

# Activities of the AABB

## *Interorganizational Task Force on Pandemic Influenza & the Blood Supply*

### Advisory Committee on Blood Safety and Availability

Washington DC, Jan. 5-6, 2006

Louis M. Katz MD, chair  
Mississippi Valley Regional Blood Center  
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**FOR THE TASK FORCE**

# The task force

- Louis Katz MD
- Roger Dodd PhD
- Jerry Squires MD
- Karen Shoos-Lipton JD
- Charles Mosher
- Steve Kleinman MD
- Mike Fitzpatrick PhD
- Bill Fitzgerald
- Alan Williams PhD
- Indira Hewlett PhD
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- Jerry Holmberg PhD
  - Caryl Auslander
  - Theresa Wiegmann

# What we must accomplish

*“School systems, hospitals, healthcare providers, community infrastructure providers and employers should develop **plans** that identify how they will respond in the event of an influenza pandemic.... They should be **updated** periodically.... All plans should be **exercised** to identify weaknesses and promote effective implementation. Pandemic influenza response can be optimized by effectively **engaging stakeholders** during all phases....”*

HHS Pandemic Influenza Plan  
Preface, page 3  
November 2005

# What we must accomplish

- Identify the issues that blood collection facilities and transfusion services will likely need to consider
- Identify options for response to those issues, and provide guidance for planning to collection facilities and transfusion services
- Brief the *AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism* and facilitate their response to blood needs during a pandemic

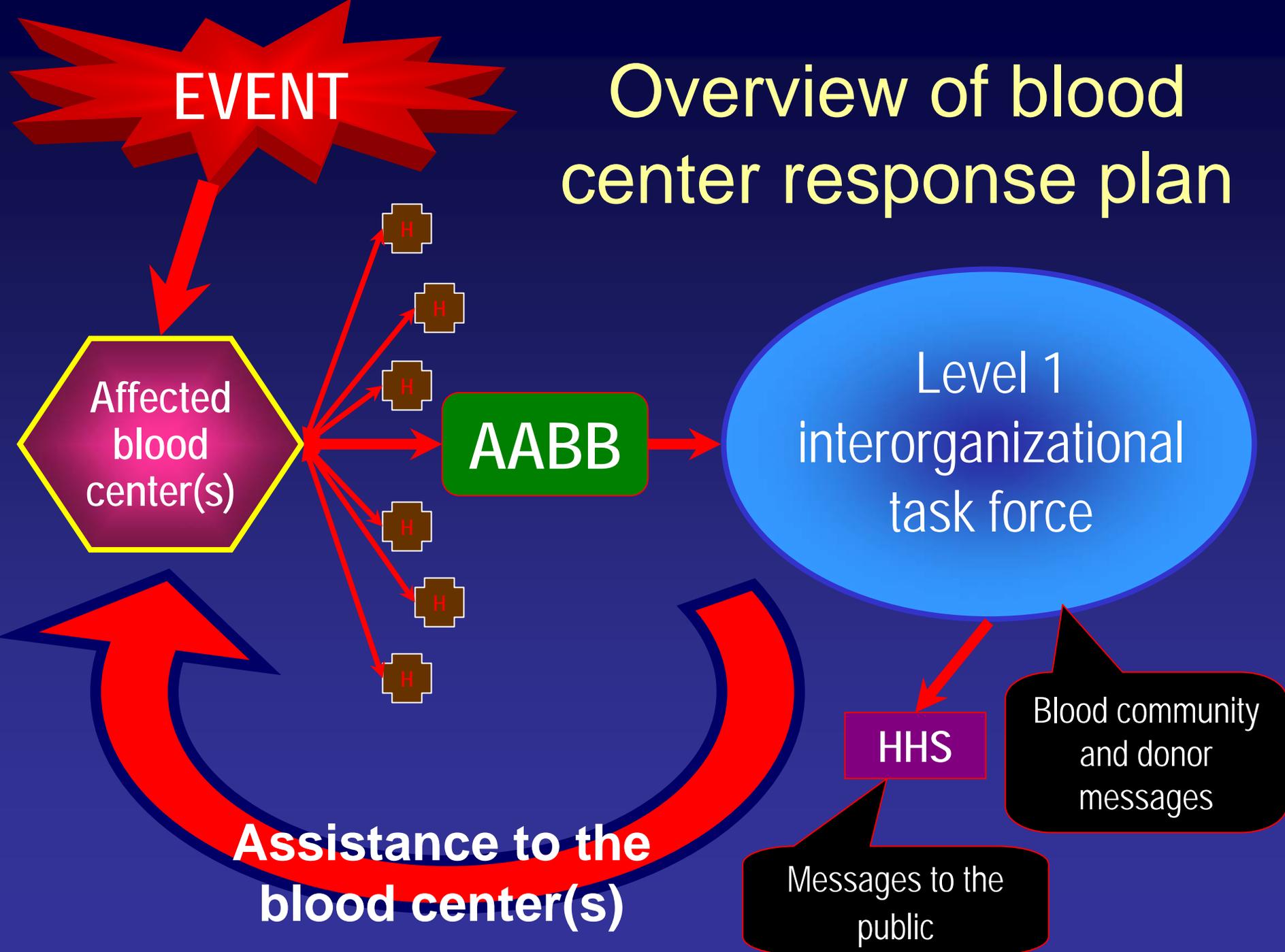
*“This is a disease that spreads rapidly across the country and the idea that you can take resources from one area that’s not affected and transfer to another just doesn’t work in a pandemic.”*

*– Benjamin Schwartz, MD*

CDC National Vaccine Program Office

ACBSA May 16, 2005

# Overview of blood center response plan



**EVENT**

Affected  
blood  
center(s)

**AABB**

Level 1  
interorganizational  
task force

**HHS**

Blood community  
and donor  
messages

Messages to the  
public

**Assistance to the  
blood center(s)**

# Pandemic flu and the blood supply?

- Is it transfusable? **Probably not**
- Impact on donor base **Could be awful**
- Impact on operations **Could be awful**
  - **Centers**
  - **Transfusion services**

*“My conclusions are that in influenza pandemic, there will be a decrease in blood supply, a decrease in demand and blood drawing capacity, but no major impact on the safety of blood itself.”*

*– Benjamin Schwartz, MD*

CDC National Vaccine Program Office

ACBSA May 16, 2005

# Impact of pandemic influenza A in US

Characteristic	Moderate (1958/68)	Severe (1918)
Illness	90,000,000 (30%)	90,000,000 (30%)
Outpatient care	45,000,000	45,000,000
Admissions	865,000	9,900,000
ICU care	128,750	1,485,000
Ventilators	64,875	782,000
Deaths	200,000	1,903,000

\*HHS Pandemic Influenza Plan. Nov. 2005. Estimates extrapolated from past pandemics in US. Estimates do not include potential impacts of interventions not available during 20th century.

# (Some) assumptions

- Donors/staff will be impacted like the general population and donations will fall
- Elective surgical needs will decline
- Platelet needs, e.g. to support hematologic malignancy and hematopoietic progenitor cell transplants, will not decrease
- Some assume flu victims will need few products, but this is likely incorrect esp. in ICU setting

# Issues identified (so far)

Are there valid models?

- Of the range of impacts of pandemic flu scenarios on our ability to collect, process and distribute blood?
- Of blood use in a pandemic given 2005 ff. levels of medical care?

# Issues identified (so far)

What issues must we plan for around the willingness and availability of donors to present?

- Attack rates
- Absence to care for family
- Avoidance of public venues
- Immunization
- Antivirals
- FDA promulgated deferrals

# Issues identified (so far)

## Collection facility and transfusion service issues

- Attack rates
- Absence to care for family
- Education to prevent transmission
- Work rules
- Immunization
- Antivirals
- Triage of blood and component use

# Issues identified (so far)

## Supply chain issues

- Continued provision of just-in-time delivery of critical supplies
- Their planning

# Issues identified (so far)

Liaison with local/regional emas,  
local, state, federal public health

- Seats at the planning tables
- Ear(s) for advocacy
- Consistent messaging

# Issues identified (so far)

## Planning for limited blood supplies

- Are RBCs an issue
- Contingencies for increased plateletpheresis collection and/or increased production of platelets from whole blood
- Role of blood organizations and disaster task force coordinating regional and national movement of components and controlling messages

# Issues identified (so far)

## Communications planning

- What is “the message”
- How do we all agree to use “the message”
- How do we “partner” with the media to disseminate “the message”

# Issues identified (so far)

## International cooperation

- Can we minimize patient mortality by sharing problems, priorities and approaches to resultant restrictions on the blood supply?
- In the event of catastrophe, is there a way to move supplies or components internationally?

# “Preparing for the Unpredictable”

*“Yes, we can prepare, but with the realization that no amount of hand washing, hand wringing, public education, or gauze masks will do the trick. The keystone of influenza prevention is vaccination. It is unreasonable to believe that we can count on prophylaxis with antiviral agents to protect a large, vulnerable population for more than a few days at a time, and that is not long enough.”*

Kilbourne, ED. EID. 12(1):12. 2006