification of blood irradiators.

Blood irradiators have been marketed and distributed in interstate commerce since before May 28, 1976, the effective date of the Medical Device Amendments Act. As a result, they were considered pre-amendment devices and have remained unclassified under the 510(k) premarket notification authority. In an attempt to ensure all pre-amendment devices are finally classified, the FDA brought blood irradiators to the committee for discussion and a classification recommendation.

The FDA prepared an Executive Summary paper that reviewed the 30-year history of blood irradiator use to prevent Transfusion Associated-Graft Versus Host Disease (TA-GVHD). It is available at http://1.usa.gov/I7QDJb. The summary details the safety and efficacy record of blood irradiators.

During the meeting, a variety of speakers reviewed the process of device classification/reclassification, the regulatory history of blood irradiators, and blood irradiators from a clinical perspective. They also summarized the results of a literature review. There are three classifications for medical devices based upon the reasonable assurance of safety and effectiveness. The three classifications are:

Classification Level	Control Description	Examples
I	General Controls	Band-Aids, patient scale
II	General and Special Controls	Ventilator, ECG machines
III	Premarket Approval	Implantable devices

The panel was asked to review the identified hazards for blood irradiators and based on those hazards, to recommend a classification. The panel unanimously voted to classify blood irradiators as Class II medical devices requiring both general and special controls. The panel agreed that the controls spelled out in the CBER 1993 Memorandum to Blood Establishments on Gamma Irradiation of Blood Products (http://1.usa.gov/I7RE3V) were sufficient to ensure the safety and efficacy of blood irradiator usage.

However, the panel recommended that the FDA update the 1993 recommendations to include X-ray technology and the current knowledge of dosimetry requirements. America's Blood Centers submitted comments to the committee for consideration supporting the FDA Executive Summary findings that blood irradiators have been used safely and effectively. ♦

RISE Study Shows High Prevalence of Iron Depletion in Frequent Donors

Concern about iron depletion has been a hot topic in the blood community, as experts mull over whether or not to change the hemoglobin eligibility standards or the interdonation interval in an effort to maintain adequate iron stores in whole blood donors. Results from a recent study, supported by the National Heart, Lung, and Blood Institute's (NHLBI) REDS-II project, show that there is in fact a high prevalence of iron depletion among frequent blood donors and that lengthening the interdonation interval or implementing iron replacement programs may help to correct this issue.

Ritchard G. Cable, MD, of the American Red Cross New England Region, led the research project called the REDS-II Donor Iron Status Evaluation (RISE) study. The results were published in the April edition

(continued on page 6)

RISE Data (continued from page 5)

of *Transfusion.* RISE measured iron stores in four cohorts of donors at six participating blood centers over a two-year period. The cohorts were: frequent donors; first-time (FT) or reactivated donors (RA); male; and female donors. RA donors had not given blood in the two years prior to enrollment in the study, while frequent male donors had given at least three units in the past year and frequent females had given at least two units in the past year.

Background. In the US, blood donors cannot donate more than once in an eight-week period to ensure recovery of their iron stores, which is currently estimated by their hemoglobin and hematocrit levels. The Food and Drug Administration mandates that eligible male and female blood donors have a minimum hemoglobin level of 12.5 g/dL or a hematocrit of 38 percent prior to donation. Many other countries have different hemoglobin requirements for males and females. Low hemoglobin and hematocrit levels are the most common reasons for donor deferral.

FDA held a workshop in November 2011, when experts discussed the possibility of changing the male hemoglobin eligibility to a minimum of 13.0 g/dL to more accurately reflect the distribution of hemoglobin levels among males. There was also discussion of the possibility of lengthening the interdonation interval or implementing iron replacement programs. There have been no clear proposals for changing hemoglobin eligibility levels for females.

While many attendees acknowledged that some of these measures may help to prevent iron deficiency among donors, there is concern that changing these standards may negatively impact blood availability. The RISE study confirmed prior research showing that donors may be iron depleted and also gives some clues as to what factors may lead to iron depletion.

Study Design and Methods. Researchers observed the four groups of enrolled patients at the six REDS-II blood centers, representing about 8 percent of the US blood supply, from 2007 to 2009, during which time participants were asked to donate frequently. Donors completed self-administered questionnaires at enrollment and study completion, and venous hemoglobin was determined in all collections. The status of body iron stores was assessed by determining plasma ferritin and soluble transferrin receptor (sTfR) levels at enrollment and final visits, as well as at select interim visits.

