

AABB Interorganizational Task Force on Influenza Pandemics and the Blood Supply*

January 18, 2007

The Honorable Michael Leavitt
U.S. Department of Health and Human Services
Room 434E
200 Independence Avenue, S.W.
Washington, DC 20201
PandemicFlu.RFI@hhs.gov

Dear Secretary Leavitt:

The AABB Interorganizational Task Force on Influenza Pandemics and the Blood Supply* appreciates the opportunity to provide recommendations regarding influenza vaccine prioritization which can help reduce the negative impact of a pandemic on the nation's blood supply. The task force, which represents blood centers that collect virtually the entire nation's blood supply, believes that it is essential that certain blood center and transfusion service personnel and certain categories of blood donors have priority access to vaccines and antivirals in order to ensure a safe and adequate blood supply in the event of a flu pandemic.

The task force notes the federal government's pandemic response goals (as described on page 75253 of the *Federal Register*, Dec. 14, 2006) and agrees that the nation's top goal should be "limiting mortality and severe morbidity." We believe that maintaining a safe, adequate blood supply is necessary to limit mortality and morbidity due to both the influenza pandemic and other life-threatening conditions requiring blood transfusions. For example, flu patients with respiratory failure who are on ventilators are likely to require transfusions, and patients undergoing urgent major surgical procedures as well as patients with cancer, nonsurgical bleeding and other serious diseases will continue to require blood components during a pandemic regardless of our efforts to reduce non-essential blood use. The needs of these patients must be carefully considered in the determination of priority status for both pre-pandemic and pandemic flu vaccination as well as antiviral access. Please note that during the Toronto SARS outbreak, with an impact on hospital operations similar to what we might expect in a severe pandemic, blood use at the epicenter hospitals fell only 25% despite their closure to admissions unrelated to SARS.

*AABB serves as the designated coordinating entity for the Interorganizational Task Force on Pandemic Influenza and the Blood Supply. In addition to AABB, members include: America's Blood Centers, American Red Cross, Blood Centers of America, and the Advanced Medical Technology Association (AdvaMed). Representatives from the following government agencies also participate in Task Force discussions: Armed Services Blood Program, Centers for Disease Control and Prevention, Department of Health and Human Services, and Food and Drug Administration.

In order to limit any disruptions to the blood supply, and thereby limit mortality and morbidity, we strongly urge the federal government to include personnel who are directly involved in the collecting, processing, testing or transfusing of blood products (“critical blood bank personnel”) as a category that will be given high priority for access to influenza immunization. It is essential that these individuals remain healthy to collect and provide life-saving blood products. It should be noted that most critical blood bank personnel do not work in hospitals, but in the community-based blood centers that recruit, draw, test, process and distribute more than 90% of the US blood supply as well as in stand-alone donor testing laboratories. These personnel must be included in the list of populations to receive vaccination and antiviral priority in order to provide an uninterrupted and safe blood supply. The task force is pleased that the National Vaccine Advisory Committee (NVAC)/Advisory Committee on Immunization Practices (ACIP) recommendations for prioritization of pandemic influenza vaccine, included in an appendix to HHS’ Pandemic Influenza Plan, recognized blood collection center staff in the definition of “healthcare workers and essential healthcare support staff” designated in tier one for vaccination priority.

It is unlikely that the need for platelets will fall materially in the event of a pandemic. Platelets are a critical component of blood needed to prevent and treat bleeding in seriously ill patients, including those battling cancer, as well as surgical and other actively bleeding patients. Unfortunately, platelets already are in high demand, but often in short supply due to their limited shelf-life of 7 days or less. Platelet shortages would very likely be exacerbated in a pandemic as donors become ill or remain home to care for ill loved ones. Although many elective surgeries may be postponed to free needed hospital capacity in the event of a pandemic, cancer patients cannot delay their therapy, including the platelet transfusions required for their support after chemotherapy. Therefore, the task force also urges the federal government to include “committed platelet donors” on the priority list to receive both vaccination and antivirals in the event of a pandemic. “Committed platelet donors” could be defined as individuals who have donated platelets at least four times a year over the previous two years.

Likewise there are a committed group of frequent red blood cell (RBC) donors who should be considered for priority. We would propose that all group O negative donors and those other RBC donors who gave more than three times to an individual collection facility in the 12 months before a pandemic be included as high priority and given access to both vaccine and antivirals.

Critical blood collection personnel and committed blood donors should be given priority status for both pre-pandemic and pandemic vaccine. It is important that these individuals be vaccinated as early as possible to avoid undue disruptions in the blood supply. In addition, we believe HHS, in concert with the major blood collection organizations, should be explicitly and aggressively including blood donors in annual and pandemic public service messages encouraging the widespread use of vaccines.

The task force appreciates the difficult job the government faces in identifying priority groups for vaccinations and distributing the needed vaccines. We would be pleased to

work with the government to determine exactly which blood center personnel should be identified as “critical” to the ongoing collection and distribution of a safe blood supply and therefore eligible for priority vaccination. Survey data from the American Red Cross and America’s Blood Centers in September 2006 has produced an estimate that there are just over 45,000 collection facility personnel in the US considered critical for the recruitment, collection, processing, testing and distribution of blood and components in the US. The task force can also work with individual blood centers across the country to help them more fully define “committed platelet and red cell donors” who would be eligible for priority access to pandemic vaccines.

We appreciate your careful consideration of the blood supply and the needs of the millions of patients who will continue require blood transfusions during a pandemic despite disruption of “business as usual” across all segments of society. If you have any questions, please do not hesitate to contact Theresa Wiegmann, AABB director, public policy, at 301-215-6554.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis Katz". The signature is fluid and cursive, with the first letter "L" being particularly large and stylized.

Louis Katz, MD
Chair, AABB Interorganizational Task Force on
Influenza Pandemics and the Blood Supply