

2012 #37

October 5, 2012

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**AABB
Annual Meeting
& CTTXPO2012
OCTOBER 6-9, 2012**

There will be no *ABC Newsletter* published next Friday, Oct. 12, so that staff can attend the AABB Annual Meeting in Boston. The next issue will be published on Oct. 19.

Unity Gala Guests Celebrate Contributions to Sickle Cell Disease and Blood Banking

Members of the sickle cell disease and blood banking communities came together for the Unity Gala last Thursday, Sept. 27 in the bustling Baltimore Marriott Waterfront hotel. The gala was a collaboration between the Foundation for America's Blood Centers (FABC) and the Sickle Cell Disease Association of America (SCDAA) and took place at the end of the 40th Annual Convention for SCDAA.

The evening started with a VIP reception for about 50 people who had the chance to mingle and snack on light hors d'oeuvres and cocktails in an intimate setting before the gala began. After the VIP reception, guests began to take their seats in the ballroom, in anticipation of the evening ahead.

Guests were welcomed by Francine Décary, MD, PhD, chair of the FABC Board of Directors, and Rosie Peterson, chair of the Board of Directors for the SCDAA, followed by an Invocation from Pastor Leroi Simmons.

Gala guests enjoyed their dinners as they continued to mingle and network with colleagues at their tables.

As the attendees finished dessert and coffee, Sonja Banks, president and chief operating officer of SCDAA, took the stage to thank everyone for coming. Lenette Benjamin, MD, SCDAA's chief medical officer and SCDAA Convention co-chair, joined Ms. Banks to present the SCDAA Pioneers Award to both Clarice Reid, MD, and Marilyn Gaston, MD, for their significant and influential



Thomas Schallert (Northern California Community Blood Bank), Diane Merkt (Institute for Transfusion Medicine), Rob Purvis (New York Blood Center), and Christopher Staub (Unyts) pose for a photo at the Unity Gala in Baltimore.

(continued on page 3)



OUR SPACE

ABC CEO Jim MacPherson

Managing Blood Management

Blood management is a hot topic today. Six years ago, ABC cosponsored a conference with the European Blood Alliance and “saw the future” in a web-based inventory management program being used by the UK’s NHS Blood & Transplant (NHSBT), and another that benchmarked patient blood use from the Finnish Red Cross. Both programs had independently reduced blood use by about 15 percent; the NHSBT program also had cut waste in half and assured fresher blood to patients by reducing both hospital and blood center inventories. ABC acquired the rights to the NHSBT source code and developed automated software based on the Finnish concept. Today both ABC programs are called AIM.

This week, the Council of Europe (CoE) held a symposium for government and blood sector officials to develop recommendations for the 47 CoE countries on what constitutes good and sustainable blood management practices. I was invited, along with several other suppliers, to present on what AIM can accomplish.

The hallway conversations were as interesting as the formal discussions. While everyone agreed that blood donations should never be wasted, nor should any patient get a transfusion they do not need, blood suppliers in many countries reported push-back from physicians about what truly constitutes the patient’s need for transfusion.

Some experts look at low blood use in other developed countries and say that blood is overused in countries, like the US, by as much as 30 to 50 percent. Others in those low-use countries say their patients may be “underserved” by their healthcare system and do not receive blood-intensive therapies, such as elective joint replacements, that could improve the quality of their lives.

With blood presumed safe and plentiful, physicians in countries with high levels of blood use often say “you should not treat numbers,” referring to the fact that anemic patients are often depressed and recover more slowly from their underlying illness. Blood then is a tonic that improves the patient’s perceived quality of life, especially in older adults.

This is an interesting and old debate. Blood management should not be driven by a desire to save money, but to improve the quality of care. In line with that thinking, blood management swings both ways in assuring that patients get the blood they need and only the blood they need.

As AIM and other programs begin to drill down to patient outcomes, we have a real opportunity to better define what those needs really are.

Jmacpherson@americasblood.org 💧

Visit Jim on Facebook: www.facebook.com/JimMacPhersonABC.

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

America’s Blood Centers

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
lnorwood@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.

Unity Gala (continued from page 1)

contributions to the sickle cell community through research, advocacy, and empowerment of individuals impacted by sickle cell disease.

Both recipients of the Pioneer's Awards were thrilled to be honored and gave short thank-you speeches. The final award of the evening was given to Christopher Hollins by Ms. Peterson. Although Mr. Hollins was not able to attend the gala, Betty Nwabuonwu accepted the award on his behalf and mentioned how honored Mr. Hollins would have been to accept this award.

Once the awards ceremony was over, Dr. Décary returned to the stage to choose the winner of a football signed by Baltimore Ravens' cornerback, Lardarius Webb. FABC Board Member Michael Anania won the raffle and generously handed the football over to Abbey Nunes, ABC's manager of Member Services, who is a huge fan of the Baltimore Ravens.

Dr. Décary and Ms. Banks ended the program with thanks to all sponsors, staff, blood donors, and everyone who made not only the gala possible, but who support these organizations. To end the evening, Dr. Jordan came back on stage to introduce the entertainment for the night, veteran R&B/urban jazz songwriter and vocalist, Phil Perry. Mr. Perry delighted the crowd with his smooth sounds and silky voice as he sang a mix of original hits and classics that got the crowd on the dance floor. The evening ended with dancing to a variety of music played by the DJ.