The researchers defined iron depletion on two levels: iron deficiency erythropoiesis (IDE, partial deficiency) and absent iron stores (AIS, complete deficiency). A donor was classified as having AIS if their plasma ferritin was less than 12 ng/mL. IDE was defined as a log ratio sTfR/ferritin$\geq$2.07 log (sTfR/ferritin).

Results. RISE enrolled 2,425 donors. At enrollment, AIS was present in 6.4 percent of FT/RA women, 0 percent of FT/RA men, 27.1 percent of frequent women, and 16.4 percent of frequent males. Also at enrollment, IDE was present in 24.7 percent of FT/RA women, 2.5 percent of FT/RA men, 66.1 percent of frequent women, and 46.7 percent of frequent males. Of the 2,425 enrolled donors, 89 percent returned one or more times during the next 15 to 24 months with 1,334 donors completing a final visit.

A significantly higher proportion of FT/RA donors had iron depletion at their final visit compared to their enrollment visit. The proportion of donors with venous hemoglobin below 12.5 g/dL also increased significantly from enrollment to final visit for FT/RA females and increased non-significantly for FT/RA males. The venous hemoglobin for frequent donors was relatively unchanged during follow-up.

(continued on page 7)

RISE Data (continued from page 6)

The researchers conducted a statistical analysis to determine what factors were predictors of iron depletion and hemoglobin deferral. Predictors of IDE and/or AIS included a higher frequency of blood donation in the past two years, a shorter interdonation interval, and being a female and young. Taking iron supplements was found to reduce the risk of iron depletion. Predictors of hemoglobin deferrals included female sex, black race, and a shorter interdonation interval.

Discussion. "Our data demonstrate a high prevalence of iron depletion in frequent blood donors and a strong association between prior donation intensity and the time since last donation and iron depletion. We also found that iron depletion develops in a high proportion of returning first-time (FT) and reactivated (RA) donors," write the authors. The researchers estimate that about 50 percent of FT/RA females and 20 percent of FT/RA males have IDE, and therefore they project that about 35 percent (2.4 million) US repeat donors have IDE.

The researchers emphasize that previous donation intensity was the most important predictor of becoming completely iron deficient (AIS) and becoming partially iron deficient (IDE) at enrollment and at any subsequent visit, and that people donating within about 14 weeks of their previous donation had a significantly higher odds ratio of AIS or IDE than donors returning between 14 and 18 weeks of their previous donation. Also, hemoglobin and hematocrit were the most common cause of blood donor deferrals in REDS-II, encompassing 10 percent of all donation visits.

Since iron supplements decreased the likelihood of AIS or IDE, the researchers note that iron supplementation may be a route for maintaining iron stores in donors. Although iron supplements and/or changing the interdonation interval would likely help to reduce iron depletion in blood donors, the risks and benefits of each must be considered and studied further, wrote the authors.

The authors conclude that the RISE findings should stimulate other research, including exploring whether depleted donors show clinical manifestations and assess the overall public health significance of iron depletion. Future studies should assess the feasibility of various interventions in routine donor management and in maintenance of an adequate blood supply, write the authors.

Citation: Cable RG, *et al*. Iron deficiency in blood donors: The REDS-II Status Evaluation (RISE) study. Transfusion. 2012 April;52(4): 702-711.

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer's name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Betty Klinck at newsletter@americasblood.org. You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.

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INSIDE ABC

Register: Fund Development, Communications and Donor Recruitment Workshop

America's Blood Centers' Communications and Donor Recruitment Committee and LifeSouth Community Blood Centers will host this year's Fund Development, Communications and Donor Recruitment Workshop in Atlanta with available sessions for a two-, three-, or four-day workshop beginning on Tuesday, June 19.

Online registration is now open through May 25 via the direct invitations e-mailed earlier this week. This workshop offers fundraising, marketing, communications, and blood donor recruitment professionals the opportunity to exchange ideas, share best practices, and present lessons learned.

This year's Fund Development, Communications and Donor Recruitment Workshop will take attendees behind the scenes at the CNN Headquarters in Atlanta.

This year's workshop attendees will have the unique opportunity to attend a private tour and reception at the CNN Headquarters in downtown Atlanta. Guests will journey into the heart of CNN Worldwide and get an up-close, in-depth look at global news in the making. The Inside CNN Studio Tour will also take attendees behind the scenes with the inventors of 24-hour news, with a cocktail reception overlooking the newsroom to follow. Ranked among Atlanta's most popular destinations, this is an event not to be missed by blood bank communicators!

