

2013 #7

February 22, 2013

INSIDE:

Our Space: Pathogen Reduction: Is the Path Forward Clearing?2

Experts Develop New Regional Blood Safety Strategy for PAHO.....5

ABC Members Share High School Recruitment Best Practices in SYPRRS e-Catalogue7

Canadian Study Challenges "30-Minute Rule".....8

Q&A with ABC's SMTQR Department.....10

ABC to Hold World Blood Donor Day Webinar11

BRIEFLY NOTED.....11

REGULATORY NEWS..12

GLOBAL NEWS12

INFECTIOUS DISEASE UPDATES12

MEMBER NEWS.....16

COMPANY NEWS16

MEETINGS17

CLASSIFIED ADVERTISING17

POSITIONS AVAILABLE17

CALENDAR.....18

ABC Members Head to Nation's Capital for 51st Annual Meeting

America's Blood Centers' members, along with regulatory, government, and healthcare professionals, will convene to learn and share experiences about blood banking and transfusion medicine at the Ritz-Carlton (Pentagon City) in Washington, D.C. from March 15-19. ABC members will also visit Capitol Hill to meet their representatives from Congress during ABC's Legislative Day to discuss the public policy objectives that are important to blood centers.

ABC's Annual Meeting provides ABC members and industry professionals with opportunities to learn from one another, share best practices, stay updated with advances in transfusion medicine, and of course – to network with fellow blood bankers and peers. This year, ABC, the Foundation for America's Blood Centers (FABC), and Global Healing will host the International Blood Safety Forum on March 15 before the Annual Meeting, which will focus on how to better match resources and specialists in the US with blood safety projects in the developing world.



The White House lit up after dark.

Some of this year's highlights include presentations from leaders in blood banking and transfusion medicine at the Scientific, Medical, and Technical (SMT) Forum, as well as the Blood Center Leadership Forum and FABC grant recipient presentations. Members will also vote on a slate of officer and board of director nominees (see *ABC Newsletter*, 2/15/13), and will attend the 16th Annual *Awards of Excellence* banquet. The Government Affairs Committee will meet on Sunday Morning.

“ABC’s Annual Meeting is a time when blood center leaders from North America and other parts of the world gather together,” said ABC President Dan Waxman, MD. “We not only discuss what challenges and opportunities we face today and in the future, but reflect on our collective accomplishments in the last year. Don’t miss the opportunity to be a part of the discussions and this exceptional annual event.”

(continued on page 3)



OUR SPACE

ABC Executive Vice President Louis Katz, MD

Pathogen Reduction: Is the Path Forward Clearing?

We will soon send members a survey developed to provide Cerus with an understanding of how their proposed INTERCEPT plasma system will fit the needs and capabilities of ABC, the hospitals and patients served. The more compelling reason we are cooperating with Cerus and will cooperate with others, is to give ABC members a heads-up on these developments and the lead time needed to understand their range of impacts. This is an array of technologies that raise important scientific, medical, operational, and ethical considerations for the blood community. To respond (conscientiously) to the current survey, you need to have CEOs, medical directors, chief financial officers, chief operating officers, technical directors, and your hospital-facing executives around a table asking hard questions, many of which have no consensus “right answer.”

From the contexts of current and future transfusion safety, what are you willing to “pay,” in the broadest sense of the word, for pathogen reduced (PR) frozen plasma? Maybe as interesting, at least from my standpoint as a recovering clinician, is what your hospital customers think about that question. Looking forward, will that answer vary for a PR platelet or RBC?

As far as where these products are now, Cerus and Terumo BCT have PR platelets and plasma in routine use in some facilities in the European Union (EU) blood community. Terumo BCT has just enrolled its first North American platelet recipient in the PREPAREs platelet trial. Both companies tell us that pathways to Food and Drug Administration approval are becoming clearer for PR platelets and plasma, as well as for RBC and whole blood systems. Octapharma is launching a solvent/detergent treated plasma in the US. Macopharma has distributed PR plasma in the EU and is developing a platelet system.

Your responses to the survey will touch on many aspects of your operations: the operational requirements to get plasma into your component laboratories, separated and treated within specified time frames; the mix of frozen plasma products you make from whole blood or apheresis; an assessment by your medical team of the value of PR for recognized transfusion-transmitted diseases vs. the “next agent;” and that same judgment made at your hospitals by clinicians, administrators, and patients.

Answer the survey carefully and completely. Cerus is making a good faith effort to engage potential customers in the design of their processes, and we expect Terumo BCT *et al* to do the same. The ABC staff is trying, in support of the members, to facilitate this effort.

lkatz@americasblood.org ♦

The *ABC Newsletter* (ISSN #1092-0412) is published 46 times a year by America’s Blood Centers® and distributed by e-mail. Contents and views expressed are not official statements of ABC or its Board of Directors. Copyright 2013 by America’s Blood Centers. Reproduction of the *ABC Newsletter* is forbidden unless permission is granted by the publisher. (ABC members need not obtain prior permission if proper credit is given.)

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

President: Dan A. Waxman, MD
 Chief Executive Officer: Jim MacPherson
 ABC Publications Editor: Betty Klinck
 Business Manager: Leslie Norwood
Annual Subscription Rate: \$390

Send subscription queries to
mnorwood@americasblood.org.

America’s Blood Centers
 725 15th St. NW, Suite 700, Washington, DC 20005
 Phone: (202) 393-5725

Send news tips to newsletter@americasblood.org.

ABC 51st Annual Meeting (continued from page 1)

International Blood Safety Forum. Before this year's Annual Meeting, ABC, the FABC, and Global Healing will hold its first-ever International Blood Safety Forum on Friday, March 15. Progress is being made around the world to reform outdated blood systems, improve clinical outcomes, and share modern, evidence-based knowledge between medical professionals. Global Healing is an American-based charity dedicated to promoting healthcare reform in areas of the world where modern medical healthcare is not available. Similarly, many ABC members participate in programs to improve the blood supply in the developing world. Global Healing and ABC members will discuss effective ways to collaborate with one another to assist developing countries.

SMT Forum. Following the ABC Members Meeting and presentations from the FABC grant award recipients on Sunday morning, the SMT Forum will update attendees on various scientific advances in transfusion medicine. In the blood center part of the forum, presenters will discuss the impact of fetal iron depletion on neurodevelopment, unique donor situations, and stem cell transplantation for hematologic malignancies. The transfusion service section of the forum will include discussions on the Age of Red Blood Cells in Premature Infants (ARIPI) study, blood management and cardiac surgery, and transfusion associated circulatory overload.

Keynote Speaker. This year's keynote speaker, Rich Umbdenstock, president and CEO of the American Hospital Association (AHA), will talk about what to expect as healthcare reforms begin taking effect (see *ABC Newsletter*, 9/14/12). Mr. Umbdenstock was elected AHA board chair in 2006 and has served as AHA president and CEO since 2007. AHA leads, represents, and serves more than 5,000 member hospitals, health systems, and other healthcare organizations, as well as 42,000 individual members. Mr. Umbdenstock's career experience includes hospital administration, health system governance and management and integration, association governance and management, HMO governance, and healthcare governance consulting.