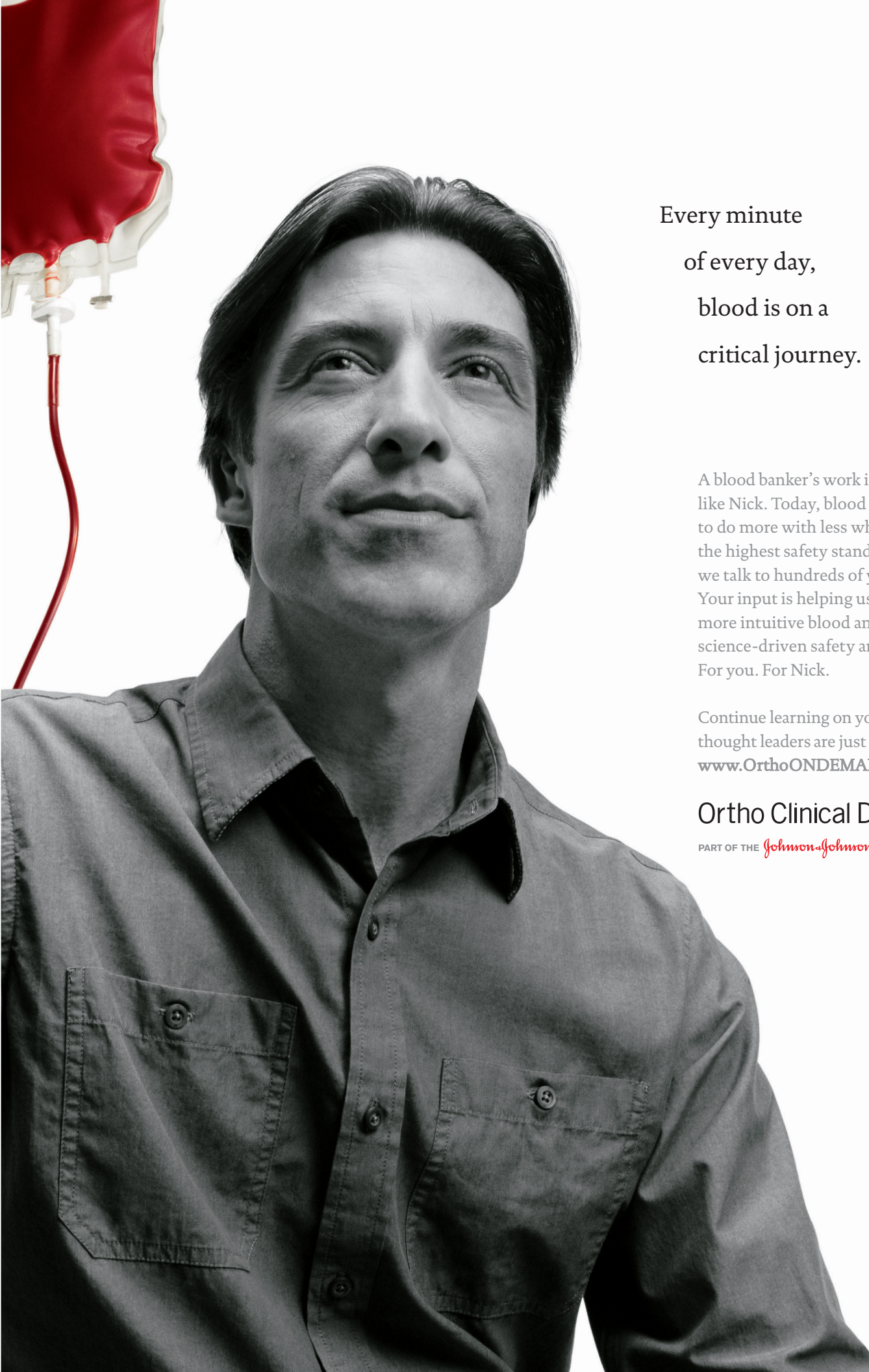


Guests at the Unity Gala hit the dance floor after Phil Perry finished his R&B performance.

"The Unity Gala was a great event bringing two interrelated organizations together for a night of celebration and to raise awareness of the important work that is done for patients with sickle cell anemia," said ABC President Dan Waxman, MD, who attended the event.

Combined, both organizations raised more than \$125,000, which will be split evenly after costs, to help both the SCDA and the FABC continue to fund programs that continue to look for a cure for sickle cell disease and maintain a safe and adequate blood supply in our communities at all times, both for sickle cell patients and all who need blood.

The FABC would like to thank its Gold Sponsor, Johnson & Johnson, which supported the gala with a \$25,000 donation, and the Silver Sponsor Terumo BCT, which contributed \$10,000 to the cause. The FABC would also like to thank all of the sponsors and donors and everyone who attended or who helped make the gala possible. This generous support of the FABC is deeply appreciated and the FABC is delighted to be able to share the proceeds with such an important organization as the SCDA. 💧



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Effective Financial Aid to Blood Services in Sub-Saharan Africa

Over the last 10 years, several high-income countries have provided considerable financial aid to sub-Saharan Africa to help establish or support national blood transfusion services. Many of these blood programs have been aimed at tackling the HIV epidemic in the region by providing safer blood, with a focus on creating a blood supply provided by voluntary non-remunerated donors (VNRDs).

These programs have provided definite benefits in improving the safety of the blood supply in sub-Saharan Africa. The authors of a recent opinion piece caution that this aid sometimes results in unintended negative outcomes, as many strategies of blood services in high-income countries cannot be applied in sub-Saharan African countries where there are limited resources. The essay was published by an international group of transfusion medicine and blood banking experts on Sept. 11 in *PLoS Medicine*.

The common reasons for transfusion and economic circumstances differ vastly between high-income countries and sub-Saharan African countries. In high-income countries, transfusions are largely pre-planned, whereas in sub-Saharan African countries, transfusions are generally for emergencies – about 50 to 80 percent of transfusions for: severe peripartum hemorrhage; trauma usually due to road traffic crashes; and severe anemia in children, often due to malaria.

The authors emphasize that timely access to blood in sub-Saharan Africa plays an important role in reducing the death rate among mothers and children (generally in relation to childbirth), as well as addressing severe malarial anemia – for which whole blood is the life-saving product of choice. Although they have brought positive changes to blood safety in Africa, reliance on centralized transfusion services and VNRD established by financial aid from developed countries can hinder timely delivery of blood to certain areas in Africa.