More information about the workshop is available at: http://members.americasblood.org/go.cfm?do=Page.View&pid=23. Members who did not receive an invitation or have registration- and hotel-related questions may contact Lori Beaston at lbeaston@americasblood.org. Questions related to the content or program may be directed to Abbey Nunes at anunes@americasblood.org. More information is also available in MCN 12-068 at: http://members.americasblood.org/go.cfm?do=FileCenter.List&category=MCNs.

BRIEFLY NOTED

The Centers for Disease Control and Prevention published a state-by-state report last week showing a decline from 2009 to 2010 in healthcare-associated infections, CDC announced in a press release on April 19. This report includes a summary measure called the standardized infection ratio, which allows tracking of prevention efforts over time. The data in the report were submitted by hospitals to CDC's National Healthcare Safety Network, the agency's infection tracking system used by more than 8,200 healthcare facilities nationwide as a tool for preventing healthcare-associated infections. This is the first time that CDC is releasing a standardized infection ratio for central line-associated bloodstream infections for each of the 50 states. The report shows that 21 states had a significant decrease in central-line associated bloodstream infections between 2009 and 2010, which has contributed to the progress

(continued on page 9)

BRIEFLY NOTED (continued from page 8)

seen on a national level. The report also shows that hospitals nationwide reduced central-line associated bloodstream infections by 33 percent, invasive MRSA infections by 18 percent, surgical site infections by 10 percent, and catheter-associated urinary tract infections by 7 percent. The entire report can be accessed at: www.cdc.gov/hai/national-sir-jan-dec-2010/index.html

INFECTIOUS DISEASE UPDATES

BOVINE SPONGIFORM ENCEPHALOPATHY – FOURTH US CASE

The US Department of Agriculture (USDA) has confirmed the first case since 2006 of bovine spongiform encephalopathy (BSE) or "mad cow" disease in the US in a California dairy cow, reported the Associated Press on Tuesday. This is only the fourth case of BSE detected in the US. In a statement made on Tuesday, USDA Chief Veterinary Officer John Clifford assured Americans that this is no cause for concern as the cow was never presented to be slaughtered for human consumption and thus never posed a threat to the food supply; he also noted that BSE cannot be transmitted through a cow's milk. The cow carcass is currently being held by a California state authority and will be destroyed. Mad cow disease is a prion disease, which is part of a family of rare progressive neurodegenerative disorders known as transmissible spongiform encephalopathies; they affect both humans and animals. These diseases are fatal and their causes are not fully understood. Prion protein molecules are present in many normal cells that sometimes fold in abnormal ways and gather in clusters that precipitate, causing tissue damage and sponge-like holes in the brain; these precipitates resist digestion by enzymes. The human form of "mad cow disease" is called variant Creutzfeldt-Jakob disease (vCJD), which is believed to be transmitted through eating meat from cattle infected with BSE or a blood transfusion from an infected donor. During the height of the mad cow outbreak in Britain that peaked in 1993, the US and many other countries implemented

(continued on page 10)

INFECTIOUS DISEASE UPDATES (continued from page 9)

measures to keep BSE out of the food supply, such as banning the use of recycled meat and bone meal from cattle feed. In 2011, there were only 29 new cases of BSE detected worldwide, a dramatic decline since the 37,311 cases detected in 1992, said Mr. Clifford in his statement. Mr. Clifford added that laboratory tests have shown that this BSE case is an "atypical case," meaning that it is a rare abnormality and is not likely to have spread to other cattle or endanger the US beef supply. "USDA remains confident in the health of the national herd and the safety of beef and dairy products. As the epidemiological investigation progresses, USDA will continue to communicate findings in a timely and transparent manner," said Mr. Clifford. Although a great amount of concern arose out of the mad cow outbreak in the early 1990s, it should be noted that there have only been 220 cases worldwide of vCJD identified in humans since 1995; among these, four cases are associated with blood transfusion in the UK. (Sources: Associated Press, 4/24/12; USDA statement, 4/24/12)