Blood Center Leadership Forum. Monday morning will kick off the Blood Center Leadership Forum, which will further explore the concept of "cooperating to compete." This topic was discussed at last year's Interim Meeting in August and also at the Annual Meeting, when Kim Parker, president of the National Employers Association and executive vice president of the California Employers Association, explained why working together within an industry is important despite the competitive atmosphere (see *ABC Newsletter*, 3/9/12).

During this session, blood centers will share their experiences in cooperating with other centers, highlighting the importance of sharing best practices, information, and data. The forum will also focus on hospitals, including a healthcare reform update and a session on achieving better integrated care with hospitals. ABC members will also hear a legislative update from a special guest, Rep. Cheri Bustos (D-Ill.) of the House of Representatives (see page 4).

ABC Legislative Day. On Tuesday, March 19, ABC members will have the opportunity to meet with their representatives from Congress to discuss the blood community's public policy objectives. On the heels of an election year that saw Democrats slightly increase their numbers in both chambers of Congress, with Republicans maintaining control of the House, there are a few new faces on Capitol Hill and it is important that ABC members familiarize these representatives with the issues that are important to blood centers. ABC has been encouraging blood centers to schedule appointments with representatives in advance of Legislative Day. More information about scheduling these appointments is available in MCN 13-008 at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4140>. Questions can be directed to ABC's director of Government Relations, Robert Kapler, at rkapler@americasblood.org.

(continued on page 4)

ABC 51st Annual Meeting (continued from page 3)

Networking Events. ABC members will enjoy networking events throughout the annual meeting, beginning with the GSABC Member/Vendor Reception on Saturday evening. Guests will then be treated to the FABC Reception & Luck of the Draw Dart Tournament on Sunday evening at the Decatur House on Lafayette Square in Washington. In the spirit of St. Patrick's Day, the FABC will host a "Luck of the Draw" dart throwing contest and fundraiser in the courtyard of the venue. Guests will enjoy hors d'oeuvres and tours of Decatur House, a historic landmark nestled on Lafayette Square with views of the White House.

On Monday evening, ABC members, other guests, and award winners will gather in the hotel's ballroom for the 16th Annual *Awards of Excellence* banquet, which offers guests the opportunity to honor influential and supportive individuals and organizations in blood banking (see *ABC Newsletter*, 2/15/13).

Pre- and Post-Annual Meeting Events. Other meetings (by additional invitation only) include board meetings of: ABC, GSABC, BCx, the FABC, and AIM.

Attendees must register and reserve a hotel room by today, Feb. 22. More information about the meeting and the agenda can be viewed at <http://members.americasblood.org/go.cfm?do=Page.View&pid=32>. A link to register can be found in the event invitations e-mailed by ABC. If you did not receive an invitation or have other questions, please contact Lori Beaston at lbeaston@americasblood.org. ♦

Rep. Cheri Bustos to Speak at ABC Annual Meeting

Members of America's Blood Centers will get to know Rep. Cheri Bustos (D-Ill.) next month when the freshman congresswoman takes the podium during the ABC Annual Meeting.

At the Blood Center Leadership Forum on March 18, Rep. Bustos will give her perspective on health issues, including the implementation of the healthcare reform law; lay out her priorities during the 113th Congress; and talk about her unique personal story in the newspaper and healthcare fields.

Rep. Bustos was elected in November to represent the 17th District in northwest and central Illinois after a stint as a City Council alderman in East Moline, Ill.



During her tenure on the City Council, Rep. Bustos made her top priority economic development, which led her to her found and chair the East Moline Downtown Revitalization Committee. Dilapidated buildings in the city's downtown area were demolished to make room for vibrant new development, such as a community healthcare clinic.

She also served for 10 years in the healthcare field, first as senior director of Corporate Communications for Trinity Regional Health System in Rock Island, Ill., and then as vice president of Public Relations and Communications at Iowa Health System, the nation's fifth largest nondenominational, nonprofit health system.

But she spent the bulk of her career – 17 years – in print journalism, as a reporter and editor at the *Quad*

(continued on page 5)

Rep. Cheri Bustos at ABC Annual Meeting (continued from page 4)

City Times. During her newspaper career, she covered the police beat, city hall, investigations, and health, and oversaw the *Times*' education and business coverage.

Her interest in healthcare was spurred, in part, by the medical challenges of her sister-in-law, who died without health insurance despite the fact that her husband and her both worked full time. A few months later, Rep. Bustos' brother Danny died, leaving a wife and two daughters. Though he had a good job with health benefits, his health insurance wouldn't cover his treatment because he had cancer that required an experimental drug.

During a recent interview on PBS, Rep. Bustos said one of her priorities during her first term will be to forge bipartisan alliances. "I think the American people are crying out, not just for having their own representative in Congress, but for Congress as a whole to work together," she said. She added that she doesn't see Congress "as the enemy. I see it as a tool to be able to help people."

Rep. Bustos received a master's degree in journalism from the University of Illinois-Springfield and a Bachelor of Arts degree in political science from the University of Maryland. She credits the support of a great family with enabling her to run for Congress. Rep. Bustos is married and has three grown sons and two grandchildren. (Source: Website of Rep. Cheri Bustos, accessed 2/20/13) ♦

Experts Develop New Regional Blood Safety Strategy for PAHO

A group of blood services experts met last week in Washington, D.C. at the Pan American Health Organization (PAHO) headquarters for a four-day planning session to develop a new blood strategy and blood safety plan for the next five years. America's Blood Centers, represented by Miriam Bolaños, ABC's manager of Executive Services, and Nora Hirschler, MD, president and CEO of Blood Centers of the Pacific, was among the organizations invited to participate in the discussion.

PAHO is an international public health agency that provides technical cooperation and mobilizes partnerships to improve health and quality of life in the countries of the Americas. It also serves as the Regional Office for the Americas of the World Health Organization (WHO). As ABC continues working to develop ALAS (Alianza Latinoamericana de Sangre), a self-governed Latin American alliance for non-profit blood organizations, it is important for ABC and ALAS to be aligned with PAHO's blood safety plan (see *ABC Newsletter*, 12/21/12).

During the first day of the meeting, experts from other technical areas of PAHO provided a comprehensive vision of health and other services within the national health system. The other technical areas of PAHO that were



Attendees of the recent PAHO meeting: (bottom row, left to right) María Dolores Pérez-Rosales, regional advisor of Blood Services and Organ Transplants at PAHO; Elena Franco (Spain); Antonio Vera (Puerto Rico); Lundie Richards (Jamaica); (second row, left to right) Nora Hirschler (USA); Ana del Pozo (Argentina); Marcela Contreras (UK); Marcia Otani (Brazil); Miriam Bolaños (USA); (third row, left to right) Ashley J. Duits (Curacao); Marcela García (Colombia); and Mauricio Beltrán (Colombia).

(continued on page 6)

PAHO Regional Blood Safety Plan (continued from page 5)

represented included Area Health Systems based on Primary Health Care, Family and Community Health, Non-Communicable Diseases, Sustainable Development and Environment.