Before financial aid was provided to establish national blood transfusion services in these countries, most blood donors were replacement donors recruited from the friends/family of transfusion recipients, rather than VNRDs. These donors and numerous decentralized blood banks still play a role in Africa because poor travel conditions, insufficient funds, and emergency situations present barriers to fully implementing centralized transfusion services. The cost of a whole blood unit from a family donor is half or one quarter the cost of unit from a VNRD, and maintaining centralized blood centers can far exceed the locally available budget.

Unintended Consequences. Evidence indicates that for severe hemorrhage and malaria-related severe anemia, mortality increases significantly if transfusion is delayed more than one hour. However, low and unpredictable blood demand in small hospital blood banks means that they cannot justify keeping a fully tested bloodstock from family-replacement donors. However, reliance on a distant centralized transfusion service where communications are unreliable, fuel shortages are common, and roads may be impassable, will inevitably lead to delays and stock-outs, wrote the authors.

“When applied dogmatically, the VNRD-only policy can prolong or worsen the chronic blood shortages experienced in blood systems that previously relied on family-replacement donors,” wrote the authors. They add that neither VNRD-only nor family-replacement donors can alone provide an adequate blood supply in Africa, but rather, they suggest a combination of both sources. Although paid donors are forbidden and have been shown to have a higher likelihood of testing positive for infectious diseases, family-recruited donors, when stratified for age and repeat donor status are just as safe as VNRDs, write the authors.

(continued on page 5)

Aid for African Blood Programs (continued from page 4)

“All nonprofits and nongovernmental organizations intend to do good – some actually achieve it. It may be well intentioned to push for an all unrelated donor volunteer blood supply, tested using modern technology, but if support isn’t ongoing, you do an emerging nation a disservice by setting expectations that can’t be sustained,” said Jed Gorlin, MD, medical director, and vice president of Medical and Quality Affairs at Memorial Blood Centers, a co-author of the essay. Furthermore, if you eliminate family member donations before there is an adequate volunteer supply, you may have actually made the situation worse. Hence, it is best to ensure that additional volunteer unremunerated donors supplement, not eliminate, the replacement donor supply in most dynamic situations.”

Although blood component preparation is standard in transfusion services in developed countries, it can present unintended negative outcomes in sub-Saharan African countries. For most patients, whole blood is more quickly available and it may be the preferred product. Also, using components instead of whole blood for emergency blood loss increases the cost of transfusion for families or health insurance systems two- to three-fold, said the authors. The fresh frozen plasma (FFP) removed to prepare red cell concentrates is used infrequently in these areas. Stringent regulations concerning qualification of plasma for fractionation in intravenous immunoglobulins, albumin, or clotting factors mean that large volumes of FFP are wasted, they add.

Moving Forward. The authors pose three important questions to underpin an optimal approach to supporting blood transfusion services in sub-Saharan Africa: Have the imported policies had a positive or negative impact on patient outcomes and mortality? If the latter, a discourse is needed on the ethical dimensions of the issue.; Are systems established with external aid sustainable technically and economically and do they meet the particular needs of the recipient countries?; Should external funding for the improvement of sub-Saharan Africa blood services be linked to one set of imposed paradigms?

The authors suggest simultaneously “nurturing centralized and hospital-based transfusion services instead of investing exclusively in one or the other model. For hospital blood banks, innovative testing and quality assurance practices adapted to low workload settings would be needed within a coordinated national blood program.” They also suggest continuing to recruit VNRD but also to encourage family-replacement donors, while continuing to discourage paid donations. Lastly, the authors suggest consideration of whole blood for transfusion as it is often the preferred product for many cases in Africa, would reduce costs of transfusion, and would cut down waste of FFP.

“It is important to ensure that we are empowering countries to carry on any improvements and changes by creating a sufficiently robust training infrastructure,” said Dr. Gorlin. “It isn’t about us training them – it is about creating a sustainable train the trainer model. It is also important to think through the ramifications of any changes. For example if you implement donor testing, are you prepared to do donor counseling, referral for treatment, etc.?”

Dr. Gorlin added that this article must not dissuade Western countries from trying to support progress in blood safety in low-income countries, but rather, to suggest culturally sensitive implementation of these programs that helps assist countries in ways that they can take ownership and carry them forward. The open-access article is available at <http://bit.ly/PpErVq>.

Citation: Ala F, Allain J-P, Bates I, Boukef K, Boulton F, *et al*. External financial aid to blood transfusion services in sub-Saharan Africa: a need for reflection. PLoS Medicine. 2012 Sep 11. [Epub ahead of print]. ♦



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INSIDE ABC

ABC Announces Webinar Series on AIM Software Overview

America's Blood Centers recently announced that the Data Administration Department will conduct two webinars providing an Appropriate Inventory Management (AIM) software overview. The webinars will take place on Oct. 24 and Nov. 6 at 2 p.m. ET and will familiarize participants with AIM-I and II software capabilities.

ABC is currently in the process of creating an independent entity to manage AIM, and the interim board of the new entity has agreed upon the need for and benefit of having educational webinars on AIM software. Login details are available at <http://bit.ly/THWcD2>. Further questions or concerns can be sent to Luleadey (Lula) Jembere at ljembere@americasblood.org.

ABC Continues Partnership with Migrant Students Foundation for Annual National Cesar E. Chavez Blood Drive Challenge

America's Blood Centers and the Migrant Students Foundation will partner once again in 2013 for the 5th Annual National Cesar E. Chavez Blood Drive Challenge. This event, founded in 2009, seeks to celebrate Cesar E. Chavez's legacy by engaging college students to promote health education, health and science careers, civic engagement, and saving lives. Over the past four years, the program has collected more than 38,000 pints of blood from blood drives across the country, while also educating students about the increased need for blood donors, especially within the minority population.

Through this national service learning initiative, US Latino/Hispanic college students are encouraged to organize a blood drive campaign on their campus, competing with other blood drives across the country to win the coveted title of "Most Successful Blood Drive." Each campus campaign is led by a selected student organizer who is responsible for designing a donor recruitment campaign in collaboration with their local blood center.

