February 23, 2007

CDC Reports Recent Red Cross Data on Chagas’ Testing

Two in 10,000 blood donors at three Red Cross Blood Service regions with a higher-than-average risk for Chagas’ disease were confirmed positive for the disease during the six months from August 2006 and January 2007, the Centers for Disease Control and Prevention reported this week in *Morbidity and Mortality Weekly Report* (2/23/07). Findings from the American Red Cross study provided evidence to support the Food and Drug Administration approval of Ortho-Clinical Diagnostics’ (OCD) new test – the first blood donor screening test for Chagas’ disease in the United States, CDC noted.

“To date, FDA has not required blood centers to screen donors for Chagas,’” CDC said. “However, both the American Red Cross and Blood Systems, Inc., blood-collection organizations that are responsible for approximately 65 percent of the US blood supply, began screening all donations for the Chagas’ agent, *Trypanosoma cruzi*, on January 29, 2007, and providing testing services for smaller blood-collection centers and hospitals that requested testing,” CDC said.

“As blood-donation screening for Chagas’ disease becomes more widespread, public health officials and health-care providers should anticipate increased numbers of questions regarding the diagnosis, evaluation, and management of Chagas’ disease,” CDC said.

“But FDA is expected to recommend implementation of the test by all blood-collection establishments,” the agency noted.
Red Cross Chagas’ Testing Data (continued from page 1)

radioimmunoprecipitation assay (RIPA); those with positive RIPA results were considered confirmed positive.

**Test Results.** Of the 148,969 blood donor specimens tested, 63 specimens from 61 donors were repeat reactive for *T. cruzi* antibodies (approximately one in 2,365 donations), the study found. About two-thirds of the 61 donors with repeat reactive specimens were male, with a median age of 50 years. Fifty-five (90 percent) of the 61 donors were allogeneic donors; the remaining six included five autologous donors (two with two reactive donations each) and one directed donor. Of the 55 allogeneic donors, 18 (33 percent) were first-time donors, and 37 (67 percent) had donated blood previously.

Four out of five of the repeat reactive specimens, (50 of 63) were collected from the Red Cross’ Los Angeles center; 14 percent were collected from the Oakland, California center, and six were collected from the Tucson center.

**All of the 63 repeat reactive donations were tested with RIPA. About half (N=32) were positive and 31 were negative.**

Screening blood donations for *T. cruzi* antibodies can identify persons with previously undiagnosed Chagas’ disease and further enhance the safety of the US blood supply, CDC said. “However, as with any screening test, limitations exist,” the agency acknowledged.

“Although available data regarding the performance of the new assay have suggested high sensitivity and specificity, some false-negative results have occurred with this assay and with other assays used to screen for *T. cruzi* antibodies,” CDC said, adding that when a screening assay is used in a population with low disease prevalence, a greater proportion of false-positive results can be expected. Donors with reactive screening assay results require further clinical diagnostic testing to verify *T. cruzi* infection and to guide clinical management, CDC emphasized.

**Diagnosing Chagas’**. The new assay is not labeled for general clinical diagnostic use. No single laboratory test is adequately sensitive and specific to diagnose Chagas’ disease, CDC said. Diagnosis generally is made by using at least two different serologic tests (such as diagnostic ELISA tests, immunofluorescence assay, or indirect hemagglutination) and by considering clinical findings and exposure risk.

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Clinical diagnostic testing for Chagas’ disease is available through commercial laboratories and the Division of Parasitic Diseases (DPD) at CDC. “After diagnosis, health-care providers should conduct a thorough clinical evaluation to determine the stage of disease, develop an appropriate treatment plan, and provide information regarding prognosis,” CDC said.

CDC said it is preparing guidance for the clinical evaluation, staging, management, and treatment of patients with Chagas’ disease.

Cases of Chagas’ disease likely will be increasingly identified as a result of screening blood donors for infection with *T. cruzi*, CDC said. In addition, requests for diagnostic testing might become more frequent as awareness of Chagas’ disease increases among clinicians and the general public. Most identified cases likely will represent chronic infections that were acquired years earlier.

**Treatment Options Limited.** Chagas’ treatment options are limited and are most effective during the acute stage of infection, CDC said. “However, increasing evidence suggests that treatment of persons with chronic infections can result in seroreversion and prevent progression of cardiac morbidity.” Treatment of women of childbearing age with Chagas’ disease can decrease the risk for congenital transmission.

Anti-trypanosomal medication currently is available in the US only through CDC under an investigational new drug protocol.

Detailed information on Chagas’ disease and blood donor screening is available on the CDC Web site: www.cdc.gov/ncidod/dpd/parasites/chagasdisease/default.htm

**Citation:** Centers for Disease Control and Prevention. Blood Donor Screening for Chagas’ Disease – United States, 2006 - 2007. MMWR 2007; 56:141-3.

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**Scottish National Blood Transfusion Service to Close Fractionation Plant**

After failing to find a new owner for its Protein Fractionation Centre (PFC) in Edinburgh, the Scottish National Blood Transfusion Service (SNBTS) this week announced that it will shut down the plant.

PFC started operations in 1975 and has manufactured intravenous immunoglobulin, albumin, and a number of specialty immunoglobulin products. Last June, in a series of recommendations on the future supply of plasma products for Scotland, the National Health Services Scotland (NHSS) recommended closing the PFC and importing all plasma products from outside the country. The NHSS reviewers concluded that the PFC was no longer viable because of the need to purchase plasma from the US and other countries as a result of variant Creutzfeldt-Jakob disease (vCJD) risks and a move away from the use of blood clotting factors for hemophilia patients. They recommended that options be explored for selling the plant or developing its activities in the private sector.

“The PFC has had a successful track record in developing innovative products, but the market and the regulatory landscape have altered significantly in recent years,” said the Scottish Executive, John Kerr. “Production costs at the PFC are now higher than the value of its products and, even with substantial extra investment of around £20 million (US $37 million) to meet modern regulatory standards, it is unlikely that such a small-scale operation could be economic in the long term.”

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Scottish Fractionation Plant to Close (continued from page 3)

The need to implement vCJD risk reduction measures since 1998 meant plasma could no longer be used from voluntary blood donations in Scotland and had to be purchased elsewhere – principally from the US and Germany, Mr. Kerr said last year. “This has fundamentally undermined the finances of plasma processing at the plant.” He added: “Many commercial products are more advanced, offering greater benefits for patients and clinicians.” It would take years to develop new products to the point of licensing.”

Mr. Kerr asked SNBTS to explore whether the plant could be sold or whether some of its activities could be developed in the private sector, which might be able to develop niche products for international distribution.

According to BBC News (2/20/07), the plant will be closed in stages to ensure that the 130 people working there find new jobs. “Every serious opportunity to develop the centre has been explored but we now find ourselves with no choice but to begin scaling back operations for eventual closure,” Stuart Bain, MD, chief executive of NHS National Services Scotland told BBC News. “I very much regret the impact this will have on staff and they will be offered maximum support. NSS will work closely with unions to ensure every effort is made to re-deploy staff and avoid the need for redundancies.”

However, the Amicus union described the PFC’s closure as a “scandal,” which could threaten lives in Scotland. A union spokesman said: “The closure of this plant in Scotland could endanger lives as these products now have to be brought in from outside. If, for example, there’s a problem with transport because of the weather then supplies might not be able to reach Scotland.”

Private Inquiry to Probe AIDS & Hepatitis Infection of UK Hemophilia Patients

After two decades of calls for a public investigation into the exposure of thousands of hemophilia patients in the United Kingdom to HIV and hepatitis C-infected plasma products during the 1970s and 1980s, an independent inquiry will begin next month with funding from charities and private donors.

According to UK Hemophilia Society President and Labour Peer Lord Morris of Manchester, since 1988 successive governments have “resolutely resisted” a public inquiry, preferring in-house inquiries at the Department of Health into narrowly defined aspects of what Labour Peer Lord Robert Winston has described “the worst treatment disaster in the history of the NHS.”

“With the legal road closed and any realistic hope of a public inquiry blocked, an independent inquiry held in public seemed to be the only way forward if the voices of those most affected were ever to be heard,” Lord Morris said in a February 19 statement.

“Independent public inquiries have already been conducted into this very important issue of public health concern in Canada, Ireland and New Zealand, which have all achieved the unraveling of the facts surrounding this tragedy,” Lord Morris said.

The inquiry’s charge is: “To investigate the circumstances surrounding the supply to patients of contaminated NHS blood and blood products; its consequences for the hemophilia community and others afflicted; and further steps to address both their problems and needs and those of bereaved families.”

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Independent Privacy Inquiry in the UK (continued from page 4)

According to the UK Hemophilia Society, of 4,670 patients exposed to hepatitis C, 1,243 were also exposed to HIV; and despite improvements in treatment for both viruses, only 2,552 patients with hepatitis C and just 361 with HIV are still alive.

Lord Archer of Sandwell, a former solicitor general, will head the inquiry, which is slated to begin next month. He will be joined by Lord Turnberg, immediate past president of the Royal College of Physicians, as medical assessor, and by Judith Willetts, MD, CEO of The British Society for Immunology. Norman Jones, MD, *emeritus* consultant physician at St. Thomas’s Hospital, will also assist the inquiry as a consultant.