Presentations and discussions on the first day focused on revising the current context of blood services in Latin America and the Caribbean. The discussion covered topics such as, the supply of blood for transfusions, hemovigilance, and the organization of national blood systems in the countries of Latin America and the Caribbean.

The meeting attendees reviewed and revised the findings and recommendations from the evaluation of the previous Regional Blood Safety Plan 2006-2010. An assessment of the previous Blood Safety Plan was carried out in 2011 and was presented to the PAHO governing bodies in September 2011, when PAHO recommended the development of a new plan for the next five years.

The meeting participants also considered the assessments of blood services and the regulatory framework of the Andean countries, Central America, and the Dominican Republic. They also discussed the trends of Latin-American and Caribbean countries over the past five years in the PAHO/WHO External Evaluation of Performance in Serology and Immunohematology program. The group discussed experiences in these regions with regard to restructuring the national blood systems and availability and timely access to safe blood and blood components to prevent mortality. The participants agreed that reducing maternal mortality must be a priority because many women in these regions die during childbirth due to lack of blood. In Latin American and Caribbean countries, 23 percent of this mortality is associated with hemorrhage.

These discussions and others throughout the planning session contributed to the development of the first draft of the new Regional Strategy and Plan titled “Universal Access to Safe Blood, Regional Strategy, and Plan 2013-2018,” which will be focused on the following four main areas:

1. Strengthening political, social, and economic integration to ensure effective and sustainable blood services in national health systems;
2. Achieving adequate blood safety by promoting voluntary, repetitive, and unpaid blood donation;
3. Strengthening the national blood and blood services, including the practice of transfusion medicine, focusing on strengthening the quality; and
4. Strengthening health surveillance, monitoring, and evaluation of hemovigilance.

“The objective is to have universal access to blood and components for transfusion in Latin America and Caribbean countries, to contribute to the reduction of mortality and to the improvement of patient care by making safe blood available in a timely manner for all those patients who need it,” said María Dolores Pérez-Rosales, MD, PAHO’s regional advisor of Blood Services and Organ Transplants. “As we know, blood transfusion is an essential component of healthcare, which saves thousands of lives each year in the region. The need for universal, equitable, and timely access to safe blood is urgent. However, safe blood is not available to many patients requiring transfusion as part of their clinical management. Every country needs to meet its requirements for blood and blood products and ensure that blood suppliers are free from infections that can be transmitted through unsafe transfusion.”

Over the next few months, the first draft of the Regional Strategy and Plan will be reviewed by experts within PAHO’s various programs and other industry representatives. It will also be considered by those responsible for blood safety in the countries of the Americas, who are expected to provide their input for completion and subsequent validation. (Source: www.paho.org) ◆



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



Save the Date

America's Blood Centers'
Technical/Lab Directors & Quality Workshops

Atlanta, Georgia

May 7-9, 2013

Hosted by



Hotel Information

Rate: Single/Double \$159 per night plus tax.

Sheraton Atlanta Hotel

www.sheratonatlantahotel.com

Located centrally in downtown Atlanta. Visit local attractions such as Centennial Olympic Park, Georgia Aquarium, Piedmont Park/Botanical Gardens and Lenox Mall & Phipps Plaza.

2013 Workshop Schedule

Technical Director Topics: May 7

Joint Topics: May 8

Quality Topics: May 9

2013 Workshop Fees (early bird/regular)

2-day registration: \$375/\$425

3-day registration: \$440/\$490

Registration is now open! Contact Lori Beaston at lbeaston@americasblood.org for registration information. Please direct all workshop event and program inquiries to Leslie Norwood at mnorwood@americasblood.org.

For sponsorship opportunities, please contact Abbey Nunes at anunes@americasblood.org.

"LifeSouth Community Blood Centers is proud to be a part of this meeting which brings Quality and Technical professionals together. The workshop provides both educational updates and an opportunity for networking. The value of different perspectives enriches this event and provides a platform for the discussion of issues that cross common boundaries."

Nancy Eckert, CEO, LifeSouth Community Blood Centers



Atlanta's Hartsfield-Jackson International Airport is served by all major airlines, and serves as a hub for Delta and AirTran. Competition has reduced fares to ATL; check fares often as airfares drop closer to travel dates before they increase again.

ABC Members Share High School Recruitment Best Practices in SPYRRS e-Catalogue

Recruiting high school blood donors is a priority for many blood centers, as these young donors often make up a significant proportion of blood donations in the US during the school year. Since last year, ABC members have had a new way to share best practices, programs, and initiatives in the area of high school donor recruitment and school partnerships – through the School Partnerships and Youth Recruitment Resource Sharing (SPYRRS) e-Catalogue.

The SPYRRS e-Catalogue, launched in January 2012, was funded by the Foundation for America's Blood Centers (FABC), and was created by ABC's SPYRRS Task Force. The SPYRRS e-Catalogue is a repository of member initiatives, programs, and resources that have been successful locally and can be adapted and applied at other blood centers. By making a contribution to the e-Catalogue, member blood centers can then view submissions from other blood centers. Nearly 30 blood centers have now contributed to the e-Catalogue.

ABC formed the SPYRRS Task Force, comprised of ABC member blood center representatives, in January 2011, and sought to create a new tool that ABC could offer its membership to help improve high school recruitment and partnership programs. ABC offers other resources aimed at school-age students, such as the *My Blood, Your Blood* program, also funded by the FABC, which offers videos, lesson plans, class activities, and classroom posters to help educate elementary, middle, and high school students about the importance of blood donation.

After surveying the membership on their wants and needs in the areas of youth education and recruitment, ABC and the Task Force decided to create the e-Catalogue. "The surveys showed that the majority of blood centers indicated that they have materials that they spent a lot of their own time and resources to develop, and that they'd like a way to share these resources," said Steve Bolton, manager of Donor Recruitment at Gulf Coast Regional Blood Center, and a member of the SPYRRS Task Force.

In a time when blood centers are challenged with doing more for less, the SPYRRS e-Catalogue offers blood donor recruiters a chance to gain insights and learn about programs that have already been proven effective. "We are all working with limited resources [at blood centers]. And if we can just take advantage of what other people have already experimented with and what's worked for them, that helps us do better with our limited resources. It just spurs ideas, and one new idea can lead to so many others," said Mr. Bolton.

Chris Pilgrim, marketing manager at Community Blood Center of the Ozarks, said that his blood center has shared on the e-Catalogue its high school workshop program, which educates high school students and blood drive coordinators about blood donation. "Now, whenever we need a new high school initiative or we're looking for a new idea, we revert back to the e-Catalogue," said Mr. Pilgrim, who was also on the SPYRRS Task Force.

Sharing best practices among blood centers is important, because "when people reinvent the wheel, it's time consuming and there's just no reason for it," said Deanna Renaud, head recruiter of Community Blood Bank of Northwest Pennsylvania. She also noted that the SPYRRS e-Catalogue is a great way to learn from fellow blood center colleagues without having to spend money to travel and attend a networking event.