New for 2013. The Migrant Student Foundation has established the Student Organizer Scholarship Fund to further reward participating college students. The scholarship winner, selected from the 50 "Most Successful Blood Drives," will receive a \$1,000 stipend to be used toward education expenses or to be donated back to their participating student organization.

More information about the blood drive challenge is available at <http://bit.ly/Oa50yn>. This year, the Migrant Student Foundation hopes to grow the program to more than 250 participating college campuses. ABC encourages its members to promote this program at partnering schools, especially those not on the current list of participating campuses. This event is a great way to increase awareness of the need for blood donation within the Latino/Hispanic community.

Blood centers wishing to participate should contact program coordinator Glen Galindo at support@migrantstudents.org by Oct. 31. ♦



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Hotel: Hotel Valencia Riverwalk

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To make a hotel reservation, call 866-842-0100 and ask for America's Blood Centers' group or visit:

http://bit.ly/SCM_Valencia

ABC Member Workshop Registration & Fees

September 19 - 28, 2012: Early bird registration; \$375

September 29 - November 9, 2012: Regular registration; \$425

To view agenda, go to http://bit.ly/agenda_scm

To register, go to http://bit.ly/registration_scm

Non-Member (non-profit) Workshop Registration & Fees

September 19 - November 9, 2012: Regular registration; \$745

To register, contact Lori Beaston at lbeaston@americasblood.org.

"As a subsidiary of ABC member South Texas Blood and Tissue Center, QualTex Laboratories understands the mission of community blood centers and the challenges facing us in this tough economic environment. For that reason, we are proud to co-host the first ABC Supply Chain Management Workshop with GSABC. We look forward to a very valuable meeting and hope this new workshop joins the roster of ABC specialty workshops to help member blood centers improve the service to their communities."

- Linda Myers, President/COO, QualTex Laboratories

Sponsorship opportunities available. Visit http://bit.ly/SCM_WKSHP_Sponsorship for details.



San Antonio International Airport (SAT) is served by all major US airlines, including discount carriers Southwest and AirTran. It offers non-stop service to/from 27 major and secondary US airports; check www.sanantonio.gov/Aviation for more information.

BRIEFLY NOTED

A coagulation factor replacement therapy for hemophilia B met its primary efficacy and safety objectives in a phase III trial, which will likely support a marketing application to be filled early next year, reported *MedPage Today* on Sept. 26. The product is a recombinant Factor IX Fc fusion protein (rFIXFc) that its sponsors, Biogen Idec and Swedish Orphan Biovitrum (Sobi), have designed to last longer in circulation than current clotting factor replacements. There are about 3,300 patients with hemophilia B in the US, and it can cause bleeding in joints, bruising, prolonged bleeding from cuts, tooth extraction, and surgery, as well as spontaneous bleeding. In this new study, called B-LONG, rFIXFc treatment for up to 77 weeks in 123 teenage boys and men produced the following annualized rates of breakthrough bleeding under three different dosing regimens: weekly treatment, starting dose 50 IU/kg: 2.95 bleeding episodes per year; dosing 100 IU/kg at variable intervals: 1.38 episodes per year; and dosing only after bleeding episodes began: 17.89 episodes per year. The drug dose in the weekly treatment arm was adjusted to produce trough levels (the lowest level that a medicine is present in the body) in circulation minimally adequate to prevent bleeding. In the variable arm, the dose was kept constant but the interval between doses was increased or decreased to achieve minimally adequate trough levels. The interval was initially 10 days for all patients, but the actual median interval during the final six months of the study was 14 days. Overall, 90.4 percent of bleeding episodes were controlled with a single injection of rFIXFc, Biogen Idec and Sobi said in a statement. Adverse effects reported in 5 percent or more of patients included nasopharyngitis, influenza, arthralgia, upper respiratory infection, hypertension, and headache. In 12 patients receiving rFIXFc in conjunction with surgery, the treating physicians reported excellent or good bleeding control in all cases, according to the press release. No patients appeared to develop anti-rFIXFc antibodies. Biogen Idec plans to submit a marketing application to the Food and Drug Administration in the first half of 2013, reported *MedPage Today*. An ongoing trial in children younger than 12 years old must be completed before similar applications in Europe, pursuant to regulatory requirements there. (Source: *MedPage Today*: 9/26/12)

A recently released film, *Primum Non Noerce* (First – Do No Harm), looks at the possible risks associated with blood transfusions, according to *The Hollywood Reporter*. The film premiered in late September in New York City and Los Angeles; at present, America's Blood Centers' staff is unaware of any additional premieres scheduled. The documentary was directed by James Reynolds and presents a detailed history of the practice of blood transfusion, which first received widespread recognition as an important medical treatment during World War I. The film also includes commentary from doctors and researchers about the various potential risks associated with blood transfusion. The film's homepage is accessible at <http://www.asiageographic.com/primum/index.htm>. ABC asks that members check with local theaters to see if the film is playing nearby. (Source: *The Hollywood Reporter*, 10/20/12)

The National Marrow Donor Program (NMDP) reduced the maximum age at which the organization will pay the full cost of joining the stem cell donor registry to 44 years old, effective Oct. 1, according to NMDP officials. NMDP facilitates the Be The Match registry, which is the national registry that most stem cell collection facilities in the US operate through in order to find matched donors for patients in need of stem cell transplants. With NMDP's new maximum age policy, people over the age of 45 can still join the registry but will need to contribute \$100 to join. This change was made because research shows that cells from younger donors lead to more successful transplants, and doctors choose registry members between the ages of 18 to 44 more than 90 percent of the time, says NMDP's website. Barry Huff, senior vice president of Marketing and Recruitment at NMDP, confirmed that registry recruitment is focused on 18-44 year-olds, but that people over 45 can still register. NMDP provides more information about the age requirements on the FAQ section of its website <http://bit.ly/Wk4pen>. Unrelated to the NMDP policy change, Héma-Québec recently announced that it has lowered the maximum age to

(continued on page 8)