“It is particularly important that the inquiry will be examining the consequences of the disaster for the hemophilia community for those living with infection,” said Hemophilia Society chairman Roddy Morrison. “Many have suffered unduly with financial hardship; some have even had to give up their homes. Many more have found themselves to be uninsurable, unemployable and unable to make adequate provision for their dependants.”

Patients, bereaved dependants, former health ministers and other relevant witnesses will be invited to assist the inquiry, as will representatives of government agencies. But it is not clear to what extent government departments will cooperate with the inquiry.

“We have great sympathy for those infected with hepatitis C and HIV and have considered the call for a public inquiry very carefully,” a Health Department spokesperson told *Medical Laboratory World* last week (2/19/07). “However, the government of the day acted in good faith, relying on the technology available at the time, and, as all the information is in the public domain, we do not feel that a public inquiry would provide any real benefit to those affected.”

FDA Approves New Plasma Derivative to Treat von Willebrand Disease

The Food and Drug Administration this month approved a new treatment for patients with von Willebrand (vWD) disease. Alphanate (Antihemophilic Factor/von Willebrand Factor Complex) is indicated for patients undergoing surgery or invasive procedures with vWD in whom the hormone desmopressin is either ineffective or contraindicated. It is not approved for patients with severe vWD (Type 3) who are undergoing major surgery.

**vWD is the most common inherited bleeding disorder, affecting about 1 percent of the US population, FDA said in a press release (2/2/07).**

Alphanate is the first biologic product approved for treatment of surgical and invasive procedures in patients with vWD. The plasma derivative already is approved to prevent and control bleeding in patients with factor VIII deficiency due to hemophilia A or acquired factor VIII deficiency.

Men and women are equally affected by vWD, which is caused by a deficiency or defect in certain plasma proteins critical to blood clotting. In most affected people, the disease is mild, and treatment usually is not required to stop bleeding. However, about 2,000 people in the US each year suffer from moderate and severe forms of the disease in which bleeding can be excessive if not treated. Successful management of surgery or invasive procedures in mildly, moderately and severely affected individuals routinely requires correction of the bleeding defect. In the absence of correction of the bleeding defect, patients may suffer from prolonged bleeding and delayed wound healing.

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Von Willebrand Treatment Approved (continued from page 5)

Alphanate is manufactured by Grifols Biologicals, Inc. of Los Angeles. Grifols acquired the product license for Alphanate in 2003 from Alpha Therapeutic Corporation along with other assets and manufacturing facilities. It is a dual inactivated (solvent detergent and heat treatment) and affinity chromatography purified antihemophilic factor/von Willebrand factor complex.

“NHF recognizes the value of having multiple treatment options for patients. We applaud Grifols for pursuing FDA approval of the vWD indication,” said Alan Kinniburgh, MD, CEO of the National Hemophilia Foundation.

In clinical studies with Alphanate, 120 major, moderate and minor surgical procedures were performed in 76 patients, FDA said. Based on predefined criteria for efficacy, more than 90 percent of patients had favorable outcomes. In these clinical studies, 15.8 percent of subjects and 5.7 percent of infusions were accompanied by adverse reactions, most commonly itching, pharyngitis, paresthesia (a sensation of numbness and tingling on the skin) and headache, swelling of the face, and rash and chills.

Grifols agreed to conduct post-marketing studies to collect additional clinical data on the safety and efficacy in treating severe VWD.

The company is in the process of validating a new state-of-the-art bulk processing and aseptic filling facility at its US manufacturing complex in Los Angeles, California. When fully validated and FDA-approved, the new facility will be used for final container filling of Alphanate and other Grifols products, the company said.

Labeling information for Alphanate is available on the FDA Web site: http://www.fda.gov/cber/products/ahfgri013107.htm

Phlebotomy Increases Likelihood of Transfusion in Long Term ICU Patients

Small increases in the average rate of phlebotomy doubled the odds of transfusion for critically ill patients with prolonged stays in the ICU, Canadian researchers reported recently in the journal Critical Care. “The finding that phlebotomy volume was an independent predictor of transfusion requirements in our patients, even after adjusting for other confounders, suggests that it may contribute to the lack of recovery of hemoglobin levels,” said researchers from the University of Toronto and the Critical Care and Medicine Departments of St. Michael’s Hospital.

“Our study results suggest that even small reductions in phlebotomy volumes, the only readily modifiable risk factor identified in the study, may significantly reduce the number of PRBC transfusions,” the researchers concluded.

While many studies have evaluated anemia among ICU patients with short to medium lengths of stay in the ICU, this is the first study in longstay ICU patients. “In contrast to other ICU patients, these long-stay patients have usually overcome their initial reason for admission and face different issues such as secondary infections and complications caused by the prolonged immobility associated with weaning from life support therapies,” the researchers said. “Despite being a relatively small proportion of total admissions to the ICU, these patients nevertheless consume a disproportionately large amount of limited resources for their care.”

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On Unenviable Tasks for Nonprofit Hospital Boards

“The days when nonprofit hospitals relied on charitable giving and were led by volunteer board members with little understanding of healthcare markets are gone. Indeed, one might argue that leaders of nonprofit hospitals are failing to act diligently if they do not test the boundaries of legal permissibility by considering every technique that their for-profit competitors use. As nonprofit hospitals strike out in these directions, federal regulators, state officials, and plaintiffs will police the resultant frictions between the hospitals’ business practices and their charitable obligations. A recent investigation by the US Senate and an ongoing IRS audit of hundreds of nonprofit hospitals provide a taste of things to come. To the hospital board falls the unenviable task of demonstrating and articulating obedience to a charitable purpose in an increasingly harsh commercial environment.”

– From “Regulatory and Judicial Oversight of Nonprofit Hospitals,”
New England Journal of Medicine, February 8, 2007

Anemia in Longstay ICU Patients (continued from page 6)

The researchers conducted a retrospective chart review to characterize the frequency of anemia, phlebotomy usage, and transfusion practices in patients with ICU stays of more than 30 days, and to determine factors associated with red blood cell transfusion. A total of 155 patients were enrolled in the study.

Despite a low mean transfusion trigger (7.7 g/dl of hemoglobin), anemia, phlebotomy, and transfusions after day 21 were common over a three-year period with length of stay (LOS) of 30 days or longer, the study found.

Mean hemoglobin for the patients remained stable at 9.4 ± 1.4 g/dl from day 7 onward. Mean daily phlebotomy volume was 13.3 ± 7.3 ml, and 62 percent of patients received a mean of 3.4 ± 5.3 units of packed red blood cells at a mean hemoglobin trigger of 7.7 ± 0.9 g/dl after day 21. Transfused patients had significantly greater acuity of illness, phlebotomy volumes, ICU LOS and mortality, and had a lower hemoglobin than did those who were not transfused, the study found.

Transfusion Patterns. Sixty-two percent of the patients received one or more units of red blood cells after day 21 in the ICU. The majority (81 percent) of the transfusions were administered between ICU days 22 and 57, with the remainder occurring after day 57. These transfusions were given at a mean hemoglobin trigger of 7.7 ± 0.9 g/dl (range 5.1–10.7 g/dl), and 73 percent of the transfusions were given at a trigger above 70 g/l.

Reasons for transfusion after day 21 were:

- active bleeding (17 percent),
- low hemoglobin concentration (40 percent),
- postoperative resuscitation (7 percent),
- to improve oxygenation or hemodynamic status (10 percent), and
- no identifiable reason (26 percent).

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Anemia in Longstay ICU Patients (continued from page 7)

Using multivariate logistic regression analysis, the researchers identified four factors as independently associated with the likelihood of requiring transfusion in non-bleeding patients: baseline hemoglobin, daily phlebotomy volume, ICU LOS, and erythropoietin therapy (for dialysis dependent renal failure patients).

Phlebotomy Procedures. The patients underwent “a significant number” of phlebotomy procedures after day 21 – an average of 13.3 ± 7.3 ml/day and 3.8 ± 1.5 vials of blood/patient per day. The largest group of tests was arterial blood gas, followed by chemistry profile, complete blood count, and coagulation profile. Although the proportion of chemistry profiles, complete blood count, and coagulation profiles remained fairly constant over time, the amount of arterial blood gas tests decreased, the study found.

“It was surprising to see that our patient cohort, with a median LOS of almost 50 days, was phlebotomized at a frequency similar to that in newly admitted ICU patients with median LOS of 2 - 4 days,” the researchers said.

The authors acknowledged limitations of their study. Because it was a retrospective review, “the findings might have been confounded by unmeasured factors.” “Moreover, associations between variables identified with regression analysis do not necessarily provide evidence of causality.” In addition, they said, “although phlebotomy and transfusion practices did not significantly change during the data collection period, the study was conducted in a single center without a standardized transfusion protocol and reflects a unique organization, patient population, and process of care.”

“However, the similarities between our data and those of other multicenter studies suggest that our data may have some generalizability to other similar patients with prolonged ICU LOS in other centers,” the researchers said.

“Future quality and patient safety improvements should be directed at modifiable risk factors such as phlebotomy practices and standardization of transfusion, because even small decreases in phlebotomy volumes appear to be associated with significant reductions in the number of PRBC transfusions,” the researchers concluded.

