



United States Department of
Health & Human Services

**Advisory Committee on Blood
Safety and Availability
Twenty second Meeting
January 28 & 29, 2004**

Topic

The role of the government in the national blood supply (whole blood and plasma/plasma fraction) both in daily medical/surgical use and local/national disaster.

www.hhs.gov/bloodsafety

Past meetings January 2004



Areas of Discussion

- National Blood Policy of 1974
- National Blood Programs in developed countries
 - Overview – Dr. Jeffrey McCullough
 - Canada – Dr. Graham Sher
 - Israel – Dr. Elilat Shinar
 - UK – Mr. Martin Gorham
- National Blood Reserve

National Blood Reserve

- **Interorganizational Task Force on Domestic Disasters and Acts of Terrorism prepared plans for a National Blood Reserve (NBR) to respond to sudden and unpredictable civilian or military needs from loss of donors-donations or increased us.**

National Blood Reserve

- **Combination of Government/Private Sector Control**
 - **2000 units controlled by government, held by government through DoD**
 - **8000 units controlled by government, coordinated by the Interorganizational Task Force, held in Regional Blood Centers**

National Blood Reserve: A Single Program With Levels of Response

Capability

Characteristics

Immediate Support

DoD

Surge

2,000 units

ASWBPLs

Shipped to ASWBPLs
Held for 2 Weeks
Sold to Hospitals

Immediate Support

Private Surge

8,000 units

Designated Blood Centers

Collected by
Designated Blood
Centers
Held for 2 Weeks
Sold to Regional
Blood Centers

Sustain Support

Sustain

Effective Information Exchange
(to back-fill)

Information
Exchange through
Task Force
Goal: Maintain 5-7
day supply RBCs

Characteristics

- Federal/Private Partnership
- Real Units on the Shelves
- Secure
- Access to Distribution

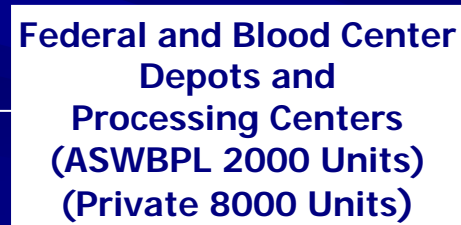
Operations

- Federal Depots and Designated Regional Blood Centers under contract with Government
- Blood rotates through Depots/Centers to be available as a reserve
- After 2 weeks, distributed through contracts with healthcare facilities and Regional Blood Centers

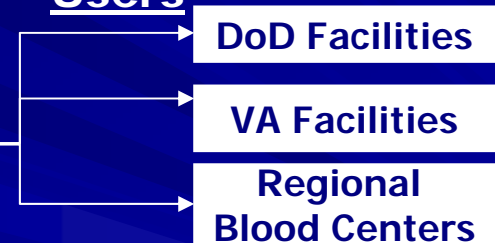
Source of Supply



NBR Storage



Users



Transportation and Distribution through Use of Existing Contracts
Such as Those Used to Move the SNS

ACBSA Recommendations

- **Take steps to increase the national daily available inventory to 5-7 days.**
- **Fully fund the DHHS Blood Action Plan in the area of private and government monitoring and increasing the blood supply.**

ACBSA Recommendations

- Address funding needs at all levels of the blood system to support product safety, quality, availability, and access through targeting of *additive* resources and appropriate reform of the CMS reimbursement system for blood and blood products including plasma derived therapeutics and their recombinant analogs.

ACBSA Recommendations

- **Establish a National Blood Reserve (consistent with committee's recommendation of January 2002) by increasing daily collections through an enhanced program to expand and sustain volunteer donations. The committee endorses the elements of the National Blood Reserve as developed by the AABB Interorganizational Task Force.**