"In the year since the e-Catalogue was launched, many blood centers have submitted and shared best

(continued on page 8)

SPYRRS e-Catalogue (continued from page 7)

practices,” said Abbey Nunes, ABC’s manager of Member Services. “However, the key to the success of this program is the continuation of sharing. With an e-Catalogue of ever-growing and updated programs, our community blood centers will be armed with a plethora of resources that have already been developed and proven as successful to implement within their own communities.”

The FABC funds programs and initiatives facilitated by ABC member blood centers that improve the availability and safety of the blood supply, and resource-sharing is a major component of all FABC-grant projects. Each grant program is designed so that it can be shared among the ABC member blood centers and adapted to fit each blood center’s needs.

“The FABC recognizes the importance of sharing programs and best practices as to ensure that each ABC member blood center is using its resources to the fullest and not wasting time by duplicating resources,” said the FABC’s director of Fund Development, Jodi Zand. “The SPYRRS e-Catalogue is a wonderful tool because it encourages the type of resource-sharing that the FABC seeks to foster among ABC members. I hope that the ABC blood centers continue contributing to and learning from the e-Catalogue.”

The SPYRRS e-Catalogue is just one of the many projects funded by the FABC for the benefit of ABC members. To learn more about the FABC’s initiatives and projects, please visit www.thefabc.org.

ABC members can make submissions and access the SPYRRS e-Catalogue at <http://members.americasblood.org/go.cfm?do=Page.View&pid=168>. Additional questions can be directed to Abbey Nunes at anunes@americasblood.org. ♦

Canadian Study Challenges “30-Minute Rule”

The findings of a study published in the Feb. 9 *Vox Sanguinis* by Canadian Blood Services challenge the “30-minute rule,” which dictates that blood services discard red blood cells (RBCs) after exposure to uncontrolled temperatures for more than 30 minutes. The results suggest increasing room temperature (RT) exposure from 30 to 60 minutes does not pose an increased risk of bacterial contamination of RBCs.

Background. Blood centers began implementing the 30-minute rule following studies by Pick and Fabijanic in the early 1970s showing that whole blood units exposed to RT reached a core temperature of 10°C within 40-60 minutes, and that temperatures close to 10°C had deleterious effects on RBC quality. These studies however, were conducted in whole blood units stored in conditions that do not reflect current practices. The investigators studied whether multiple RT exposures of RBCs processed in contemporary systems and conditions would allow bacterial growth.

In England, more than 9,000 RBC units were disposed of between 2008 and 2009 due to excursions outside the required temperature, and more than 450 RBC units were discarded in Canada in 2009 due to the 30-minute rule. RBCs are not screened for bacterial contamination, and rare reports of serious reactions caused by bacterially contaminated RBC units make it important to understand the effect of warming RBC units on bacterial growth.

Methods. Blood was collected in CPD Macopharma top and bottom sets, stored for up to 24 hours at 20-

(continued on page 9)

Challenging the 30-Minute Rule (continued from page 8)

24°C and SAGM leukoreduced RBCs were made. They were inoculated with about 1 CFU/ml of *Serratia marcescens*, *Yersinia enterocolitica*, *Escherichia coli* or, *Staphylococcus epidermidis*. Control units remained in storage, while test units were exposed to RT for six 30-minute or three 60-minute intervals. Bacterial concentrations and endotoxin levels were determined after each exposure and at 42 days of storage. RBC core temperature and RT were monitored in uninoculated units stored under the same conditions.

Results. The RBC core temperature reached $10.7 \pm 0.4^\circ\text{C}$ and $14.2 \pm 0.2^\circ\text{C}$ during 30- and 60-minute exposures, respectively. *S. epidermidis* and *E. coli* did not grow in either control or RT exposed RBCs. *Y. enterocolitica* concentration and endotoxin levels were similar in both control and test units. *S. marcescens* concentration and endotoxin levels were higher in RT exposed units. No differences were observed between RBCs exposed for 30 minutes vs. 60 minutes.

Conclusions. The researchers write that “the growth of mesophilic and psychrophilic fast-growing bacteria is not effected by RT exposure, and that there is no differential growth between psychrophilic pathogenic bacteria in RBC units exposed for 30 or 60 minutes.” Based upon these findings, they propose that an extension of the 30-minute rule to 60 minutes is reasonable. The authors suggest that regulators carefully consider the proposed extension as it would “allow for minimizing RBC discards without compromising the quality or safety of RBC units for transfusion.”

Citation: Ramirez-Acros S, *et al.* Bacterial growth in red blood cell units exposed to uncontrolled temperatures: challenging the 30-minute rule. *Vox Sang.* 2013 Feb 9. [Epub ahead of print] ♠



REGISTRATION NOW OPEN

America's Blood Centers'
51st Annual Meeting
March 15-19, 2013 - Washington, DC
Ritz Carlton (Pentagon City)

2013 Annual Meeting Schedule

Friday, March 15:

International Blood Safety Forum

Saturday, March 16:

GSABC Members Meeting (members only)

GSABC Member/Vendor Reception

Hospitality/Networking

Sunday, March 17:

ABC Members Meeting (members only)

Scientific, Medical and Technical Forum

The Foundation for America's Blood Centers' Reception

Hospitality/Networking

Monday, March 18:

Blood Center Leadership Forum

ABC Awards of Excellence Reception and Banquet

Hospitality/Networking

Tuesday, March 19:

Legislative Session and Capitol Hill Visits

“ABC's Annual Meeting is a time when blood center leaders from North America and other parts of the world gather together. We not only discuss what challenges and opportunities we face today and in the future, but reflect on our collective accomplishments in the last year. Register now, and don't miss the opportunity to be a part of the discussions and this exceptional annual event.”

– Dan Waxman, President
America's Blood Centers

Register and reserve hotel by February 22.

Meeting Fees

International Blood Safety Forum: \$250

ABC Annual Meeting: \$695

For ABC member registration information, go to http://bit.ly/ABC_AM_13.

Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for invitation and registration fees and information.

Sponsorship opportunities available.

Contact Abbey Nunes at anunes@americasblood.org for details.



Q&A with ABC's *SMTQR* Department

America's Blood Centers' Staff Answers your Questions

America's Blood Centers recently conducted its SEQualS assessment, a customer service survey that solicits feedback from member blood centers on ABC's activities. Through this assessment, members were able to pose questions to the ABC staff. Each ABC department will respond to these questions through this weekly Q&A column in the Newsletter.

Q: What resources are available to help blood centers develop emergency preparedness policies?

A: Whether it's a hurricane or the sudden destruction of a massive tornado, every disaster is different, but the key to successfully surviving a disaster is planning. Disaster plans should be reviewed at least annually, as new lessons are learned from events and exercises that have occurred during the previous year. Contact names and information change and telephone numbers of critical services should be verified. We recommend that you aside some time each year to update your plans accordingly.

ABC maintains a disaster preparedness page on its Member Website (located at <http://members.americasblood.org/go.cfm?do=Page.View&pid=6>) with links to resources for your use. These links are reviewed and updated periodically to ensure they are current. Key contact information for ABC, Blood Centers of America (BCA), and the AABB Disaster Task Force can be found on this page. ABC and BCA work hand-in-hand during disasters to assist our members with responding to crises in a productive manner. To ensure our ability to assist you, it is imperative that we have our blood centers' current contact information. At least annually, members should update their contact information on file on the BCA website.