BRIEFLY NOTED (continued from page 7)

register to be a stem cell donor from 50 to 35 years old. Héma-Québec decided to make the age change based on better survival of patients receiving hematopoietic stem cell transplants from younger patients, doctors' preference for younger donors, and improved cost-efficiency (younger donors can stay on the registry longer), said Gilles Delage, MD, vice president of medical affairs at Héma-Québec. Also, the scientific advisory committee for One Match (the HSC donor registry in Canada) made a recommendation to make this age policy change. (Sources: CBSNews Montreal, 10/1/12; NBC 13 News, 10/2/12; NMDP FAQs, 10/3/12) ♦

REGULATORY NEWS

AABB has made available a summary of changes to the *Standards for Blood Banks and Transfusion Services*, 28th edition. This summary details the edits made to the 28th edition of these standards. The summary of changes is available at www.aabb.org/sa/standards/Documents/sigchngstds28.pdf. In the edited edition, required testing for *Trypanosoma cruzi* has been specified, and a new standard concerning donor instructions for post-donation information runs parallel with the previously established requirement of post-phlebotomy instructions. Also, the annual review cycle for all existing policies, processes, and procedures has been adjusted to every two years, and monitoring of critical laboratory results has been added for peer-review programs. Changes to the 28th edition also include new standards for records specifying requirements for change control, protection during both storage and destruction, items recorded in the release of non-conforming products, and traceable items for record systems. The *Standards for Blood Banks and Transfusion Services*, 28th edition, can be purchased at www.aabb.org/Pages/Product.aspx?product_id=2143&class=BOOK. (Source: AABB summary of changes to *Standards for Blood Banks and Transfusion Services*, 9/28/12) ♦

INFECTIOUS DISEASE UPDATES**MALARIA**

Researchers recently published a study that found evidence of *Plasmodium* transmission among birds in Alaska, raising new concerns about the spread of malaria to naive host populations. Claire Loiseau, of the Department of Biology at San Francisco State University, led the study, which was published on Sept. 19 in *PLoS ONE*. In the Arctic, threats of global warming are imminent, with temperatures increasing at almost twice the average global rate. Climate and habitat alterations will also likely impact the dynamics of infectious diseases. Global changes have modified the timing of parasite life cycles, enhanced transmission and outbreaks, and will have significant consequences on the expansion of the geographical northern range of parasites, wrote the authors. Over a latitudinal gradient in Alaska, from 61°N to 67°N, the researchers collected blood samples of resident and migratory bird species. Their findings show that the *Plasmodium* parasites that cause avian malaria are able to complete their transmission cycle in the North American Arctic up to, but not above, 64°N. The “results also provide empirical evidence that local hosts in the n of Alaska may be exposed to new parasites with impending global warming since variation of diurnal or seasonal temperatures can lead to a rapid change on the host-vector parasite interaction,” write the authors. The researchers found that the bioclimatic metrics that distinguished the sites at the three different latitudes were the annual precipitation, as well as the temperature and precipitation seasonally. The researchers postulate that other areas with high annual precipitation but mild precipitation and temperature seasonally would be predicted to also be suitable for *Plasmodium* development. To

INFECTIOUS DISEASE UPDATES (continued on page 9)

INFECTIOUS DISEASE UPDATES (continued from page 8)

fully test the author's predictions, they suggest long-term monitoring to determine the actual vector of avian *Plasmodium*, performing experimental work with local infected birds, and examining the requirement for the parasite to complete its life cycle. The open-access study is available at www.plosone.org/article/info:doi/10.1371/journal.pone.0044729.

Citation: Loiseau C, Harrigan RJ, Cornel AJ, Guers SL, Dodge M, *et al.* First Evidence and Predictions of *Plasmodium* Transmission in Alaskan Bird Populations. PLoS ONE. 2012; 7(9). Epub 2012 Sept. 19.

DENGUE

The Miami-Dade County Health Department in Florida reported on Sept. 27 the first locally acquired case of dengue fever this year, according to the *Miami Herald*. The patient, a woman in her late 60s, developed a fever in early September, and laboratory tests found that she was infected with dengue. Because she had no history of travel, health officials confirmed that she was bitten by a mosquito carrying the disease in Miami-Dade County. Dengue is a mosquito-borne viral disease, endemic to certain tropical regions. In the US, most dengue infections have been limited to travelers returning from dengue-endemic regions. Alvarao Mejia-Echeverry, MD, a medical epidemiologist with the Miami-Dade Health Department, told the *Miami Herald* that the *Aedes aegypti* mosquito, which carries dengue virus, has been present in the community. A handful of local cases cropped up in Miami-Dade in 2010 and 2011, and the first confirmed dengue fever infection this year has health officials urging the public to drain any areas of sitting water and to cover skin while outside in order to avoid mosquitoes that spread the virus. Symptoms of dengue include high fever, severe headache, joint and bone pain, rash, and mild bleeding or bruising. In 2009, dengue fever hit Key West, Fla., for the first time in 73 years, infecting 27 people. There were 66 cases in 2011, prompting Florida Keys Mosquito Control to consider releasing genetically modified insects into the wild to decimate the disease-carrying population of *Aedes aegypti*. (Source: *Miami Herald*, 9/27/12) 💧

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America's Blood Centers' specialty workshops, held throughout the year, offer partners in blood banking the ability to do just that. The 2012 Sponsorship Package provides companies of all sizes the opportunity to meet, network, and share experiences with decision-makers in blood banking, while also learning about the issues and challenges that affect them. Sponsors may use this knowledge to develop and tailor products and services to meet industry needs. Visit http://bit.ly/ABC_Specialty_WKSHP to review the 2012 Sponsorship Package and learn how to obtain these benefits.





Support the Legacy of Dr. Celso Bianco with the Dr. Celso Bianco Lecture Series Endowment.

To honor his achievements in blood banking and transfusion medicine and to celebrate his retirement from America's Blood Centers, the Foundation for America's Blood Centers is pleased to announce the Dr. Celso Bianco Lecture Series.

The Dr. Celso Bianco Lecture Series is an endowment that will fund the search, travel and lodging to honor a leading physician and/or scientist to speak on an emerging issue related to transfusion medicine.