Citation: Chant, C et al. Anemia, transfusion, and phlebotomy practices in critically ill patients with prolonged ICU length of stay: a cohort study. Critical Care 2006, 10:R140. The paper is available at: ccforum.com/content/10/5/R140

Israel Adopts New Donor Policy for Ethiopians

Blood from Ethiopians born in Israel will now be eligible for transfusion, following an agreement between community representatives and Israeli Health Minister Yacov Ben Yizri last month. According to a report in the Israeli newspaper, Ha'aretz (1/24/07), donor forms no longer include the distinction “Ethiopian” and “Non-Ethiopian.” Instead, the distinction will be “Israeli-born Ethiopian” and “non-Israeli born Ethiopian.”

Under a 1996 policy, blood donated by Ethiopians was automatically destroyed due to concerns over the prevalence of HIV in Ethiopia – but the donors were not told. Over the years, the policy became a rallying point for Ethiopians in Israel protesting against discrimination.

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Israeli-Born Ethiopians May Donate Blood (continued from page 8)

Last November, what was meant to be a peaceful rally for Ethiopian rights turned violent, when demonstrators clashed with police in front of the Health Ministry in Jerusalem, leaving 19 people injured. More than 200 people gathered in front of the government compound to protest discrimination against Ethiopians. The boiling point, they said, was the Health Ministry’s policy of discarding donated Ethiopian blood.

“We won’t allow our blood to be spilled like this. The Torah says that blood is the soul. How can this country treat us, fellow Jews, this way?” said Gadi Yabarken, one of the protest’s organizers.

The donation policy change was announced last month after Mr. Ben Yizri met with representatives of the campaign for equality for Ethiopian Jewry. At the end of the meeting, he called on the Israeli-born members of the community to donate blood.

Addressing the general health problems of the Ethiopian community, Mr. Ben Yizri said, “I am aware of the protest [against blood discrimination], I know of the problems, which have many causes, not just the issue of the blood contributions. I have no doubt that there is room for change in the overall policy toward the Ethiopian Jewish community in Israel.” He added: “I, as a minister, am saddened by the negative and false image that emerged among the public following reports that were blown out of proportion and contrary to the truth.”

Ethiopian representatives at the meeting called the new policy “historic,” and said they proved “a person with will and perseverance can alter a racist policy that has been in place for years, under which they threw our blood into the trash.”

Second Generation Platelet Growth Factors Look Promising, Blood Author Reports

Second generation growth factors that stimulate the formation of platelets and do not induce the formation of antibodies are close to being clinically available, according to a review published online this month in Blood (2/8/07). The author of the review is David Kuter, MD, DPhil, of the Hematology Division at Massachusetts General Hospital in Boston.

Following the purification and cloning of human thrombopoeitin (TPO) in 1994, two recombinant thrombopoietin molecules – recombinant human thrombopoietin (rhTPO) and pegylated human recombinant megakaryocyte growth and development factor (PEG-rHuMGDF) – underwent extensive clinical studies in a wide range of thrombocytopenic disorders. However, this development activity came to an abrupt end in 1998 when some patients paradoxically developed thrombocytopenia as a result of treatment with PEG-rHuMGDF, Dr. Kuter noted. Auto-antibodies formed against PEG-rHuMGDF and cross-reacted with and neutralized endogenous TPO producing thrombocytopenia in healthy human subjects. Further development of PEG-rHuMGDF was stopped. Although it had not been associated with adverse events, rhTPO did not undergo any further development.

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Second Generation Platelet Growth Factors Show Promise (continued from page 10)
“Given the clinical benefit demonstrated in studies with these first generation molecules, recent efforts have been directed toward the development of thrombopoietic growth factors that are potent stimulators of platelet production but are not antigenic,” Dr. Kuter wrote. “A variety of new thrombopoietic growth factors have been developed that have unique properties not found in the recombinant thrombopoietins.”

Two of these, AMG 531 and eltrombopag, currently are in the final phases of clinical development and have been shown to be highly effective in the treatment of ITP, according to Dr. Kuter. Eltrombopag has also been shown to increase the platelet count in thrombocytopenic patients with hepatitis C and allow them to undergo effective antiviral therapy, he added.

“Adverse effects of these drugs appear to be minimal although long-term exposure studies need to be continued,” Dr. Kuter wrote. “Hopefully within the next 18 months, one or both of these molecules will be clinically available to treat ITP and possibly other thrombocytopenic disorders. If they lack significant adverse effects they might also be considered for use in increasing the yield from platelet apheresis donors,” he said.


International Travelers Who Visit Family & Friends Most Likely to Contract Malaria, Swiss Study Finds

Swiss residents who traveled abroad to visit friends and relatives (VFR) were three times as likely to contact malaria and viral hepatitis than were tourists and business travelers, a recent study has found. VFR travelers are vulnerable because they may visit more rural destinations, live under poor sanitary conditions, and stay away for longer periods, researchers from the University of Zurich reported this month in the Centers for Disease Control and Prevention’s Emerging Infectious Diseases (February 2007). They are also far less likely to seek pretravel advice about infection control.

More than 800 million tourist arrivals were registered worldwide in 2005, and an estimated 2 percent of the world’s population lives outside the country of birth, the authors pointed out. Approximately 80 million people from resource-rich areas worldwide travel to resource-poor countries every year and are exposed to many infections that are no longer prevalent in the countries where they live.

Using the GeoSentinel database, the researchers evaluated the epidemiologic factors of patients seeking treatment for travel-associated illness from January 2004 through May 2005 at the University Hospital of Zurich. They found that VFR travelers are at greater risk for certain infectious diseases and have “a disease spectrum distinct from that of traditional travelers.”

“Malaria is the most important, life-threatening imported disease for both nonimmune and VFR travelers, and malaria acquisition is even more likely in VFR travelers,” the researchers reported. They found that 7.7 percent of travelers diagnosed with an infectious disease had malaria vs. 4.3 percent of other travelers. In addition, the summary diagnosis HIV/AIDS/STI was more commonly made in VFR travelers (9.9 percent vs. 4.3 percent).

Different travel regions showed a different infectious disease spectrum and a trend toward a distinct pattern in both VFR and traditional travelers, the study found. Malaria cases were almost exclusively imported from the sub-Saharan Africa region – 33.3 percent of diagnoses after travel to this region were
Travelers’ Malaria (continued from page 10)

attributed to malaria in VFR travelers, compared with 12.3 percent in traditional travelers. In total, 27 malaria cases were recorded during the 17-month period: 14 in VFR travelers, eight in tourist travelers, four in recent immigrants, and one in an immigrant/refugee. Of these, 22 cases were imported from sub-Saharan Africa and one from Turkey.

When data were stratified by VFR versus traditional traveler, the risk for malaria in sub-Saharan Africa was twice as high in the VFR traveler group than in the traditional traveler group.

Citation: Fenner L et al. Imported infectious disease and purpose of travel, Switzerland. Emerg Infect Dis 2007; 13:217-22. Available at: www.cdc.gov/EID/content/13/2/217.htm

ABC MEMBER NEWS:

The winning ingredients for the Indiana Blood Center and the Indianapolis Colts came together this month in a “Super Blue Blood Drive” to help build Super Bowl support and the Indiana Blood Center blood supply. “An overwhelming success on all fronts,” said Byron Buhner, president and CEO of Indiana Blood Center and loyal Colts fan, of the blood drive that took place after the Colts’ AFC Division title and before the Super Bowl with the Chicago Bears on Sunday, February 4. “We collected more than 3,600 total units during this three-day event.” He added: “We already have a wonderful relationship with the Colts and they support us wholeheartedly in our efforts to organize blood drives. During the difficult winter months that we all are experiencing, we had the great fortune to have the Colts support us and have our donors and fans come forward to donate.” The Indiana Blood Center held the blood drive at each of its 13 sites for the three-day period. First-time donors averaged 25 percent, a number blood center recruitment officials plan to capitalize on with targeted marketing programs. Each donor received a specially designed Colts AFC championship T-shirt. Indiana Blood Center also sent Colts T-shirts bearing the Indiana Blood Center logo to city and state officials as they headed to Miami for the Super Bowl. “The city was covered in Colts blue,” Mr. Buhner said. “We were pleased to be a part of the celebration, be supported by donors and fans and replenish our supplies. Our staff jumped in and made this happen and the best part of all is that we’re Super Bowl champs. That really sums it up.”