The Missouri Hospital Association (MHA) has also published an excellent "lessons learned" summary from their experiences during the multiple disasters of 2011, the most devastating being the Joplin Tornado: *Preparedness and Partnership: Lessons Learned From the Missouri Disasters of 2011* (available at <http://bit.ly/12WKxEm>). The most important lesson that MHA took away is that planning is essential, and while planning won't provide "exact response instructions, ... it does provide staff the critical thinking skills needed to anticipate and respond to a disaster." Another key lesson identified in the MHA document is, "Emergency preparedness planning must not be an exclusive process; all employees and medical staff must know and understand the emergency operations plan. Further, regional and state coordination are essential — know your partners. Plan and exercise together."

An article published on Dec. 13, 2012 in the *New England Journal of Medicine* focuses on a more recent disaster, Hurricane Sandy (www.nejm.org/doi/full/10.1056/NEJMp1213486). It describes the challenges faced by many New York City hospitals that struggled with failing fuel pumps for the generators during the power outages. This situation highlights the need for healthcare professionals to be involved in disaster planning, and to learn from past disasters as we move forward. "It's essential, for instance, to consider the healthcare delivery system and the public health infrastructure as an integrated whole in planning for, responding to, or recovering from large-scale disasters. And details matter. Safe placement of backup electrical generators is insufficient if resiliency of fuel supply is inadequate," write the authors. 💧

Reminder: Deadline Approaching to Submit Abstracts for ISBT Congress

ISBT recently sent a reminder that the deadline is approaching to submit abstracts for the 23rd Regional Congress of the ISBT in Amsterdam, the Netherlands from June 2-5. The deadline to submit abstracts for this conference is Sunday, March 3. To submit an abstract or for more information, visit <http://bit.ly/YLMEn7>.



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

INSIDE ABC

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

ABC to Hold World Blood Donor Day Webinar

America's Blood Centers announced that it will hold a "World Blood Donor Day 2013" webinar on Wednesday, Feb. 27 at 2 p.m. EST. This webinar will provide an introduction and overview of the long-standing partnership between ABC's member blood centers and Nexcare for the *give* program.

On June 14, blood services around the world hold events to raise awareness of the need for safe blood and blood products and to thank voluntary unpaid blood donors for their life-saving gifts of blood. Through the *give* campaign, established in 2009, Nexcare provides free limited edition *give* bandages for ABC member blood centers to give to donors as a message of inspiration and gratitude.

ABC members are encouraged to attend the webinar, especially those that have not participated in the *give* program before. Webinar login details are available in MCN 13-026 at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4172>. Questions or concerns may be directed to Abbey Nunes at anunes@americasblood.org. ♦

BRIEFLY NOTED

A case report from Diana Wouters *et al*, of the Sanquin Research and Landsteiner Laboratory in the Academic Medical Center at the University of Amsterdam published in *Blood* on Feb. 14, found that C1-esterase inhibitor (C1-INH) concentrate may have rescued red blood cells (RBCs) from complement-mediated destruction in a patient with autoimmune hemolytic anemia (AIHA). In AIHA, antibody-mediated complement activation results in C3 deposition on RBCs and possibly the formation of the membrane attack complex causing intravascular hemolysis. Recovery and survival of transfused RBCs are inadequate because antibodies and complement react with donor cells. The researchers tested the hypothesis that because C1-INH is an inhibitor of the classic complement pathway, it may improve the recovery of RBC in AIHA patients. They investigated whether C1-INH can enhance the efficacy of RBC transfusions, and report the case of a 64-year-old female suffering from a diffuse large B-cell non-Hodgkin lymphoma with AIHA and intravascular hemolysis from warm IgM autoantibodies. The direct antiglobulin test (DAT) for complement C3d was strongly positive. Despite standard treatment with corticosteroids, her anemia worsened and she was given three RBC units with poor recovery. C1-INH was given to enhance the efficacy of RBC transfusion. DAT for C3d and lactate dehydrogenase levels showed that C1-INH administration attenuated both complement deposition on RBCs and hemolysis. Also, the RBC transfusion was improved compared with the first transfusions. In further short-term observations, there were no signs of hemolysis and the patient's hemoglobin levels stabilized. The analysis is somewhat confounded by the use of vincristine and rituximab (an anti-B-cell antibody) in addition to C1-INH. The researchers conducted *in vitro* experiments confirming the previous findings. "In conclusion, our results show that C1-INH has potential as an effective and safe therapy to control complement-induced RBC destruction in AIHA patients," write the authors. A C1-INH very similar to that used in this report is licensed in the US for the treatment of hereditary angioedema.

Citation. Wouters D, *et al*. C1-esterase inhibitor concentrate rescues erythrocytes from complement-mediated destruction in autoimmune hemolytic anemia. *Blood*. 2013. Feb 14;12(7):1242-4. ♦

REGULATORY NEWS

The Centers for Disease Control and Prevention has released version 2.0 of the protocol for the National Healthcare Safety Network's Hemovigilance Module. The agency announced that as a result of the feedback it received from system users, it has simplified the module's reporting requirements. As of January 2013, users are required to report incidents related to adverse reactions; comprehensive incident reporting is no longer required. All adverse reaction case definition criteria tables have been revised for easier use and some case definitions and imputability criteria have been modified. The updated protocol can be viewed at www.cdc.gov/nhsn/PDFs/Biovigilance/BV-HV-protocol-current.pdf. More information about the CDC's National Healthcare Safety Network is available at www.cdc.gov/nhsn/index.html. (Source: AABB Weekly Report, 2/15/13) ♦

GLOBAL NEWS

About 40 Cambodian and US military medics recently concluded a three-day seminar on advanced blood safety, according to a press release from the US Embassy in Cambodia. Personnel from the Ministry of Health National Blood Transfusion Center (NBTC), the Ministry of National Defense Health Department, the Laos National Blood Transfusion Center, the US Centers for Disease Control and Prevention, and the US Pacific Command Surgeon's Office completed the seminar on Jan. 31. The three-day seminar focused on providing a safer blood supply for patients in the region. Throughout the seminar, US and Cambodian experts gave presentations covering topics including blood collection and storage, as well as patient transfusion and follow-up care. The Cambodian medical professionals who took part in the training gained valuable skills in providing a safer blood supply for the people of Cambodia, said the release. (Source: US Embassy in Cambodia press release, 1/30/13) ♦

INFECTIOUS DISEASE UPDATES

CHAGAS DISEASE

A group of health economists recently estimated that Chagas disease costs the world about \$7 billion annually. The study, conducted by Bruce Y. Lee, MD, and colleagues at the University of Pittsburgh, was published on Feb. 8 in *The Lancet*. Chagas disease is endemic in certain areas of Latin America, however, the disease continues to expand beyond its traditional range of tropical and subtropical zones into regions including the southern US and Europe. The researchers sought to estimate the global and regional health burden of Chagas disease from the societal perspective. They made these estimates based on computer models for how much it costs to treat Chagas and losses incurred when sick people cannot work or die prematurely. They calculated that the average infected individual incurs \$474 in healthcare costs annually. More than 10 percent of these costs emanate from the US and Canada, where Chagas disease has not been traditionally endemic. The researchers write that the economic burden of Chagas disease, as estimated by their analysis, is similar to or exceeds those of other prominent diseases globally (e.g. rotavirus: \$2 billion, cervical cancer: \$4.7 billion) even in the US, where Chagas disease has not been traditionally endemic. This suggests an economic argument for more attention and efforts toward controlling Chagas disease, said the authors.