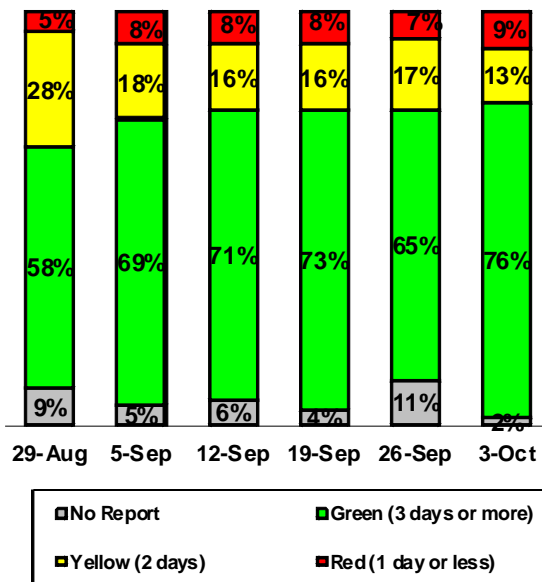
This lecture series is an outstanding opportunity to honor over 40 years of contributions in transfusion research, as well as blood and donor safety that Dr. Bianco has provided to donors, patients, and blood center staff. We encourage everyone in the blood banking, pharmaceutical and government communities to support this endowment as a way of ensuring Dr. Bianco's achievements and contributions to the industry continue.

To contribute to the Dr. Celso Bianco Lecture Series Endowment, please visit *<http://bit.ly/OWITlw>*.

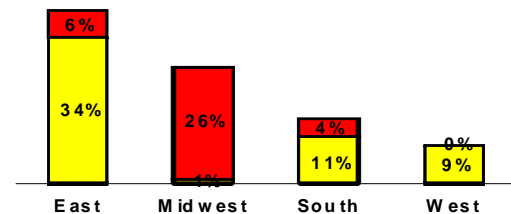
For more information, please contact Jodi Zand at jzand@americasblood.org or 202.654.2994.

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, October 3, 2012



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

Florida's Blood Centers (FBC), a division of OneBlood, recently celebrated two donors who reached impressive donation milestones – Lowell Collins donated his 125th gallon of blood and Michael Jones donated His 100th gallon. Mr. Collins, 83, of Lake County, Fla. was recognized with a special 125th Gallon Donation Presentation on Oct. 2 at FBC's Leesburg Branch, FBC announced in a press release. "Mr. Collins literally saves lives through" apheresis platelet donation, said the release. Platelet transfusions are often used in cancer patients going through chemotherapy treatments. Mr. Collins spends as much as two hours each time he visits the blood center to give platelets – time he is happy to share because he considers donation his civic duty, said the release. Mr. Jones, of Orlando, Fla., donated his 100th gallon of blood on Oct. 4. "He has affected the lives of at least 2,400 patients during his blood donation career," said FBC in a press release. Mr. Jones is one of only a dozen active blood donors at FBC who have donated 100 gallons or more. Mr. Jones was recognized as he donated his 100th gallon on Oct. 4 at FBC's Downtown Orlando Branch. (Sources: FBC press release, 9/28/12; FBC press release, 10/2/12)



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Blood Bank of Delmarva held a Summer Blood Challenge Awards Party on Sept. 27 at Dover Downs Hotel & Casino, reported Blood Bank of Delmarva in a press release. The event honored the challenge participants, announcing the Top Lifesaving Employer, Top Blood Donors, B+ Award Winner, and other prize winners. "Our 10th Annual Summer Blood Challenge was a record-breaking year and we are grateful to the 226 companies that were committed to saving lives this summer," said Roy Roper, Blood Bank of Delmarva president CEO. "We saw a 30 percent increase in our numbers across the board with 11,790 blood donations and 1,985 new blood bank members. The commitment to the challenge was amazing and truly helped us through the summer months, which are typically slower for blood donations." During the Summer Blood Challenge Awards Party, the Top Lifesaving Companies were named. They included Artesian Water Company, Barclaycard US, Bayhealth Medical Center, Christiana Care Health System, Friends of Gage, Highmark Blue Cross Blue Shield Delaware, Terumo Medical Corporation, and Town of Middletown. This year, there was a tie for the Top Blood Donor of the Summer Blood Challenge. Tom Saporito of Bank of America and John Myers of Wilmington Yard at Amtrak were both recognized for being the top blood donors during the summer. Every year, a special award, the B+ Award, is given to an individual, individuals, or company who has demonstrated exemplary support of the Blood Bank of Delmarva and has been a positive example in the community, said the release. The 2012 B+ Award was given to Friends of Gage. The group formed to support Jonathan and Molly Waddell whose son Gage requires regular platelet transfusions since his diagnosis with portal hypertension. (Source: Blood Bank of Delmarva press release, 9/28/12)



Blood Bank of Delmarva President and CEO Roy Roper (left) and Blood Bank of Delmarva Board Chairperson Hinton Lucas (right) stand with B+ Winners, Friends of Gage, represented by Jonathan, Gage, and Molly Waddell.

QualTex Laboratories (QualTex) announced in a press release on Monday that it has been selected by Kentucky Blood Center (KBC) to perform its infectious disease testing for whole blood and platelet components. The samples will be analyzed at QualTex's newest facility located in Norcross, Ga., which is closer in proximity to KBC. "Supporting Kentucky Blood Center with its critical blood testing needs is part of our mission in ensuring public safety. QualTex currently offers progressive, customizable testing solutions for a number of its clients," said Linda Myers, president and chief operating officer for QualTex. "Our partnership with QualTex Laboratories enables us to deliver our life-saving services more efficiently to Kentucky hospitals," said William Reed, KBC president and CEO. (Source: QualTex Laboratories press release, 10/1/12) ♦



Only With You.