BRIEFLY NOTED

A medical center in eastern Wisconsin is hoping to make phlebotomy as easy as ordering fast food. The Ripon Medical Center has created a drive-through phlebotomy service that allows patients to have their blood drawn without having to get out of their cars. Phlebotomist Sharon Schlueter came up with the idea after she noticed that some patients, especially the elderly, struggle to transfer between their car and a wheelchair. Robert Levonowicz said the new service gives him a feeling of confidence and comfort. As he recovers from a heart attack and stroke, he needs to have his blood tested several times a month to verify the effectiveness of his blood-thinning medication. “When you’re in a wheelchair and have to get out of your car and into the chair on an icy parking lot, it’s scary,” he said. Now his wife Judy

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BRIEFLY NOTED (continued from page 11)

simply drives him into an emergency-department bay for his blood draw and drives out five minutes later. “It’s the best thing since sliced bread,” she said. After receiving approval for the idea from the hospital’s laboratory director, Connie Sina, Ms. Schlueter raised funds from hospital volunteers and private donors to subsidize the cost of the $700 car-side phlebotomy cart. “The people on the front lines have the best ideas,” Ms. Sina said “They see the needs out there.” The drive-through service is open to all hospital patients but they must have a designated driver. “They can even come by cab,” Ms. Schlueter said. (Source: Associated Press, 1/15/07)

Two Colorado state troopers helped save the lives of a woman and a baby at a Steamboat, Colorado hospital during a snow storm this month by navigating more than 100 miles on two closed highways to bring them the blood they needed. The child was born on February 16 with a life-threatening anemia that required an emergency transfusion. The hospital had no compatible blood for the patients and issued an urgent request to Bonfils Blood Center in Denver. But getting in or out of the mountains was nearly impossible due to 100 mph winds, heavy snow and whiteout conditions that shut down the interstate highway and many other roads in the high country. So the state troopers, who work the mountain highways every day, took matters into their own hands. One state trooper took the blood from Denver to Silverthorne. That’s where the roads got really bad. He decided to brave the weather and made it to Kremling. There, another trooper picked up the blood and drove it the rest of the way over Rabbit Ears Pass to Steamboat Springs. Corporal Jack Desanti was one of the two troopers assigned to get the blood to Steamboat. “I think people have the perception that we’re out there writing speeding tickets, but our goal is to be out there saving lives and this is just another way to do that,” he said. “That’s not what I planned to do when I came on duty but I was glad to help,” Corp. Desanti said. (Sources: KUSA-TV and KCNC-TV, Denver CO, 2/21/07)

The American Thrombosis and Hemostasis Network (ATHN) has received an unrestricted, five-year grant from Novo Nordisk to help establish and grow the network’s organizational leadership and operational infrastructure. Founded in July 2006 to advance and improve the care of individuals affected by bleeding and blood clotting disorders, ATHN provides stewardship of a secure national database that will be used to support epidemiology studies, clinical outcomes analysis, research, advocacy and public health reporting in the thrombosis and hemostasis community. In a joint effort with the Centers for Disease Control and Prevention’s Division of Blood Disorders, ATHN will create a formal coalition with the 140 federally funded hemophilia treatment centers across the US with the goal of conserving resources through the use of a common information infrastructure so data will not be at risk for loss or fragmentation. The organization also will facilitate the reuse of common data elements – reducing the need to collect the same data repeatedly for different purposes using different formats. At the local level, patients and providers will benefit from having access to more structured individual and aggregate patient data as needed to support the continuum of care. “We are proud to support ATHN with their innovative work that will lead to better insight into treatments for people with hemophilia,” said Martin Soeters, president of Novo Nordisk. “As part of our social responsibility, Novo Nordisk is committed to addressing the significant need for improving hemophilia care and we are confident that the ATHN clinical database will help answer the many questions that exist about bleeding and thrombosis conditions and care.” Novo Nordisk will not receive preferential access to the database nor ATHN services, the organization emphasized. Policies and procedures for requesting access to data will be established via ATHN’s Privacy and Data Security Committee, currently in the formative stage. ATHN is coming soon to the World Wide Web at http://www.athn.org (Source: ATHN press release, 2/16/07)

A cooperative agreement between the National Marrow Donor Program (NMDP) and the Chinese Marrow Donor Program (CMDP) has been approved by the governments of both nations, allowing patients in the United States and China greater access to potential marrow donors in both coun-

(continued on page 13)
BRIEFLY NOTED (continued from page 12)

tries. “The NMDP and the CMDP share the same mission – to help save lives. Together we can help patients in the US, China and worldwide find the best possible match for their transplant,” said NMDP CEO Jeffrey Chell, MD. According to NDMP, international donation plays a significant role in helping patients with leukemia or other blood disorders find matching donors. Approximately 40 percent of transplants facilitated by the NMDP involve either a US patient receiving cells from an international donor or an international patient receiving cells from a US donor. “We are proud to add the Chinese Marrow Donor Program to our growing list of relationships with registries in more than 20 countries that are dedicated to expanding access to registries across the globe,” Dr. Chell said. Established in 2001, the CMDP, a division of the Red Cross Society of China, maintains a registry of more than 500,000 adult marrow donors and is the only marrow registry in mainland China. Negotiations for the cooperative agreement began in 2005. The agreement focuses on increasing patients’ access to donors and includes visits by both organizations to each other’s headquarters to share information about the operations of their registries. In addition to China, NMDP has cooperative registry agreements with donor registries in Australia, Austria, Belgium, Canada, Cyprus, Czech Republic, France, Germany, Hungary, Ireland, Italy, Japan, Republic of Korea, Mexico, New Zealand, Portugal, Singapore, Slovenia, Spain, Switzerland, Taiwan and the United Kingdom. (Source: NMDP press release, 1/22/07)

LEGISLATIVE NEWS

Legislation to promote non-embryonic stem cell research and collection in Georgia cleared a state Senate committee yesterday – but its fate is caught up in the controversy over embryonic stem cell research. Senate Bill 148 would establish a Newborn Umbilical Cord Blood Bank or network of such banks in Georgia. All hospitals in the state would be required as of June 30, 2009, to inform pregnant women about the opportunity to donate postnatal tissue and fluid to the bank. The bill would also create a 15-member commission to oversee the blood bank and offers a tax break to Georgians who contribute to non-embryonic stem cell research. The bill does not include a ban on embryonic stem cell research, but it does contain language that expresses reservations about the use of embryos for stem cell research. The bill states that embryonic stem cell research has been “hampered by difficulties” and that embryonic stem cells have a tendency to mutate into cancers. It also states that the public policy of Georgia will be to encourage the donation, collection and storage of non-embryonic stem cells for scientific treatment and medical research. Kevin Harris, a lobbyist with Georgia Right to Life, expressed support of SB 148 at the Senate Science and Technology Committee meeting yesterday, saying it, “promotes a culture of ethical stem cell research in Georgia.” But Charles Craig, president of the Georgia Biomedical Partnership, a coalition of 280 organizations, said the group opposes SB 148 as written. He said the partnership supports the bill’s intention to establish a newborn cord blood bank but opposes references to embryonic stem cell research as “unnecessary” and “unscientific.” He said the group could not support legislation that “openly disparages promising research.” SB 148 now heads to the Senate Rules committee. (Source: Atlanta (GA) Journal-Constitution, 2/22/07)

REIMBURSEMENT

A concerted effort by the National Hemophilia Foundation (NHF), in conjunction with other community organizations, homecare companies and manufacturers of anti-hemophilic factor products, has successfully dissuaded the Alabama Medicaid Agency from severely reducing its reimbursement formula for clotting factor. According to NHF, in December, the agency sent a letter to all factor (continued on page 14)
REIMBURSEMENT UPDATES (continued from page 13)

providers in the state announcing that effective February 26, 2007, it would reimburse for factor based on Public Health Service rates. “This change could have prevented most of the current factor product providers in the state from serving Medicaid recipients. This, in turn, might have significantly limited the options these individuals would have had to access products and services,” NHF said.

All of the national organizations, including NHF, the Hemophilia Federation of America, and the Committee of Ten Thousand, sent letters to the agency explaining why its proposed formula was inappropriate and potentially harmful. NHF also sought the help of the regional office of the Center for Medicare and Medicaid Services, which contacted Alabama Medicaid and expressed its shared interest and concern. In addition, representatives of factor providers met with Alabama Medicaid representatives to share their own perspective. In early January, Alabama Medicaid informed the organizations that the new reimbursement formula would not be implemented. “This represents another important victory for NHF and the community at large in the fight to preserve broad access to high quality care,” NHF said. “At the same time, it also demonstrates the continuing trend towards curtailing Medicaid at the state level.” These efforts, which often are based on the provisions of the Deficit Reduction Act, have included not only proposed changes to reimbursement formulas but also the introduction of preferred drug lists and other forms of prior authorization. The trend is not limited to Medicaid and other governmental agencies, NHF cautioned. It extends to all public and private bodies that reimburse for factor and other kinds of medical care. (Source: NHF Advocacy News, January 2007)

COMPANY NEWS

Sangart, Inc., has begun enrolling patients in two parallel European Phase III trials on Hemospan, its lead drug candidate. According to Sangart, Hemospan is the first oxygen therapeutic specifically engineered to target oxygen delivery to tissues. The studies will be conducted at up to 36 academic medical centers in the United Kingdom, Sweden, the Netherlands, Belgium, Poland and the Czech Republic. More than 800 elective orthopedic surgery patients will be enrolled in the studies, which are designed to gauge the ability of Hemospan to prevent and treat hemodynamic instability, especially hypotension, or low blood pressure, during their operations. The goal is to determine if Hemospan can help patients avoid hypotension – one of the key indicators for blood transfusion in these patients – during elective surgery. (Source: PR Newswire, 2/13/07)