MALARIA

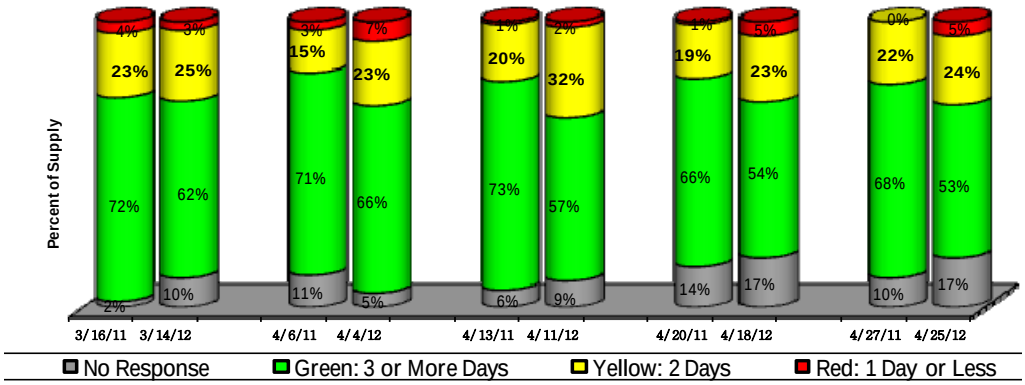
Two key leaders at the National Institutes for Health's National Institute of Allergy and Infectious Diseases (NIAID) released a statement summarizing the key advancements and challenges related to eradicating malaria on April 25, World Malaria Day. Lee Hall, MD, PhD, chief of Parasitology and International Programs Branch in the NIAID's Division of Microbiology and Infectious Diseases, and Anthony Fauci, MD, director of the NIAID, wrote the statement. The theme of this year's World Malaria Day is "Sustain Gains, Save Lives: Invest in Malaria" to stress the crucial role of continued investment of resources to maintain hard-won gains, says the statement. The World Health Organization estimates that

(continued on page 11)

INFECTIOUS DISEASE UPDATES (continued from page 10)

the number of deaths from malaria decreased from roughly 985,000 in 2000 to approximately 655,000 in 2010. Improvements have been noted in all areas that WHO monitors and four formerly malaria-endemic countries – the United Arab Emirates, Morocco, Turkmenistan, and Armenia – have been declared malaria-free. However, about half of the world's population is still at risk of contracting malaria, and the disease continues to exact a high toll, especially among young children and pregnant women, notes the statement. Dr. Hall and Dr. Fauci emphasize that NIAID/NIH are committed to maintaining the research momentum to eradicate this mosquito-borne parasitic disease. One example of this commitment is the 2010 International Centers of Excellence for Malaria Research initiative, through which NIAID is conducting research in malaria-endemic countries worldwide. NIAID's research efforts have been focused on better understanding the disease process and finding new and improved ways to diagnose and treat people with malaria, control the mosquitoes that spread it, and prevent malaria altogether through vaccination. The statement reviews various research accomplishments in these areas, such as testing 3,000 chemicals to find 32 that were effective in killing numerous genetically diverse malaria parasite strains. The NIAID leaders also describe the PATH Malaria Vaccine Initiative, which has had some success in clinical trials of the RTS,S malaria vaccine. "Whether the remarkable returns on investment in malaria control will continue in years ahead depends on our willingness to commit needed financial and intellectual resources to the daunting challenges that remain. On World Malaria Day, we join with our global partners in affirming that commitment and rededicating ourselves to the efforts to defeat malaria worldwide," concludes the statement. The entire statement is available at: www.nih.gov/news/health/apr2012/niaid-24.htm. (Source: NIH press release, 4/24/12)

STOPLIGHT: Status of the ABC Blood Supply, 2011 vs. 2012



The order of the bars is (from top to bottom), red, yellow, green, and no response

MEMBER NEWS

Blood Bank of Hawaii (BBH) in Honolulu, Hawaii, opened a new donor center on April 10 with a blessing and celebration event. BBH staff was present at the center's opening to welcome its first donors and to answer any questions. The center signals a milestone in disaster preparedness for the state of Hawaii, says the release, providing an alternate blood inventory and distribution site in the case of catas-

(continued on page 12)

MEMBER NEWS (continued from page 11)

BBH President and Medical Director Robyn Yim, MD, and BBH supporters untie the maile lei, the Hawaiian version of a ribbon-cutting, at the new Young Street Donor Center.

trophe. "We are excited to have this facility that will allow us to further our emergency planning and serve the growing needs of Hawaii's hospitals and patients," said BBH President and Medical Director Robyn Yim, MD. "We hope this new, convenient location will encourage current and new donors to donate blood." The 8,901-square-foot building will house a collection center and blood inventory room. It will also provide much-needed office space and allow the BBH's other donor center, Dillingham Donor Center, to expand its laboratory services to Hawaii's 17 civilian hospitals. (Source: Blood Bank of Hawaii press release, 4/10/12)