Citation: Lee BY, *et al.* Global economic burden of Chagas disease: a computational simulation model. *Lancet Infect Dis.* 2013 Feb. 7. [Epub ahead of print]

INFECTIOUS DISEASE UPDATES (continued on page 13)

INFECTIOUS DISEASE UPDATES (continued from page 12)**INFLUENZA**

The Centers for Disease Control and Prevention reported in the Feb. 22 *Morbidity and Mortality Weekly Report* (MMWR) that flu activity continued to decrease in many areas of the US during the week ending Feb. 9. For that week, CDC reported that 11 states and New York City experienced high flu activity, 10 states experienced moderate activity, 13 states and the District of Columbia experienced low activity, and 16 states experienced minimal activity. The flu continued to hit older people hard, with more than 50 percent of hospitalizations involving adults 65 years and older. Sixty-four children have died from the flu this season, with five deaths reported last week, said CDC. The predominant strain of circulating flu this season continues to be influenza A H3N2, which typically poses bigger problems for very young children and the elderly, according to CDC. But the predominant strains can vary across states and regions of the country. CDC officials note that the best defense against the flu remains the flu vaccine and that it's not too late to get vaccinated. CDC estimates that the flu vaccine's efficacy is 62 percent. The MMWR is available at <http://1.usa.gov/YJHkAJ>. (Source: CDC MMWR, 2/22/13)

NOVEL CORONAVIRUS

The European Center for Disease Prevention and Control (ECDC) published on Feb. 19 a Rapid Risk Assessment of severe respiratory disease associated with a novel Coronavirus. As of Feb. 16, 12 confirmed cases of respiratory illness caused by a novel Coronavirus (novel-CoV) have been reported to the World Health Organization (WHO). Six of these cases have been fatal and two others remain very ill. Onset of the disease was between April 2012 and February 2013. Three new cases in the UK have been diagnosed in the last ten days. The first was acquired in the Middle East and appears to have been transmitted in the UK to the second and third cases, although the route is still under investigation by UK authorities. Human-to-human transmission may have also occurred in the Middle East. However, no sustained transmission or expanding clusters of infection have been identified in any country. Close follow-up of approximately 200 healthcare workers, family, and other contacts of cases in Europe and the Middle East have not found other instances of human-to-human transmission. This very limited evidence of human-to-human transmission distinguishes this virus from the SARS Coronavirus that emerged in 2003, spread worldwide and provoked the urgent implementation of geographic donor deferrals in the US and elsewhere at that time. ECDC recommends that health professionals receiving medical evacuated patients from the Arabian Peninsula and neighboring countries with any infectious respiratory condition should be vigilant about infection with novel-CoV. The Rapid Risk Assessment does not indicate that this novel-CoV poses any threat to the blood supply. The Emerging Infections working group of AABB Transfusion-Transmitted Diseases Committee is following new information on novel-CoV with interest. The Risk Assessment is available at <http://bit.ly/11YdW1i>. (Source: ECDC Rapid Risk Assessment, 2/16/13.)

HIV

The US Preventive Services Task Force (USPSTF) is poised to release new recommendations on screening for HIV that will endorse the routine testing of all adolescents and adults ages 15 to 65, marking an important milestone in the prevention and treatment of HIV. Two commentaries published on Feb. 20 in the *New England Journal of Medicine* (NEJM) highlight the importance of the updated recommendations. In 2005, the USPSTF made recommendations to screen all adolescents and adults at increased risk and all pregnant women, however, no recommendations were made regarding testing in that same population of those not at risk. These updated recommendations will cause HIV

(continued on page 14)

INFECTIOUS DISEASE UPDATES (continued on page 13)

testing to become routine for Americans, and perhaps more importantly, will be viewed this way by clinicians, because the recommendations ensure that doctors will be reimbursed for the HIV test. Though the Centers for Disease Control and Prevention endorsed routine screening in 2006, many doctors still could not be reimbursed for it because HIV tests did not yet have a USPSTF “A” rating. The Affordable Care Act mandates that all public and private health plans provide coverage for USPSTF-recommended preventive services without patient copayments. Since the original 2005 recommendations, new studies have shown that antiretroviral therapy can reduce transmission by HIV-infected persons and that earlier initiation of such therapy can significantly reduce the morbidity and mortality and improve quality of life. The USPSTF now joins CDC, the American College of Physicians, the Infectious Diseases Society of America, and the American Congress of Obstetricians and Gynecologists – all of which have made recommendations for HIV screening in the general population. Approximately 56,000 people in the US become infected with HIV each year, it is widely accepted that about 20 to 25 percent of the estimated 1.1 million Americans living with HIV are unaware of their status. Providing wider access to HIV screening should allow HIV-infected individuals to begin treatment earlier and prevent new infections. Erika G. Martin, PhD, and Bruce R. Schackman, PhD, note in their NEJM commentary note that while most HIV-infected patients should be better off with routine testing, some will continue to fall through insurance-coverage cracks in seeking treatment. Ronald Bayer, PhD, and Gerald M. Oppenheimer, PhD, write that it remains to be seen whether routine screening provided at no cost to patients will substantially alter the persistent inability to identify 20 to 25 percent of Americans with HIV infection. “The USPSTF’s recommendations say almost as much about society’s ability to move beyond the stigmas attached to HIV and AIDS and toward control, as they do about our understanding of the optimal way to test in furtherance of the objective of stemming the epidemic,” said Louis Katz, MD, ABC’s executive vice president, an HIV clinician since the beginning of the epidemic.

Citations: Bayer R, Oppenheimer GM. Routine HIV testing, public health, and the USPSTF – An End to the Debate. *N Engl J Med.* 2013 Feb 20.

Martin EG, Schackman BR, *et al.* Updating the HIV-testing guidelines – A modest change with major consequences. *N Engl J Med.* 2013 Feb 20.