A former chief executive of Biopure Corp. has agreed to pay $120,000 to settle a federal complaint alleging he made misleading public statements about his company’s prospects of its synthetic blood product being licensed by the Food and Drug Administration. Thomas Moore did not admit or deny allegations in the Securities and Exchange Commission’s September 2005 complaint that he concealed information about FDA’s safety concerns over the product, called Hemopure. Mr. Moore resigned from Biopure in February 2004. The complaint alleged that Mr. Moore and other employees of Biopure made misleading statements in 2003 about Hemopure’s prospects for FDA approval, and concealed information about restrictions FDA imposed on clinical tests because of safety concerns. Meanwhile, Biopure raised $35 million from investors, boosting the company’s stock price. Last March, Biopure agreed to settle the portion of the SEC complaint filed against the company. That settlement did not require Biopure to make any payments. Instead, Biopure’s penalties included agreeing to retain an independent consultant to review the company’s disclosure procedures. (Source: Associated Press, 2/22/07)
GLOBAL NEWS:

The European Committee for Standardization (CEN) last month implemented a 15-month workshop-based program to develop a common standard for encoding therapeutic tissues and somatic cells. The coding scheme was mandated by the European Union’s 2004 “Tissue and Cells” Directive, which requires member states to establish a coding system for the identification of human tissues and cells, in order to ensure their traceability. The Commission is required to design a single European coding system to provide information on the main characteristics and properties of tissues and cells, with a deadline of September 1, 2008. Although this is primarily a European effort, CEN is working directly with International Committee on Commonality in Blood Bank Automation to develop a consensus coding scheme and plans that will become the de facto standard in the US and worldwide. The American Association of Tissue Banks and AABB are also involved in this effort. The work will be carried out in the framework of a CEN Workshop Agreement, which is a consensus building platform open to any interested parties. Final guidelines are expected by September 2008. The first workshop meeting is scheduled for April 13 at CEN headquarters in Brussels. Information on the workshop program (including a business plan) is available on the Web at: www.cen.eu/cenorm/businessdomains/businessdomains/isss/activity/ws+tissues+and+cells.asp.

INFECTIOUS DISEASE UPDATES

A new Department of Transportation manual will help airlines, airports, and local governments prevent emerging diseases from arriving in the United States. US Secretary of Transportation Mary Peters said the manual will help officials recognize and control pandemic outbreaks before they have a widespread impact on public health. “The best way to protect the public is to be prepared for the worst,” she said. “This manual will help airports, airlines, and local officials take steps now to get prepared, save lives, and keep our transportation network running.” The 144-page manual explains the roles of the pilot-in-command, airline operations center, the airport operator, state and local health and emergency management departments, law enforcement agencies, healthcare facilities, support organizations, and federal government agencies when a flight arrives with sick passengers on board. It also describes the planning needed to address an incident while the plane is in flight and upon arrival at the airport and how passengers and crew who may have been exposed should be treated. The first comprehensive guide of its type for the aviation community, “The National Aviation Resource Manual for Quarantinable Diseases,” was prepared by the Oak Ridge Institute for Science and Education and published by DOT with the Centers for Disease Control and Prevention. The manual is available online at http://isdic.dot.gov/OLPFiles/OST/013334.pdf Printed versions of the report can be ordered free from: DOT Warehouse, 3341 75th Ave., Landover, MD 20785-1511.

Germany’s Paul-Ehrlich-Institut has given its first approval for plasma treated with MacoPharma’s Theraflex Methylene Blue procedure (Theraflex MB-Plasma) to the University Clinics at the Institute for Transfusion Medicine in Essen. The Theraflex MB-Plasma technology received CE marking in Europe in 2001 and since then has been approved in a number of European countries. “MacoPharma is committed to providing products that safeguard the blood components supply,” said MacoPharma COO André Pollet. “This approval will allow MacoPharma to help to prepare a safer plasma and reduce the risk of pathogens transmission through transfusion.” The MB-Plasma integrated system reduces pathogens such as HIV and hepatitis B and C viruses in single units of plasma, “combining the advantages of both viral reduction and single unit treatment,” MacoPharma said. (Source: MacoPharma press release, 2/14/07)

(continued on page 16)
INFECTIONOUS DISEASE UPDATES (continued from page 15)

vCJD

Health authorities in Portugal announced this week that they believe they have detected Portugal’s second case of variant Creutzfeldt-Jakob disease (vCJD). Laboratory tests indicated that a young woman had contracted the disease, although absolute confirmation will only be possible after death, the General Health Directorate said in a brief statement posted on its Web site. Portugal detected its first case of the disease in humans in June 2005. The previous year, the European Union lifted a six-year ban on Portuguese beef exports due to mad cow disease, saying improved inspections were reducing its spread. Portugal and Britain were the only EU countries to have their beef and beef product exports banned by the EU. More than 500 cases of mad cow disease were found on Portuguese farms during a health scare that gripped Europe through the 1990s. (Source: Associated Press, 2/21/07)

HEPATITIS C

Anita Roddick, founder of The Body Shop, is suffering from liver damage more than 35 years after contracting transfusion-transmitted hepatitis C, she said earlier this month on her Web site. Ms. Roddick, one of Britain’s best known businesswomen, said she was infected with the disease during the birth of her youngest daughter, Sam, in 1971. “I have hepatitis C – it’s a bit of a bummer but you groan and move on,” she said. “I had no idea that I had this virus. I was having routine blood tests when it showed up.” Ms. Roddick, who agreed to sell her stake in the beauty retailer to France’s L’Oreal last year, said she faces an increased risk of liver cancer. “I do have cirrhosis. I could still have a good few years – even decades – of life left but it’s hard to say,” her statement said. “Having Hep C means that I live with a sharp sense of my own mortality.” Ms. Roddick has become a patron of the Hepatitis C Trust. “I want to blow the whistle on the fact that Hep C must be taken seriously as a public health challenge and must get the attention and resources that it needs,” she said. (Source: www.anitaroddick.com, accessed 2/16/07)

INFLUENZA

Source: Centers for Disease Control and Prevention:
www.cdc.gov/flu/weekly/usmap.htm?cid=ccu101606 Seasflu2_e
PEOPLE:

Community Blood Center/Community Tissue Services (CBC/CTS) has named Shawn Hunter, PhD research director – a new position at the Dayton, Ohio-headquartered organization. Dr. Hunter will work on the development of policy to establish a research program for CBC/CTS focused on human derived, biologic materials (bone, connective tissue, and skin), tissue engineering, molecular technologies, biomedical testing and microbiologic methods. Dr. Hunter received a Doctor of Philosophy in Engineering Mechanics from the University of Cincinnati in 2002 and served his post doctoral fellowship at the university’s Department of Biomedical Engineering. Before joining CBC/CTS, Dr. Hunter worked as a consultant for Device and Implant Innovations, LLC. According to CBC/CTS CEO Judith Woll, MD, “the position was created to allow CTS to be on the forefront of new graft development and biotechnology to better serve recipients and medical professionals. Shawn’s overall expertise in biomedical engineering will allow CTS to expand into the field of new graft technology.” She added: “Over 1 million tissue transplants are performed each year and as the population ages and with advancements in medical technology, the demand for quality tissue grafts will continue to increase each year. CTS wants to be a leader in new graft technology to meet the growing demand for tissue grafts.”

Sharyn Orton, PhD, deputy director of the Division of Blood Applications at the Food and Drug Administration’s Office of Blood Research and Review, last week announced that she will leave the agency on March 16 to become director of regulatory affairs at Fenwal, Inc. The new company was formed by private equity firms Texas Pacific Group and Maverick Capital, which bought Baxter International’s Transfusion Therapies Division. The sale is slated for completion later this quarter. Dr. Orton joined FDA in February 2002 as a regulatory project manager and held positions of increasing responsibility over the next five years. From 1997 to 2002, she was a research scientist in transfusion-transmitted disease epidemiology at the American Red Cross Holland Laboratory, where she was a co-principal investigator on the National Heart, Lung, and Blood Institute-sponsored REDS Study.

William Winkenwerder, MD, assistant secretary of defense for health affairs, has accepted a job in the private sector and will resign his post in the coming weeks, Defense Department spokeswoman Cynthia Smith said. President Bush has nominated S. Ward Casscells III, MD, a professor of medicine and public health at the University of Texas Health Science Center, Houston, to replace him. Dr. Winkenwerder, who is the longest-serving assistant secretary for health affairs at DOD, has held the position for 5½ years. He reportedly told then-Defense Secretary Donald Rumsfeld last year that he intended to return to the private sector, but later decided to extend his tenure because of his leadership role in military operations and national security. Dr. Casscells joined the Army Reserve last year and is a lieutenant colonel who recently returned from a three-month tour in Iraq. He previously worked as a civil servant as a senior investigator at the National Institutes of Health. He is a principal architect of the Army’s Disaster Relief and Emergency Medical Services program, which uses communications technology to link remote medical experts with trauma and disaster victims. In his university bio, Dr. Casscells said he was inspired to join the reserves after he became the first civilian to receive the General Maxwell Thurman Award, in 2004. The award, given to a physician for work in telemedicine and related medical technologies, convinced him he still could contribute to the military. He received his bachelor’s degree from Yale University and his MD from Harvard. ♦
Center Manager. Exciting opportunity! United Blood Services of Tuscaloosa, AL seeks experienced, results-oriented individual to provide overall center management. Three years of progressively responsible experience required. Successful candidate will work under limited direction and be responsible for administrative and technical oversight and management of center staff and operations. Other functions performed at location may include any or all of the following: donor recruitment, mobile and fixed site collections, component processing/labeling and hospital services. Competitive salary and excellent benefits including relocation assistance. Send your resume by 03/09/07 To: United Blood Services; Attn: G. Brown; HR Dir., #3 River Bend Place, Flowood, MS 39232 E-Mail: jobs@unitedbloodservices.org Pre-employment drug testing required. EOE M/F/D/V

Manufacturing Software Support Specialist, Blood Systems. Join our corporate team with primary responsibility for managing Computer Change Control process. Develop standard operating procedures & training for change control process, ensure configuration of production software parameters to meet business & regulatory requirements, develop & track requirements for device software applications, & project management of software upgrades. Define, develop, install, start-up, and test new software used in blood bank manufacturing and act as administrator for assigned applications. Requirements: thorough knowledge of computer change control process & knowledge of software development life cycle; solid understanding of cGMPs & 21 CFR Part 11; Bachelors degree in related area with 5 yrs related experience. Blood banking experience preferred. Highly competitive base salary, comprehensive benefits including medical, dental, vision, 401k w/match, holidays, disability, & tuition reimbursement. Send resume by 3/9/07 to: United Blood Services; Attn: G. Brown; HR Dir., #3 River Bend Place, Flowood, MS 39232 E-Mail: jobs@unitedbloodservices.org Pre-employment drug testing required. EOE M/F/D/V

Clinical Nurse, Blood Donor Center Mount Sinai Hospital, New York, New York, seeks registered professional nurses to work in Blood Donor Center. Our service encompasses blood donor collections using simple phlebotomy & apheresis techniques, therapeutic apheresis & phlebotomy, peripheral blood stem cell collections, research apheresis collections & outpatient transfusion. Donor Room/Apheresis or dialysis exp. pref’d, but will consider training nurses comfortable with technology. Candidates must hold current Registered Nurse license in New York State. BS with major in Nursing. Must have relevant clinical competence in area of nursing practice; new graduates have current knowledge of nursing process & its application. Evidence of ability to maintain interpersonal relationships, communicate appropriately to others, work effectively to solve problems & confronts issues appropriately. Competitive salary & benefits. Send resume to: Donor Center Manager. Mount Sinai Hospital, Blood Bank, Box 1024, New York, NY 10029; Fax 212-876-5994. EOE

QA SPECIALIST #308. Inland Northwest Blood Center, located in beautiful Pacific Northwest, seeks QA Specialist to ensure quality assurance by review of processes/documents; monitor validation methods, systems & instruments; perform department training/monitor results; resolve problems promptly; MT(ASCP), LPN, BS in Life Sciences or equivalent training/licensure with three-years exp. in laboratory work/blood banking or equivalent combination of education/exp.; knowledge of disease testing, component production, transfusion service; excellent communication, customer service, problem resolution & organizational skills; effective use of application software, including word processing/data entry; GMP knowledge pref’d; ability to work effectively with others; handle detail accurately; ability to maintain confidentiality; prioritize workload; work in regulated environment; exercise sound judgment. Competitive compensation & benefits package; send/fax completed INBC Application & Resume to Attn: Human Resources, INBC, 210 W Cataldo Ave, Spokane WA 99201; FAX (509) 232-4530 on/before 02/28/07. Applications available on our website at www.inbc2.org EOE/AAP

Donor Collections Quality Manager. Gulf Coast Regional Blood Center in Houston, TX, seeks quality focused professional to assume responsibility for Donor Collection Department’s quality assurance & customer service programs. Manager will also collaborate with department director to identify equipment & projects supporting departmental & organizational goals & objectives. Additional responsibilities include: support staff supervision, assisting with administration of change control processes & review & coordination of validation of SOPs. Requirements: Bachelor’s degree in business administration or operations management or related field plus 3-5 years previous job-related exp. or training or equivalent combination of education& exp. Previous supervisory & blood banking exp. req’d. Website: www.giveblood.org EOE/AA Employer

Clinical Laboratory Scientist. Central California Blood Center, located in Fresno, seeks Laboratory Technologist to work in donor testing laboratory. Candidate must have valid California Clinical Laboratory Scientist license. Day shift position with some on-call. Reports directly to Technical Director. Involved with all aspects of donor testing including viral marker testing, NAT testing & reference lab. Competitive salary & benefit package. Send resume with salary history to: Central California Blood Center, Attn: Adrienne Vanderberg, 3445 North First Street, Fresno, CA 93726-6868; avanderberg@cencalblood.org Fax: (559) 224-1310. EOE (continued on page 20)
Positions Available (continued from page 19)

Quality Specialist, Tempe AZ. Nat’l non-profit blood bank seeks professional with strong organizational, presentation, written & verbal communications skills. Responsible for reviewing quality systems & compliance in all areas of technical & clinical operations. Relevant Bachelor’s degree & three years of related exp. in regulated industry req’d. Certification as Med Tech, or SBB pref’d. CQA, CQE &/or CMQOE certification within two years will be req’d. Highly competitive base salary, comprehensive benefits including medical, dental, vision, 401K w/match, holidays, disability, & tuition reimbursement. Send resume by 3/4/07 to Blood Systems; Attn: MM/MM/HR/2007/09; 6210 E. Oak Street; Scottsdale AZ. 85257; Fax: (480) 675-5780; E-Mail: jobs@bloodsystems.org; Pre-employment drug test req’d. EOE M/F/D/V

Director, Quality Assurance. Community Blood Center of Carolinas (CBCC) is one of newest independent blood centers in nation. Located in Charlotte, NC, CBCC is blood supplier of choice to 14 area hospitals. Seeks Director, Quality Assurance to provide daily administration of quality assurance program. Responsible for ensuring blood collection, manufacturing, distribution & all other daily operations are in compliance with FDA, AABB, OSHA, & CLIA regulations. Additional responsibilities include serving as donor advocate, & participation in medical/technical committees with area hospitals. Prior management &/or QA exp. in blood banking or blood center pref’d. Bachelor’s degree in science or health care related field; MT/MLT (ASCP) certification, or equivalent exp. pref’d. Send resume with salary requirements to: cbcteam@cbcc.us; EOE/Drug Free Workplace.

Medical Technologist, Sign-On Bonus & 40% Shift Differential. Florida Blood Services, Inc. located in St. Petersburg, FL is one of largest blood banks in Florida as well as vital testing resource for 30 East Coast blood centers & medical facilities from Maine to Puerto Rico. Seek qualified Medical Technologist to join our Reference Lab team. Qualified applicant will work weekend-only position & be responsible for performing routine & advanced laboratory procedures necessary in testing patient &/or donor samples. Visit our website: www.fbsblood.org & apply online. As valued team member you will find that our company provides steady employment, competitive wages, great benefits, excellent retirement plan, educational assistance, referral bonuses, generous paid time off, wellness & more.

Supervisor, Components Lab. BloodCenter of Wisconsin has leadership position offering opportunity to join growing team! Seek effective leader with excellent communication skills. We depend on you to supervise workflow & staff, & serve as resource across Components Laboratory. Ideal candidate will have Bachelor’s degree, two+ years of clinical laboratory exp. & one+ years supervisory exp. Strong teambuilding & customer service skills essential. Candidate must be detail oriented & have demonstrated ability to exercise initiative & independent judgment in addressing procedural, technical, equipment & customer problems. Attractive salary & incentive pro-

gram, excellent benefits package, & professional work environment. Apply on-line: www.bcw.edu. We embrace & encourage diversity in our workforce. EEO/AAP

Manufacturing & Distribution Manager. Mississippi Valley Regional Blood Center, located in Davenport, Iowa, seeks Manufacturing & Distribution Manager. Responsible for organization, coordination & management of all products to hospitals & customers. Must ensure that all products are in compliance with local, state & federal regulations & are manufactured & distributed to appropriate regulatory agencies. Also responsible for managing staff & equipment levels to meet budgeted production & distribution goals. Three to five years in blood or healthcare industry or inventory management req’d. Bachelor’s degree in business or healthcare & supervisory exp. pref’d. Competitive salary & excellent benefits package, including health, dental, vision, 401(K) & tuition reimbursement. Pre-employment drug screen & background check req’d. Send resume to: Mississippi Valley Regional Blood Center; Fax: 563-441-1903; E-mail: hr@mvrbc.com; Web: www.bloodcenter.org; EOE

Recruitment Development Coordinator. Mississippi Valley Regional Blood Center seeks Recruitment Development Coordinator at our St. Louis, MO location. Responsible for new territory development, including prospecting, recruitment & follow up. Three to five years sales & cold calling exp. req’d & must be willing to travel during day with some overnight stays. Bachelor’s in Marketing or Business related field pref’d or equivalent combination of education & exp. Competitive salary & excellent benefits package, including health, dental, vision, 401k & tuition reimbursement. Pre-employment drug screen & background check req’d. Send resume to: Mississippi Valley Regional Blood Center; Fax: 563-441-1903; E-mail: hr@mvrbc.com; Website: www.bloodcenter.org; EOE