Lane Blood Center in Eugene, Ore. celebrated three generations coming together to donate at one blood drive on Tuesday, the center announced in a press release on Monday. Grandfather, John Bredesen, son John Bredesen Jr., and granddaughter, Kelsey Bredesen, donated together at the Lane Community College blood drive. The eldest of the Bredesen trio has been donating with Lane Blood Center in Eugene for many years and was thrilled to see his family carrying on the life-saving tradition. Mr. Bredesen Jr. is visiting from St. Paul, Minn., where he donates blood regularly. Granddaughter, Kelsey Bredesen, is a freshman at the University of Oregon and registered for the first time to give blood on Tuesday. Lane Blood Center is "pleased to be part of this extraordinary act of compassion and is inspired by the Bredesens' example," said the release. (Source: Lane Blood Center press release, 4/24/12)

John Bredesen (right) stands with granddaughter Kelsey Bredesen and son, John Bredesen, Jr., (left) after giving blood together.

PEOPLE

Jennifer Krupa, has recently joined Community Blood Center of the Carolinas as the Marketing and Communications manager, announced CBCC in a press release on April 17. Ms. Krupa brings with her more than 16 years of communications, marketing, and sales experience to her new role at CBCC. Previously, she was a senior marketing associate with ATTUS Technologies, as well as vice president of Operations and Business Development for The Bainbridge Crew. Ms. Krupa graduated from Youngstown State University in Youngstown, Ohio with a Bachelor of Arts degree. (Source: Community Blood Center of the Carolinas press release, 4/17/12)

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 $390 for non-subscribers. 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.

POSITIONS AVAILABLE:

Director, Regional Quality. Blood Systems, one of the largest and oldest blood service providers, is seeking a Director of Regional Quality in Lafayette, LA. Under minimal supervision, this position is responsible for review of the quality system at blood centers of United Blood Services Gulf South. The successful candidate is responsible for review of quality and compliance in all areas of technical and clinical operations. The successful candidate will serve as a resource to operations on quality issues as well as provide oversight of staff participation and participates in performance improvement initiatives through data and process analysis. Knowledge/Education: Bachelor's degree required. Licenses/Certifications: Certification as a Medical Technologist or SBB is preferred. Experience: Five years related experience in a regulated industry required. To include: Three years in a quality, regulatory, and/or auditing environment. Two years of supervisory experience. Additional Preferred Qualifications: Skills in performance or process improvement preferred. For consideration, please submit resume via e-mail by **05/11/2012** to: jobs@bloodsystems.org **ATTN: HR/2012/31**. We offer a competitive benefits package as well as relocation, matched 401(k), education assistance and much more! Pre-employment drug testing is required. Visit our website at: www.bloodsystems.org. EOE M/F/D/V

Center Manager. Community Blood Center of the Carolinas (CBCC) is seeking an experienced Manager to oversee our donation centers. CBCC is located in Charlotte, NC with additional collections sites in Gastonia, Concord, Monroe and Hickory, NC. A minimum of three to five years of supervisory experience in blood banking, plasma and/or medical environment working directly with FDA, CLIA and/or AABB is required. Prior experience writing SOPs; developing root-cause analysis and error management is required. Responsibilities also include the collection of whole blood, autologous, therapeutic and automated procedures. Phlebotomy experience or accredited class required. High school diploma/GED required; MT, MLT (ASCP), RN or LPN preferred. Varied schedule including weekends, plus on-call rotation. Our ideal candidate understands and demonstrates the principles of excellent customer service. Qualified candidates should email their resume and salary requirements to cbccteam@cbcc.us, resumes w/o salary requirements will not be considered. Drug Free Zone/EOE.

Leader, Biologics Training. OneBlood, Inc. a 501(c) 3 not-for-profit organization incorporated in the State of Florida providing blood and blood products to over 200 hospitals throughout Florida and the southern area of Alabama and Georgia. The organization is the result of the recent merger of three regional community blood centers: Community Blood Centers of Florida, Florida Blood Centers, and Florida Blood Services. OneBlood, Inc. is the third largest community blood center in the United States, with annual revenue over $300M, employing over 2,700 employees. Position reports to the Chief Medical Officer and manages all Biologics Training staff, including Instructors, Course Designers, Performance Assessors, Collections, Manufacturing, Distribution and Laboratory staff. Minimum of a bachelor's degree in psychology, adult education, human factors science, psychometrics or a related field. Master's degree preferred. Professional designations: Licensed RN, Medical Technologist, or SBB preferred but not required. This position is based out of St. Petersburg, Orlando, or Lauderhill. To review job requirements and to apply for this position please visit the careers section at www.oneblood.org. OneBlood is an Equal Opportunity Employer (AA/M/F/D/V) & Drug Free Work Place.