MALARIA

Drugs made by engineered yeast may offer another source of treatment for people with malaria, but some are concerned that this may disrupt the already volatile market for this type of drug, reported *Nature News.* Seven years ago, Jay Keasling, PhD, a biochemical engineer at the University of California, Berkeley, and a team of researchers genetically engineered yeast to produce artemisinic acid, a precursor to the best malaria treatments available: artemisinin-based combination therapies (ACTs). The hope was to produce the drug more cheaply and reliably than natural sources. In 2008, Sanofi licensed the yeast, and at an artemisinin conference in Nairobi last month, Dr. Keasling learned that the company had produced almost 39 tons of artemisinic acid – the first industrial-scale deployment of synthetic biology for drug production. The stock should make at least 40 million treatments. This approach, however, faces some difficulties. This year one of the main sources of funding for ACTs will come to an end, the Affordable Medicines Facility – Malaria program, run by the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Also, if Sanofi’s product is rushed into pharmacies at similar prices to existing products, it could disrupt an already volatile market. “If it’s brought in too fast it could create huge shortages, because people will stop producing the natural stuff,” says Malcolm Cutler, technical adviser to the Assured Artemisinin Supply System initiative, which organized the Nairobi conference. Until now, the

(continued on page 15)

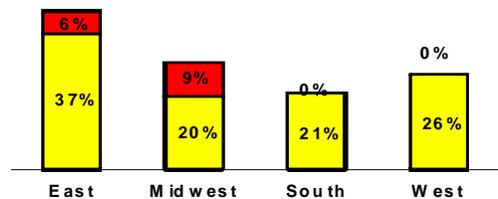
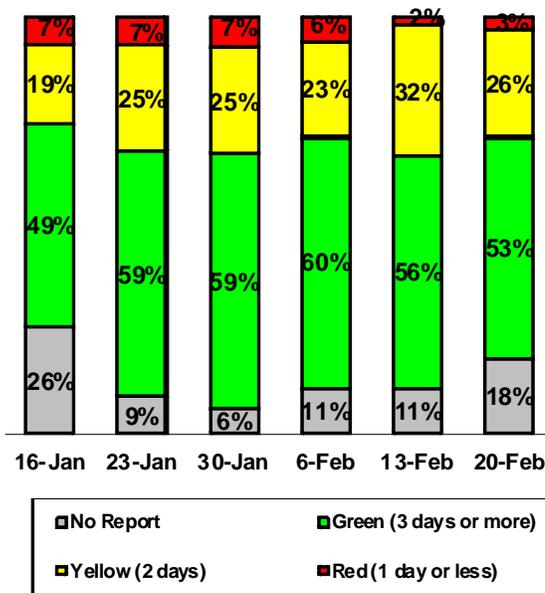
INFECTIOUS DISEASE UPDATES (continued from page 14)

sweet wormwood plant, *Artemisia annua*, has been the only source of artemisinin. Since 2005, when ACTs became the preferred treatment of the World Health Organization, governments and health policy-makers have encouraged farmers in China, Vietnam, and elsewhere to grow *A. annua* to meet rising demand. However, dependence on erratic donor funding, along with a production cycle that can take a year and a half from planting to drug production, has made it difficult to manage that supply. Yeast make ACT production faster and more manageable. Although the semi-synthetic version of ACTs is likely to be much cheaper, Sanofi’s announcement at the Nairobi meeting that it plans to produce 60 tons of the compound in 2014 alarmed *A. annua* growers and extractors, who said that the new supply could take more than one-third of their market. Dr. Keasing believes that all drugs like ACT should be made using a semi-synthetic process, but he agrees with others who feel that gradual introduction is necessary to avoid driving conventional producers out of business. The *Nature News* article is available at <http://bit.ly/XB0Bap>. (Source: *Nature News*, 2/13/13) ♦

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

Total ABC Red Cell Inventory

Percent of Regional Inventory at 2 Days Supply or Less, February 20, 2013



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

MEMBER NEWS

Lifeblood recently held its 4th Annual Awards Luncheon to honor organizations, corporations, and individuals for their voluntary efforts in 2012 to promote and support blood donation in the community. Winners in the Group of the Year categories were, Corporate: International Paper; Education: Concorde Career College; Faith-based: Temple Israel; Government: MLGW North Service Center; and Healthcare: Baptist Memorial Hospital (Memphis). Other winners included Newcomer of the Year: University of Memphis; Richard “Dick” Benson Community Service award: Bob Bryant of Johnson & Johnson Health Care Systems; Lifesaver of the Year: Baptist Memorial Health Care Corporation; and Volunteer of the Year: Norma Oliver of Brown Missionary Baptist Church. “Our volunteers are vital to ensuring a stable blood supply is available at all times for trauma centers, hospitals and, individuals in need,” said Susan Berry-Buckley, Lifeblood CEO. “And so we celebrate them today for their efforts to support Lifeblood and their fellow community members.” The awards luncheon kicked off with a keynote address by Karen Carter, a national spokesperson for ABC’s Conversations About Life speakers bureau whose life was forever changed when her daughter was diagnosed with a rare form of cancer, which caused her to rely on blood donations from her community. The event was emceed by WREG Channel 2 weatherman and blood donation advocate Todd Demers and included an invocation by Father Carl Hood of St. Therese Little Flower. (Source: Lifeblood press release, 2/14/13) ♠



Lifeblood's Volunteer of the Year Award went to Norma Oliver, a two-gallon donor and coordinator of blood drives at Brown Missionary Baptist Church for the past four years.

COMPANY NEWS

Terumo BCT announced on Feb. 12 that it has enrolled the first patient in its ongoing PREPAREs (Pathogen Reduction Evaluation & Predictive Analytical Rating Score study) trial. Sponsored by the Sanquin Blood Supply Foundation, Netherlands, this international study is designed to compare standard to pathogen reduced platelets for prophylaxis of bleeding in thrombocytopenic patients. PREPAREs is a non-inferiority, single-blinded study comparing the clinical efficacy of Mirasol-pathogen-reduced platelet concentrates with standard platelet concentrates using clinically relevant end points. The Mirasol system uses a combination of riboflavin and ultraviolet light to inactivate viruses, bacteria, parasites, and white blood cells that might be present in the collected blood products. It is estimated to complete enrollment by late 2013 or early 2014. “Canadian Blood Services is very pleased that this trial is under way. We look forward to the day that pathogen reduction technologies for treatment of cellular blood products are available for use in Canada. This trial is a first step toward licensure of this technology in Canada,” said Dana Devine, vice president of Medical, Scientific, and Research Affairs at Canadian Blood Services. (Source: Terumo BCT press release, 2/12/13)

Immucor reported this week that it has resolved the Capture-P Indicator Red Cell (product code 0066240) backorder reported in a notification to customers on Jan. 17. Immucor also noted that it has completed the manufacturing investigation and has identified and implemented modifications to production to optimize product performance. All backorders will be filled during the weeks of Feb. 18 and 25. (Source: Immucor customer letter, 2/19/13) ♠

MEETINGS

March 14 **FDA Transmissible Spongiform Encephalopathies Advisory Committee Meeting, Rockville, Md.**

The Food and Drug Administration has announced an upcoming meeting of the Transmissible Spongiform Encephalopathies Advisory Committee on March 14 from 8 a.m. to 4 p.m. in Rockville, Md. The committee will meet to discuss FDA's draft risk assessment model for potential exposure to variant Creutzfeldt-Jakob disease (vCJD) agent in red blood cells for transfusion in the US. More information is available at www.gpo.gov/fdsys/pkg/FR-2013-02-15/html/2013-03577.htm. ♦

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. 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: lnorwood@americasblood.org.