PEOPLE

Air Force Master Sgt. Rebeca Gabel was awarded the 2012 Most Innovative Blood Drive Coordinator Award from the Illinois Coalition of Community Blood Centers (ICCBC) for her work organizing blood drives on the Scott Air Force Base, reported BND.com, an Illinois news source, on Sept. 27. Since June 2001, Sgt. Gabel has organized 15 consecutive blood drives with Mississippi Valley Regional Blood Center (MVRBC), which resulted in nearly 500 units of blood being donated. Aside from a hospital in Springfield, Ill., Scott Air Force Base is the top mobile blood drive sponsor in central Illinois and the St. Louis District. “It was easy to nominate Rebeca for this nomination,” said Tony Heap, MVRBC recruitment development coordinator. “Without her, our blood drives at Scott Air Force Base would be extremely difficult. Rebeca is the lifesaving force of this whole thing and without her, this wouldn’t be possible.” Sgt. Gabel organizes the monthly drives by coordinating with staff at different headquarters buildings on the base. The security at the buildings and the lack of parking on the base in general makes organizing the drives a complicated process. “Most coordinators do one drive a year,” said Margaret Vaughn, ICCBC’s governmental affairs director. “Rebeca doing monthly drives is way, way above and beyond the call of duty.” Illinois State Rep. Paul Evans and Illinois Sen. Kyle McCarter attended the award ceremony at the base. Rep. Evans read a House Resolution recognizing Sgt. Gabel for her achievement. “‘Go above and beyond,’ – we hear that about our men and women in uniform all the time and we’ve come to expect that,” said Sen. McCarter. “But today, we have someone who has gone above and beyond in selfless service to do something that saves lives. Our communities are better off because of you, so thank you.” Sgt. Gabel thanked all of the volunteers who help her make the blood drives seamless, as well as the donors who give blood. “Saving lives is something people step up to easily,” said Sgt. Gabel. “It doesn’t seem like it was a lot of work to get people to donate. I want to thank all of Team Scott who come out and roll up their sleeves to give their lifesaving blood at our blood drives.” (Source: BND.com, 9/27/12)



Air Force Master Sgt. Rebeca Gabel accepts the Illinois Coalition of Community Blood Centers' 2012 Most Innovative Blood Drive Coordinator Award.

Charles Wilcox was appointed vice president of Operations for the Blood Centers Division of Blood Systems (BSI) earlier this month, announced Blood Systems in a press release. He will assume overall responsibility for the Blood Centers Division field and shared services operations. Mr. Wilcox comes to BSI with a wealth of experience in the blood services arena, said the press release. He has worked with the American Red Cross, the Institute for Transfusion Medicine, and the Community Blood Center of Kansas City. In his 35-year career in blood banking, he has held a variety of senior leadership positions, most recently serving as the Heritage Division Vice President with the American Red Cross in the mid-Atlantic states. “I am pleased and honored to become a part of the outstanding Blood Systems team. I look forward to helping to further our lifesaving mission, providing needed products and service to all who rely on us,” said Mr. Wilcox. In his new position, he reports to Pat McEvoy, president of the Blood Centers Division. Mr. McEvoy said, “The changing environment requires more time and emphasis on customer relationships. With Charlie onboard, I can devote more of my time to those activities.” (Source: Blood Systems press release, 10/4/12)



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Sue Johnson MT(ASCP)SBB, Jeannie Callum, MD, and David McKenna Jr., MD, were recently elected for three at-large director positions on AABB's Board of Directors, announced AABB last week. Ms. Johnson, elected for at-large director position 4, is director of the clinical education program and the Specialist in Blood Banking program at BloodCenter of Wisconsin in Milwaukee, as well as the director of the transfusion medicine program at Marquette University. In addition, Ms. Johnson is a clinical associate professor at the University of Wisconsin-Milwaukee, College of Health Sciences and associate director of the Indian Immunohematology Initiative. Dr. Callum, elected for at-large director position 6, is the director of the Transfusion Medicine and Tissue Banks at Sunnybrook Sciences Center in Toronto, Canada, and associate professor of the Department of Laboratory Medicine and Pathobiology at the University of Toronto. She also serves as the sponsor lead for the Ontario Regional Blood Coordinating Network for Central Ontario. Dr. McKenna, elected for at-large director position 10, is an associate professor and director of the division of transfusion medicine in the department of laboratory medicine and pathology at the University of Minnesota Medical School. He also is scientific and medical director of Molecular and Cellular Therapeutics, the cGMP facility at the University of Minnesota, as well as the laboratory and medical director of the University of Minnesota Medical Center's Cell Therapy Lab. Also, Dr. McKenna covers the blood bank and apheresis center activity and served as assistant medical director of the American Red Cross Cord Blood Program until it closed in 2006. More information about the new directors at-large is available to AABB members at www.aabb.org/about/governance/elections/Pages/nominations.aspx. (Source: AABB Weekly Report, 9/28/12) ♦

IN MEMORIAM – JAMES COOPER, 70

James N. Cooper, who served for more than 30 years as the president of Central Pennsylvania Blood Bank, passed away at the age of 70 on Oct. 1 at the Hershey Medical Center in Hershey, Pa., reported *The Patriot-News*. Mr. Cooper graduated from Millersville University in 1964 with a degree in biology and in 1970 was hired as the president of Central Pennsylvania Blood Bank, at the time a small two-person office, which under his direction, grew into a thriving community blood program with more than 160 employees. In 1977, Mr. Cooper became the co-founder of Professional Home Health Care Agency in Wormleysburg, Pa. He served on the Board of Directors of Bethesda Mission, and was active with AABB, the Pennsylvania Association of Blood Banks, and the Central Pennsylvania Chapter of the March of Dimes. Mr. Cooper is survived by his wife, brother, daughter, son, four grandchildren, and a step-grandson. In lieu of flowers, contributions can be made to the Derry Presbyterian Church or the American Cancer Society at <http://bit.ly/QUqhfx>. (Source: *The Patriot-News*, 10/3/12) ♦