Reference Laboratory Supervisor. Michigan Community Blood Centers seeks exp., detail-oriented individual to provide technical oversight to Red Cell Reference Lab. Position will consult with hospital blood banks & transfusion facilities regarding patient transfusion issues, perform basic through advanced testing procedures, interpret complex test results in order to determine recipient compatibility, resolve compatibility problems & provide antigen-negative units for transfusion. Opportunity to present at reference lab national meetings. Requires on-call rotation. Candidate will have prior management exp. & at least three years exp. in antibody identification & other related serological problem solving techniques. Requires MT(ASCP). SBB pref’d (or equivalent); or SBB eligible & willing to pursue certification. Competitive compensation & comprehensive benefit package. Send cover letter, resume & salary expectation to: MCBC, 1036 Fuller Ave. N.E., PO Box 1704, Grand Rapids, MI 49501-1704 or E-mail: naustin@mblood.org

Director of Public Relations, New York Blood Center. Challenging, high level position, you will lead public relations & communications initiatives & programs at NYBC. Develop, plan & implement short/long term cor-
POSITIONS AVAILABLE (continued from page 20)

porate public relations & internal/external communication strategies & budget plans for all operating units (blood services, research & medical programs & services). Candidate will ultimately increase awareness of stakeholders in NYBC’s mission including community, hospital partners, researchers & employees. Requires Master’s degree & 15 plus yrs of public relations & corporate communications exp. Must have proven track record of spearheading successful media campaigns & ability to manage a high level of projects with budgetary oversight. Strong leadership, organizational & communication skills essential. Mission driven individuals with exp. in non-profit work environment pref’d. Competitive salary & benefits package. Send resume with salary requirements to: New York Blood Center, HR/JG, 150 Amsterdam Avenue, New York, NY 10023; Fax 212-721-2752; E-mail: careers@nybloodcenter.org. EOE M/F/D/V.

Manager, Transfusion Services. Blood Center of Wisconsin has leadership position offers opportunity to join growing team! Seek effective leader with excellent communication skills. We depend on you to execute business & strategic initiatives; manage people & financial resources; & manage sustainable improvement in areas of compliance, customer/employee satisfaction, & process control. Ideal candidate will have Bachelor’s degree in Clinical Laboratory Science, be ASCP certified (or equivalent), 5+ years of exp. in transfusion service & 3+ years of supervisory exp. Strong teambuilding & customer service skills essential. Must be detail oriented & have demonstrated ability to exercise initiative & independent judgment. Attractive salary, excellent benefits package & professional work environment. Apply on-line: www.bcw.edu. We embrace & encourage diversity in our workforce. EEO/AAP

Director of Recruitment, Manhattan Region, New York Blood Center Manages recruitment operation through development, motivation, & guides professional account managers to achieve annual blood collections goals. Ensure that blood donations on mobile blood drives & in donor centers done in most cost effective & efficient manner possible while ensuring compliance with all regulatory requirements. Work closely with Donor Marketing, Telerecruitment, & Community Corporate Relations. Qualifications include: BA/BS, prior management exp., including five to ten years of progressive responsibility in business operations or sales management; excellent written & interpersonal skills to interact at all levels within organization, especially with volunteers & donors. Must be able to handle multiple priorities, assimilate information quickly & analyze problems with goal of implementing effective solutions. Proficient in Microsoft Office Suite & other operational systems a plus. Send resumes to: New York Blood Center, 150 Amsterdam Avenue, New York, NY 10023 or E-mail: careers@nybloodcenter.org. For other opportunities visit: www.nybloodcenter.org.

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 Jane Starkey by E-mail to jstarkey@americasblood.org or by Fax to (202) 393-5527. (For a more detailed announcement in the Meetings section of the Newsletter, please include program information.)

2007

March 7. Cellular Therapy Products – Collection by Apheresis, Audioconference, AABB, 2:00 to 3:30 pm (ET); 7:00 to 8:30 pm (GMT); Program #074568. Contact: AABB Education Dept. Tel: (301) 215-6482; E-mail education@aabb.org; Web: www.softconference.com/aabb/AC.asp

March 10-11. Kentucky Association of Blood Banks Spring Meeting, Slade Park, KY. Contact: Terry Diebold; Tel: (502) 540-7044; E-mail: info@kabb.org; Web: www.kabb.org

March 14. Blood Conservation: Innovations, Challenges and Future Directions, Audioconference, AABB, 2:00 to 3:30 pm (ET); 7:00 to 8:30 pm (GMT); Program #074569. Contact: AABB Education Dept. Tel: (301) 215-6482; E-mail education@aabb.org; Web: www.softconference.com/aabb/AC.asp

March 15-16. Hematopoietic Growth Factors: Use in Normal and Stem cell Donors, University of Minnesota Biomedical Engineering Institute, Bethesda, MD. Contact: Tel: (612) 624-8483; E-mail: bmei@umn.edu; Web: www.bmei.umn.edu

March 15-17. 5th Conference on Mesenchymal and Tissue Stem Cells, International Society for Genomics, Proteomics and Cellular Therapy, New Orleans, Contact: Edwin Horwitz, MD, E-mail: cytotherapy@bellsouth.net; Web: www.celltherapysociety.org

March 23-25. Immunohematology Reference Laboratory Conference, Cellular Therapy Conference, and Perioperative Conference, ABB Spring Conference, San Diego California Contact: AABB Meetings and Programs Dept: meeting@aabb.org; Web: www.aabb.org/Content/Meetings_and_Events/Spring_Conference/registration.htm

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March 24-27. America’s Blood Centers Annual Meeting, Washington, DC. Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; E-mail: meetings@americasblood.org

March 25-26. 11th Annual Spring Meeting, American Association of Tissue Banks, Hollywood, CA. Contact: AATB. E-mail: aatb@aatb.org; Web: www.aatb.org

March 28. Donor Hemoglobin, AABB Audioconference, 2:00 to 3:30 pm (ET); 7:00 pm o 8:30 pm (GMT); Program #074570. Contact: AABB Education Dept. Tel: (301) 215-6482; E-mail education@aabb.org; Web: www.softconference.com/aabb/AC.asp

March 29-30. Pathogen Inactivation Consensus Conference, Canadian Blood Services and Héma-Québec, Toronto, Ontario, Canada. Registration Deadline: March 9, 2007. Contact: Conference Secretariat, Malachite Management. Tel: (604) 874-4004; E-mail: lisa@malachite-mgmt.com

April 18-21. American Society for Apheresis 2007 Annual Meeting, Nashville, TN. Contact: ASFA. Tel: (604) 484-2851; E-mail: asfa@apheresis.org; Web: www.apheresis.org

April 19-20. Antibodies in Disease, Diagnosis and Treatment, Spring Seminar, Sanquin, Amsterdam, The Netherlands. Contact: Eurocongres Conference Management, Tel: +31 (0)20 679 3411; Fax: +31 (0)20 673 7306; E-mail: funder@eurocongres.com; Web: www.sss.sanquin.nl

April 20-21. Transfusion Medicine and Alternatives, 8th Annual NATA Symposium, Network for Advancement of Transfusion Alternatives, Budapest, Hungary. Contact: NATA. Tel: +33 1 42 53 03 03; E-mail: nata.secretary@lms-group.com; Web: www.nataonline.com/AGEU/pcNATCon.php3

April 25. Recent Developments in Allogeneic Hematopoietic Stem Cell Transplantation, Audioconference, AABB, 2:00 pm to 3:30 pm (ET); 7:00 pm to 8:30 pm (GMT), Program # 074573. Contact: AABB Education Dept. Tel: (301) 215.6482; E-mail education@aabb.org; Web: www.softconference.com/aabb/AC.asp

April 25-26. Technical Directors Workshop, America’s Blood Centers, Chicago, IL. Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; E-mail: meetings@americasblood.org

April 26-27. Quality Workshop, America’s Blood Centers, Chicago, IL. Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; E-mail: meetings@americasblood.org

April 25-26 (tentative). Blood Products Advisory Committee, Food and Drug Administration, Washington, DC area. Contact: Donald Jehn or Pearline Muckelvene, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852. Tel: (301) 827-0314; E-mail: donald.jehn@fda.hhs.gov; or pearline.muckelvene@fda.hhs.gov; Web: www.fda.gov/cber/advisory/bp/bpmain.htm

April 30 - May 2. British Society for Haematology 47th Annual Scientific Meeting, Bournemouth International Centre, UK. Contact: BSH. E-mail info@b-s-h.org.uk; Web: www.b-s-h.org.uk/confer00.htm

May 9. Validating Software to Ensure Patient Safety, Audioconference, AABB, 2:00 pm to 3:30 pm (ET); 7:00 pm to 8:30 pm (GMT), Program # 074574. Contact: AABB Education Dept. Tel: (301) 215.6482; E-mail education@aabb.org; Web: www.softconference.com/aabb/AC.asp

May 10-11 (Tentative). Advisory Committee on Blood Safety and Availability, Washington, DC. Contact: Jerry Holmberg, PhD, Senior Advisor for Blood Policy and Executive secretary of ACBSA. Tel: (240) 453-8803; E-mail: jholmberg@osophs.dhhs.gov; Web: www.hhs.gov/bloodsafety

May 11-12. 5th Annual International Umbilical Cord Blood Transplantation Symposium, Cord Blood Forum, Los Angeles, CA. Contact: E-mail: info@cordbloodsymposium.org; Web: www.cordbloodsymposium.org

May 14-16. Group Purchasing Workshop, Group Services for America’s Blood Centers, Las Vegas, NV. Attendance restricted to ABC members and

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invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; E-mail: meetings@americasblood.org

May 15-16. Safety and Supply of Blood & Plasma Products, International Workshop in the Asia Pacific Region, International Plasma Fractionation Association and Asia Pacific Blood Network, Kyoto, Japan. Contact: IPFA. Tel: +31 20 512 3561; Fax: +31 20 512 3559; E-mail: ipfa@sanquin.nl; Web: www.ipfa.nl


May 16. Management of Acute Transfusion Reactions, Audioconference, AABB, 2:00 pm to 3:30 pm (ET); 7:00 pm to 8:30 pm (GMT), Program #074575. Contact: AABB Education Dept. Tel: (301) 215.6482; E-mail education@aabb.org; Web: www.softconference.com/aabb/AC.asp

June 6-8. The Transfusion Medicine Symposium, Blood Banks Association of New York State 56th Annual Meeting, Cosponsored by the New York State Department of Health, Albany, New York. Contact: Kevin Pelletier, MT(ASCP); Tel: (518) 485-5341; E-mail: meeting06@bbanys.org; Web: bbanys.org

June 7-8. Florida Association of Blood Banks Annual Meeting, Orlando, FL. Contact: Alicia Bellido-Prichard. Tel: (863) 687-8925. E-mail: qa@bloodnetusa.com; Web: www.floridaabb.com

June 7-8. Heart of America Spring Meeting, Kansas City, MO. Contact: HAABB President Laura Potter. E-mail: lgp@cckc.org; Web: www.HAABB.org

June 7-10. 12th Congress of the European Hematology Association, Vienna, Austria. Contact: Eurocongres Conference Management. Tel: +31 (0)20 679 3411; Fax: +31 (0)20 673 7306; E-mail: ehai@eurocongres.com; Web: congress.ehaweb.org/12th/

June 12-13. XXth Meeting, International Working Group on the Standardization of Gene Amplification Technology for Bloodborne Viruses (SoGAT), Warsaw, Poland. Contact: Pam Lane, SoGAT Organizer/Coordinator, NIBSC. Tel: 01707 641400; Fax: 01707 641051; plane@nibsc.ac.uk

June 14-15. Surveillance and Screening of Bloodborne Pathogens Paul Ehrlich Institute and International Plasma Fractionation Association, Warsaw, Poland. Contact: IPFA. Tel: +31 20 512 356; Fax: +31 20 512 3559; E-mail: ipfa@sanquin.nl; Web: www.ipfa.nl

May 23-27. XVII International Society of Blood Transfusion Regional Congress, Europe, Madrid, Spain. Contact: Eurocongres Conference Management. Tel: +31 (0) 20 679 3411; Fax: +31 (0) 20 673 7306; E-mail: isbt.madrid@eurocongres.com; Web: www.isbt-web.org/congresses/default.asp

June 28-30, 2007 National Conference, Immune Deficiency Foundation, St. Louis, MO. Contact: IDF. Tel: (800) 296-4433; E-mail: idf@primaryimmune.org; Web: www.primaryimmune.org


July 28-29. Transfusion Medicine and Alternatives, 4th Asian NATA Symposium, Net-work for Advancement of Transfusion Medicine, Beijing, China. Contact: NATA. Tel: +86 13 42 53 03 03; E-mail: nata.secretary@lms-group.com; Web: www.nataonline.com/AGEUpcNATCon.php3

Aug 4-6. America’s Blood Centers Annual Meeting, Vancouver, BC, Canada. Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; Fax: (202) 393-1282; E-mail: meetings@americasblood.org

Aug. 6-7 (Tentative). Advisory Committee on Blood Safety and Availability, Washington, DC. Contact: Jerry Holmberg, PhD, Senior Advisor for Blood Policy and Executive secretary of ACBSA. Tel: (240) 453-8803; E-mail: jholmberg@osohs.dbhs.gov; Web: www.hhs.gov/bloodsafety

Aug. 16-17 (tentative). Blood Products Advisory Committee, Food and Drug Administration, Washington, DC area. Contact: Donald Jehn or Pearline Muckelvene, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852. Tel: (301) 827-0314; E-mail: donald.jehn@fda.hhs.gov or pearline.muckelvene@fda.hhs.gov; Web: www.fda.gov/cber/advisory/bp/bpmain.htm

Sept. 7-9. Society for the Advancement of Blood Management Annual Meeting, Los Angeles, CA. Contact: SABM. Tel: (800) 823-8325 or (414) 276-9339; E-mail: info@sabm.org; Web: www.sabm.org/meetings

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CALENDAR (continued from page 23)


Sept. 13-15. British Blood Transfusion Society 25th Annual Scientific Meeting, Glasgow, Scotland. Contact: BBTS. Tel: + 44 (0) 161 232 7999; E-mail: bbts@bbts.org.uk; Web: www.bbts.org.uk/

Sept. 15-18. 31st Annual Meeting, American Association of Tissue Banks, Boston, MA. Contact: AATB. E-mail: aatb@aatb.org; Web: www.aatb.org

Sept. 28-30. 36th Annual Meeting, International Society for Experimental Hematology, Society for Hematology & Stem Cell, Hamburg, Germany. Contact: ISEH. Tel: (202) 367-1183; E-mail: ISEH@smithbucklin.com; Web: www.iseh.org/meetings/

Sept. 30 - Oct. 3. CAP ‘07 – The Pathologists’ Meeting, College of American Pathologists, Chicago, IL. Contact: CAP. Tel: (800) 323-4040; Web: www.cap.org

Oct. 20-23. AABB Annual Meeting and TXPO, Anaheim, CA. Contact: AABB Meetings and Program Services. Tel: (301) 215-6480; E-mail: meeting@aabb.org; Web: www.aabb.org/Content/Meetings_and_Events/Annual_Meeting_and_TXPO/

Nov. 10-13. XVIII International Society of Blood Transfusion Regional Congress, Asia, Hanoi, Vietnam. Contact: ISBT. E-mail: Plan.dept.nhbt@vnn.vn; Web: www.isbt-web.org/congresses/default.asp


Nov. 15-17. Quality Assurance Workshop IX, American Association of Tissue Banks, Lake Buena Vista, FL. Contact: AATB. E-mail: aatb@aatb.org; Web: www.aatb.org

Dec. 8-11. American Society of Hematology Annual Meeting, Atlanta, GA. Contact: ASH. Tel: (202) 776-0544; Fax: (202) 776-0545; E-mail: ASH@hematology.org; Web: www.hematology.org

Dec. 13-14 (tentative). Blood Products Advisory Committee, Food and Drug Administration, Washington, DC area. Contact: Donald Jehn or Pearline Muckelvene, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852. Tel: (301) 827-0314; E-mail: donald.jehn@fda.hhs.gov; or pearline.muckelvene@fda.hhs.gov; Web: www.fda.gov/cber/advisory/bp/bpmain.htm

March 30-April 1. 12th Annual Spring Meeting, American Association of Tissue Banks, Savannah, GA. Contact: AATB. E-mail: aatb@aatb.org; Web: www.aatb.org

April 9-12. American Society for Apheresis 2008 Annual Meeting, Nashville, TN. Contact: ASFA. Tel: (604) 484-2851; E-mail: asfa@pheresis.org; Web: www.apheresis.org

May 1-4. 2008 CTBS Training and Review Course, American Association of Tissue Banks, Arlington, VA. Contact: AATB. E-mail: aatb@aatb.org; Web: www.aatb.org

June 7-12 (tentative). XXXst International Congress, International Society of Blood Transfusion, Macao, China. Contact: Eurocongres Conference Management, Tel: +31 20 6793411; Fax: +31 20 6737306; E-mail: isbt.macao@eurocongres.com; Web: www.isbt-web.org/isbt.html

June 12-15. 13th Congress, European Hematology Association, Copenhagen, Denmark. Contact: Eurocongres Conference Management, Tel: 31 (0) 20 679 3411; Fax: 31 (0) 20 673 7306; E-mail: eha@eurocongres.com; Web: congress.ehaweb.org/12th/

June 19-22. 13th International Congress on Infectious Diseases, International Society for Infectious Disease, Kuala Lumpur, Malaysia. Contact: ISID: E-mail: info@isid.org; Web: www.isid.org/13th_icid

July 26-28. America’s Blood Centers Annual Meeting, Dayton, Ohio. Attendance restricted to ABC members and invited guests. Contact: ABC Meetings Dept. Tel: (202) 393-5725; Fax: (202) 393-1282; E-mail: meetings@americasblood.org

Sept. 6-9. 32nd Annual Meeting, American Association of Tissue Banks, Chicago. Contact: AATB. E-mail: aatb@aatb.org; Web: www.aatb.org

Sept. 25-28. CAP ‘08 – The Pathologists’ Meeting, College of American Pathologists, San Diego, CA. Contact: CAP. Tel: (800) 323-4040; Web: www.cap.org