POSITIONS AVAILABLE:

Director, Quality Assurance (Virginia Blood Services). The Quality Assurance Director is responsible for assuring compliance to the ITxM Quality Plan and regulatory compliance for the Virginia region. Assist in the development and implementation of changes within the quality unit. Leads Quality Assurance meetings. Provide quality presence for operational changes. Standardize quality assurance processes between Pittsburgh, Chicago and Virginia. Assist and monitor the annual review of SOPs. Supervise staff. Bachelor of Science or Arts is required with a Master's Degree highly desirable. ASQ certification also highly desirable. Ten plus years progressive experience required with five years in a QA role in an FDA/cGMP regulated environment essential. Experience in a Blood Center setting is highly preferred. Progressive supervisory experience is required. Interested candidates can read a complete job description and apply on line at www.vablood.org. Virginia Blood Services is an equal opportunity and affirmative action employer.

Director of Donor Services. Michigan Blood, a growing and healthy organization, is looking for a dynamic person to join our management team and lead our statewide donor services efforts and staff. This position will oversee a department with 170+employees and responsibilities include staffing, training, performance management, financial management and continuous process improvement. The ideal candidate will demonstrate remarkable leadership, customer and technical services so that the donor's life-saving donation can best meet all of our hospital partner demands. Previous senior management experience is required. We offer a

competitive salary and an exceptional benefit plan. If you want to be part of a growing organization and make a life-saving difference, please apply via our website: www.miblood.org.

Laboratory Technician #611/Laboratory Technologist #612. Inland Northwest Blood Center, located in the beautiful Pacific Northwest, is seeking a full-time Laboratory Technician or Laboratory Technologist to join our committed team of professionals in performing serologic investigations and routine/emergency immunohematology. Position is scheduled night shift (11:00 pm – 7:30 am). Experience in laboratory work/blood banking desirable; ability to lift up to 25 pounds frequently/up to 50 pounds occasionally; and Laboratory Technician: *MLT(ASCP) or equivalent training and licensure; Laboratory Technologist: Bachelors of Science degree and certification as *MT (ASCP) or equivalent. *Current students of an accredited program who will obtain licensure within six months may also apply. Complete position description available upon request (800) 423-0151, Ext. 4247. Competitive compensation/benefits package; applicants must send/fax a completed INBC Application Attn: Human Resources, INBC, 210 W Cataldo Ave, Spokane WA 99201; FAX (509) 232-4530; position open until filled. Applications are available on our website at www.inbcasaves.org. EEO/AA

POSITIONS (continued on page 18)

POSITIONS (continued from page 17)

Director of Business Development. The Blood and Tissue Center of Central Texas, located in Austin, Texas is seeking an experienced professional to create strategies and seek out business prospects that will maximize the Center's core and emerging ancillary services to existing and new accounts in the Central Texas market. These services include, but are not limited to, Cellular Therapy, Therapeutic Apheresis, Research, Cellular Testing, and Cross Match/Reference Lab opportunities. This position will develop relationships with senior management of potential and current client organizations; provide excellent customer service to strengthen and promote community partnerships while upholding our mission. Qualified candidates must effectively communicate with various audience types and staff levels, including scientific audiences. College degree in a relevant discipline is required – medical technology or scientific discipline preferred. Ten years of management in a healthcare and/or blood banking environment highly desired. Previous experience in business development, project management, sales, clinical research, cellular therapy and/or hospital blood bank, laboratory or therapeutic service strongly preferred. Please visit www.inyourhands.org to apply.

Medical Technologist. The Blood and Tissue Center of Central Texas, located in Austin, is seeking a Medical Technologist to perform all patient testing functions and donor processing. This includes, but is not limited to, 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 the laboratory 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. Bachelor of Science in Medical Technology, or equivalent, as well as ASCP or NCA certification as a Medical Technologist (MT) or Blood Bank Technologist (BB) is required. AS and certification as MLT or BB will also be considered. Must be able to work/rotate through on-call schedule – extended on-call hours may be required. Familiarity with cGMP, AABB and FDA regulations is desired. Please visit www.inyourhands.org to apply. ♦

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) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2013

Feb. 25-26. **AdvaMed 510(k) Submission Workshop, Arlington, VA.** More information and registration links can be accessed at www.advamedmtli.org/go.cfm?do=Wercs.Show&wid=193.

Mar. 5-6. **International Plasma Protein Congress, Dublin, Ireland.** More information is available at www.ippc.net/.

Mar. 16-19. **Annual Meeting, America's Blood Centers, Washington, DC.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Mar. 20-22. **BBCS' Annual User Group Meeting, Seattle, WA.** More information and online registration are available at <http://conta.cc/11ksK8J>.

April 18-21. **South Central Association of Blood Banks 2013 Annual Meeting, Baton Rouge, LA.** For more information please visit <http://scabb.org/annual-meeting/general-information/>.

April 21-22. **2013 Advanced Immunohematology & Molecular Symposium (AIMS), Baton Rouge, LA.** For more information please visit <http://scabb.org/scabb-education-events/aim-symposium/>.

April 23-24. **IPFA/PEI 20th International Workshop on "Surveillance and Screening of Blood Borne Pathogens," Helsinki, Finland.** Visit www.ipfa.nl/events/ipfa-pei-workshop-2013-20th-anniversary for more information and registration details.

May 7-9. **Technical/Lab Directors & Quality Workshop, America's Blood Centers, Atlanta, Ga.** Attendance restricted to ABC members and invited guests. Contact: Leslie Norwood. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: mnorwood@americasblood.org.

CALENDAR (continued on page 19)

CALENDAR (continued from page 18)

June 2-5. **23rd Regional Congress of the ISBT, Amsterdam, The Netherlands.** For more information please visit www.isbtweb.org/amsterdam.

June 18-21. **Fund Development, Donor Recruitment and Communications Workshop, America's Blood Centers, San Antonio, Texas.** Attendance restricted to ABC members and invited guests. Contact: Abbey Nunes. Phone: (202) 654-2980; fax: (202) 393-1282; e-mail: anunes@americasblood.org.

Aug. 3. **Medical Directors Workshop, America's Blood Centers, Milwaukee, Wis.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Aug. 4-5. **Interim Meeting, America's Blood Centers, Milwaukee, Wis.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Oct. 12-15. **AABB Annual Meeting and CTTXPO, Denver, Colo.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx.

2014

June 5-8. **5th International Monoclonal Antibody Workshop, New York, N.Y.** Contact: Gregory Halverson, New York Blood Center. Phone: (212) 570-3026; e-mail: ghalverson@nybloodcenter.org.

Aug. 5 Tuesday (Please note: new date and day) **Medical Directors Workshop, America's Blood Centers, Seattle, Wash.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Aug. 6-7 Wednesday-Thursday (Please note: new dates and days) **Interim Meeting, America's Blood Centers, Seattle, Wash.** Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Oct. 25-28. **AABB Annual Meeting and CTTXPO, Philadelphia, Pa.** For more information: www.aabb.org/events/annualmeeting/attendees/Pages/future.aspx. ♦