**COMPANY NEWS**

Terumo BCT's customer, Europlasma GmbH, has become the first blood center in Austria to receive authorization from the Austrian Agency for Health and Food Safety (AGES) to use the Mirasol Pathogen Reduction Technology System for platelets, reported Terumo BCT in a press release on Monday. The Mirasol System is a pathogen reduction technology 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. The Mirasol System is currently used in more than 50 blood centers

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in 15 countries throughout Europe and the Middle East and Africa. Europlasma GmbH supplies hospitals throughout the Vienna region with platelets and plasma products, and is using the Mirasol system to enhance the safety of its products by protecting against bacterial and emerging infectious threats. "The Mirasol system represents a great opportunity for our blood center to offer another layer of safety to our customers and their patients. We look forward to implementing this safe and effective alternative to gamma irradiation bacterial screening of platelets," said Professor Paul Hoecker, MD, of Europlasma GmbH. In April, the Food and Drug Administration granted Investigational Device Exemption 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 (see *ABC Newsletter*, 4/27/12). (Source: Terumo BCT press release, 10/1/12) ♦

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: lnorwood@americasblood.org.

POSITIONS AVAILABLE:

Mobile Recruitment Manager. LifeServe Blood Center is seeking a Mobile Recruitment Manager, either in the Sioux City or Des Moines, Iowa location. Essential duties and responsibilities include: responsible for planning, directing, staffing, and the controlling of a distinct department or functional unit, and also administering and controlling through direct supervision and delegation within their own department and associated staff within their own department responsible for recruitment and resource directives. Candidates must possess the ability to manage employees from multiple remote locations. Travel (some overnights) is required. Requirements include a bachelor's degree, at least four to five years of previous experience in a sales, marketing, or a similar position. Management experience is preferred. At least three years blood-banking experience required. Experience in strategic planning and execution; and ability to analyze, interpret and manage financial resources; ability to multi-task and set priorities are also required. Also, a demonstrated ability to motivate and lead is essential. Please visit our website for requirements and additional details at: www.lifeservebloodcenter.org. Click on "Join our Team," and "View Current Openings."

Chief Information Officer. Oklahoma Blood Institute is actively searching for a chief information officer, and as a member of the leadership team, will lead the Information Technology function for the organization across all locations in Oklahoma, Texas, and Arkansas. The CIO will be responsible for the planning, development, and implementation of long-range information technology strategies. This includes developing budgets,

overseeing and managing staff, reviewing regulatory requirements, analyzing current business processes and recommending improvements. Is responsible for system analysis, networks, programming, database administration, computer operations, data and voice communications, field support, IT quality assurance, and data security in a distributed environment. Computer Science Degree, Math or Business Administration (required), master's degree in Management (preferred). Minimum 10 years managerial experience. You may apply online at <http://obi.org/careers/>. We are located at 901 N. Lincoln Blvd., Oklahoma City, OK 73104 and you may contact us at (405) 278-3201. EOE M/F/D/V Drug Free Work Environment

Deputy Chief (Department of Transfusion Medicine). The Department of Transfusion Medicine at the NIH Clinical Center research hospital seeks a creative medical executive for the position of Deputy Chief in Bethesda, Md. This department has extraordinary facilities for blood collection and processing, research and therapeutic apheresis capability, state-of-the-art HLA typing and molecular diagnostics, GMP, etc. This department includes six physicians, over 150 staff, active clinical and research training programs, and a core facility for supporting innovative clinical programs. The Deputy Chief leads change-management efforts to improve effectiveness and efficiency, oversees the

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administrative, quality assurance, and regulatory oversight programs, works with Section Chiefs in formulation and development of objectives, policies, and programs, and assists with department strategic planning budgeting, and resource allocation. The ideal candidate will have an advanced degree, with skill and experience administering and leading blood services and transfusion medicine programs. The work requires knowledge of policies, regulations, licensures, and accreditation requirements for operating laboratories in a highly regulated clinical healthcare environment. Please see link for vacancy announcement with the mandatory qualifications and application procedures www.usajobs.gov for announcements NIH-CC-DE-12-746805 and NIH-CC-MP-12-752351. Applications must be received by **11:59 p.m. ET Sunday, Oct. 7, 2012.**

Manager of Clinical Services (full-time, day shift) (Gulf Coast Regional Blood Center). Scope of responsibility: Working under the general direction of the Medical Director, the position is responsible for management of specified clinical services, including therapeutic apheresis procedures and collections (including collection of Peripheral Blood Stem Cells), and the community-based transfusion safety program. Functions as the Apheresis Center Coordinator for National Marrow Donor Program (NMDP)-related activities. Coordinates efforts to provide specific apheresis services for donors and patients in addition to coordinating efforts to monitor transfusion practices and compliance in facilities for which we provide cross match and transfusion services. Education/experience: Graduate of accredited School of Professional Nursing, RN license in good standing, three plus years related clinical, trans-

fusion service, supervisory or quality assurance experience and/or training, familiarity with automation, i.e. apheresis and dialysis, effective venipuncture skills along with a comprehensive knowledge of pathophysiology, hemo-dynamics, fluid and electrolyte balance are preferred. Please visit our website for more information about our organization and to apply online: www.giveblood.org. Lori Pireu – Recruiter – (419) 517-9918 – lpireu@giveblood.org.

Operations Manager (Oxford, Miss.). Mississippi Blood Services has an opening for a manager in our Oxford, Miss. office. The ideal candidate will have strong planning and organizational skills, and a commitment to high quality work. This individual will ensure collection goals are met, including apheresis platelets and double red cell collections. Will also develop and maintain standard operating procedures that ensure compliance with the requirements of all regulatory agencies and the MBS quality program. Bachelor's degree, problem solving ability, excellent communication skills, organizational and team building skills, and the ability to perform in a fast-paced environment required. A minimum of one to two years previous management and blood banking experience, or related experience in a regulated environment, highly preferred. FULL BENEFIT PACKAGE, including a generous 401(k) plan! To view the full description and apply online visit <http://msblood.iapplicants.com>. If you have questions, contact HR at (601) 981-3232. Drug Screen Required. EOE ♡