Reference Laboratory Supervisors. Bonfils Blood Center partners with the Colorado community to save and enhance lives through transfusion medicine excellence. Currently, Bonfils has opportunities for Reference Laboratory supervisors and Quality Assurance professionals. Reference Laboratory Supervisors require a MT(ASCP) and five or more years full-time blood banking experience. Thorough knowledge of immunohematology, Donor Center and Transfusion Service operations, current GMPs and regulatory/accreditation requirements is also necessary. You can find out more about these open positions and apply on our website at http://www.bonfils.org/index.cfm/about-us/employment/.

(continued on page 14)

POSITIONS (continued from page 13)

Reference Laboratory Technologist. Kentucky Blood Center, located in Lexington, Ky., is seeking a medical technologist to perform and interpret serological procedures on specimens submitted for compatibility testing or problem resolution. Will resolve typing problems, antibody problems, and crossmatch problems, and communicate with hospitals as needed. MT(ASCP) with minimum two years' recent blood bank experience, MT(ASCP)SBB preferred. Strong written and oral communication skills, a do-what-it-takes work ethic, and a team player attitude required. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org/. Drug-free and EOE/AAP

Manager, Transfusion Services. BloodCenter of Wisconsin has a leadership position that offers an opportunity to join a growing team! We seek an effective leader with excellent communication skills. We will depend on you to provide business and technical direction. You would be responsible for successful execution of business and strategic initiatives, managing the people and financial resources, and for ongoing and sustainable improvement in the areas of compliance, customer/employee satisfaction, and process control. The ideal candidate will have a bachelor's degree in Clinical Laboratory Science, be ASCP certified (or equivalent), at least five years of experience in transfusion service, and three years lab supervisory experience. Strong teambuilding and customer service skills are essential. Candidate must be detail oriented and have demonstrated ability to exercise initiative and independent judgment. We offer a competitive salary and excellent benefits. Apply online at www.bcw.edu/careers. We embrace and encourage diversity in our workforce. EEO/AAP

CALENDAR

Note to subscribers: *Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Norwood by e-mail* (mnorwood@americasblood.org) *or by fax to (202) 393-1282. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

2012

May 1-3. **Human Resources/Training & Development Workshop, America's Blood Centers, Sacramento, Calif.** Attendance restricted to ABC members and invited guests. Contact: Lolita Hampton. Phone: (202) 654-2913; fax: (202) 393-1282; e-mail: lhampton@americasblood.org.

May 9-14. **Conference Prion 2012, Amsterdam, the Netherlands.** The deadline for early registration is Jan. 1, 2012 and the deadline for normal registration is April 30, 2012. More information about the congress and registration is available at: www.prion2012.com.

May 15-16. **FDA Blood Products Advisory Committee Meeting, Gaithersburg, Md.** Contact: Bryan Emery of Rosanna Harvey, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD. Questions may be directed to (301) 827-1297.

May 23-24. **IPFA/PEI 19th International Workshop on "Surveillance and Screening of Blood Borne Pathogens."** To learn more visit: www.ipfa.nl. Contact: ipfa@sanquin.nl or m.mooijekind@sanquin.nl or +31 20 512-3561.

June 19-22. **Fund Development, Donor Recruitment and Communications Workshop, America's Blood Centers, Atlanta, Ga.** Attendance restricted to ABC members and invited guests. Contact: Abbey Nunes. Phone: (202) 654-2980; fax: (202) 393-1282; e-mail: anunes@americasblood.org.

July 7-14. **32nd International Congress of the ISBT, Cancun, Mexico.** Reduced registration rates end April 30, and the program is now available online. Abstract submission for the meeting is now open until Feb. 26, 2012. For more information visit: www.isbtweb.org/mexico/welcome.

Aug. 4. **Medical Directors Workshop, America's Blood Centers, Buffalo Niagara, N.Y.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Aug. 5-6. **Interim Meeting, America's Blood Centers, Buffalo Niagara, N.Y.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

(continued on page 15)

CALENDAR (continued from page 14)

Sept. 19-20. **IT/Benchmarking Workshop, America's Blood Centers, Fort Lauderdale, Fla.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 393-5725; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Oct. 6-9. **AABB Annual Meeting and CTTXPO, Boston, Mass.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx.